

MOUTHPIECE

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What's Really in Your Toothpaste?

What the Label Doesn't Tell You

IN THIS ISSUE

- What's Really in Your Toothpaste? What the Label Doesn't Tell You
 - Aligning the Team: Orthodontic Treatment Planning & Interdisciplinary Care
 - What Every San Mateo County Dentist Should Know Before Selling Their Practice
 - The Clinical Approach to a Dental Startup: Mitigating Risk Through Systematic Execution
- and much more...



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 in **bold text**. Featured courses **highlighted**.

J U N E						
DATE	DAY	TYPE	TOPIC	SPEAKER/CONTACT	LOCATION	TIME
2	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
11	Th	PM	When the Front Office Walks Out: One Doctor's Case for Remote Staffing	Joshua Solomon, DDS, MS & Christine Sison, BA, MS	Webinar	12:30-1:30 P
16	Tu	PS	Extended Returns, Expanded Opportunities: Advanced Tax Strategies for Dental Practices Before October	Bardia Hariri, MBA, PhD	Webinar	12:00-1:00 P
22	M	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
25	Th	SCCE	SMCDS Study Club Topic: Implant Planning and Navigated Surgery with X-Guide	Navneet Arora, DDS, MPH	SMCDS	6:30-8:30 P
J U L Y						
14	Tu	G	<i>Tentative</i> SMCDS Executive Board Meeting	President: Tyler W. Davis, DDS	N/A, Virtual	6:30-8:00 P
A U G U S T						
3	M	PG	Bay Area Well-Being Committee Meeting Confidential assistance for drug & alcohol abuse	BAWB - Michael Alvarez	SMCDS	7:00-9:00 P
6	Th	SCCE	SMCDS Hygiene Study Club Topic: Gum Hero: Perio Maintenance	Brandon Granada	SMCDS	6:00-8:00 P
11	Tu	G	<i>Tentative</i> SMCDS Executive Board Meeting	President: Tyler W. Davis, DDS	N/A, Virtual	6:30-8:00 P
13	Th	NDS	New Dentists Mixer & Expert Ownership Panel @ Pinstripes Event sponsored by Arkllign, Bank of America, Earned, & Next Level Consultants	Mike Aicardi 650.637.1121	San Mateo	7:00-9:00 P
21-22	F-Sa	CE1/2	Bay Area Dental Expo	Multiple / Santa Clara County Dental Society	Santa Clara	8:00-6:00 P
S E P T E M B E R						
8	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
15	Tu	G	SMCDS Leadership Meeting	President: Tyler W. Davis, DDS	SMCDS	6:30-8:00 P
17	Th	SCCE	Palo Alto Oral & Maxillofacial Surgery Study Club	Alexander Hoghooghi, DDS, MD / paomfs.com	SMCDS	6:00-9:00 P
24	Th	SCCE	SMCDS Study Club Topic: TBA	TBA	SMCDS	6:30-8:30 P
O C T O B E R						
2	F	RCE	Infection Control & CA Dental Practice Act	Julian Goduci	SMCDS	8:15-12:30 P
2	F	RCE	OSHA-Bloodborne Pathogens & Hazard Comms	Julian Goduci	SMCDS	1:00-3:00 P
5	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P
13	Tu	G	SMCDS Executive Board Meeting	President: Tyler W. Davis, DDS	N/A, Virtual	6:30-8 P
24	Sa	RCE1/2	Peninsula Dental Compliance Symposium	Multiple	Crowne Plaza Foster City	8:00-5:00 P
28	W	CO	College of San Mateo Fall Health Fair	Mike Aicardi 650.637.1121	CSM	10:00-2:00 P
29	Th	SCCE	Palo Alto Oral & Maxillofacial Surgery Study Club	Alexander Hoghooghi, DDS, MD / paomfs.com	SMCDS	6:00-9:00 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



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All editorial contributions are subject to space and/or content editing at the Editor's discretion.

Contents

- 02** Member Events Calendar
- 04** President's Message
- 05** New Member Celebration
- 06** In Memoriam / Member Specialist Spotlight
- 07** Retirements
- 10** Member Events
- 14** What's Really in Your Toothpaste?
What the Label Doesn't Tell You
- 20** Aligning the Team: Orthodontic Treatment Planning
& Interdisciplinary Care
- 24** What Every San Mateo County Dentist Should Know
Before Selling Their Practice
- 27** Business Member Wall of Fame
- 29** Thank You! to Supporters
- 31** The Clinical Approach to a Dental Startup:
Mitigating Risk Through Systematic Execution
- 46** Classifieds

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President's Message

By Tyler Davis, DMD

As we move into summer, I want to take a moment to thank everyone who helped make our May 2 **Peninsula Dental Compliance Symposium** such a tremendous success. It was incredible to see so many members and their teams come together for a full day of learning, collaboration, and professional development.

One of the biggest highlights of the event was giving members and their staff the opportunity to earn **8 hours of continuing education in a single day** while staying informed on important compliance topics that directly impact our practices. Events like this reflect our commitment to supporting not only our dentists, but the entire dental team.

If you missed this symposium, or if you would like to send additional team members, I encourage you to join us for our next **Peninsula Dental Compliance Symposium on October 24**. We look forward to building on this momentum and continuing to provide meaningful educational opportunities for our membership.

We are also excited to share that we continue moving forward with the merger between SMCDs and MPDS. This is an important and exciting step that will strengthen our organization, expand opportunities for members, and position us for long-term success. As part of this transition, the merged organization will move through a name change process while maintaining continuity for our members.

I also want to reassure everyone that our society office will remain in San Carlos, and we will continue to be supported by the same outstanding office staff who work tirelessly behind the scenes to serve our members and make our programs successful. Their knowledge, dedication, and relationships are a vital part of who we are, and we are grateful they will continue with us into this next chapter.

Beyond these exciting changes, we continue planning upcoming continuing education programs, networking opportunities, advocacy efforts, and member engagement events throughout the year. Our goal remains the same: to provide exceptional value, create meaningful connections, and support the success of dental professionals across our community.

Thank you for your continued involvement and support of SMCDs. I look forward to seeing many of you at upcoming events and continuing to build an even stronger future together.

Warm regards,

Tyler Davis, DMD

New Member Celebration

Welcome!

Join us in celebrating **9** new members from March 2026 to June 2026, contributing to the voice that is SMCDs - **657** strong...

Maria A. Fonseca Ricaurte, DDS
UCLA - 2016 - GP, UCSF - 2019 - Prosthodontics

Prajakta S. Joshi, DMD
Boston Univ - 2022 - GP

Hanna Kim, DDS
UCSF - 2022 - GP

Ling Y. Lam, DDS
UOP - 1998 - GP

Weijian G. Lung, DDS
UOP - 2020 - GP

Timothy R. Ng, DMD
Univ of IL - 2020 - GP

Chintan Patel, DDS
UOP - 2020 - GP

Schuyler G. Tang, DDS
UOP - 2018 - GP, Univ of FL - 2022 - Orthodontics

Perry L. Westbrook, DMD
WA Univ of Dent Med - 1989 - GP
Case Western Reserve - 1994 - Prosthodontics

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In Memoriam



We are saddened by the loss of F. Ray Moncada, DDS.

Dr. Moncada practiced in South San Francisco and was a member for 37 years. Dr. Moncada graduated from Marquette University in Millwaukee, WI, in 1985 with a General Practice degree and from UCSF School of Dentistry in 1987 with a Periodontics degree and was certified a Diplomate in Periodontology by the American Board of Periodontology. Throughout his career, Ray was deeply involved in the dental and periodontal community in the Bay Area. He served as president and board member of the Filipino Dental Practitioners of Northern California. He was also a board member and volunteer dental provider for the Coalition of Concerned Medical Professionals, which provides free health services to the low income and uninsured in the San Francisco Bay Area. Additionally, he was an active member of the American Dental Association and California Dental Association.

Member Specialist Spotlight



Periodontists

SMCDS member periodontists are spread throughout San Mateo County

Mat A. Barkhordar, DDS

562 Ralston Ave
Belmont, CA 94002-2832
(650) 654-1854

Kevin U. Consani, DDS, MS

228 De Anza Blvd
San Mateo, CA 94402-3913
(650) 697-3450

Brenda C. Lamb Lewis, DDS, MSD

235 N San Mateo Dr Ste 100
San Mateo, CA 94401-2672
(650) 348-4030

Igor Roitman, DMD, MS

625 Menlo Ave Ste 1
Menlo Park, CA 94025-4743
(650) 327-0625

Steven A. Tsurudome, DDS, MS

38 N San Mateo Dr # 1
San Mateo, CA 94401-2824
(650) 342-9900

Tabitha N. Chen, DDS

901 S El Camino Real
San Mateo, CA 94402-2311
(650) 375-1175

Mike Jee, DDS, MS

97 Arch St
Redwood City, CA 94062-1401
(650) 364-9004

Stephen W. Nelson, DDS

235 N San Mateo Dr Ste 200
San Mateo, CA 94401-2672
(650) 348-7464

Mauricio Ronderos, DDS, MS

358 Marine Pkwy Ste 300
Redwood City, CA 94065
(650) 595-5083

Perry L. Westbrook, DMD

347 Gellert Blvd Ste B
Daly City, CA 94015-2618
(650) 757-5700

Joyce Y. Cheng, DDS, MS

625 Menlo Ave Ste 1
Menlo Park, CA 94025-4743
(650) 327-0625

Navid N. Knight, DDS

2400 Westborough Blvd Ste 105B
South San Francisco, CA 94080-5412
(650) 583-9300

Tal Rapoport, DMD

235 N San Mateo Dr Ste 100
San Mateo, CA 94401-2672
(650) 348-4030

Ngoc-Nhung Tran, DMD, MS

1028 Laurel St
San Carlos, CA 94070-3919
(650) 595-3722

Retirement



Congratulations to Charles R. Carter, DDS on retiring from practice. Dr. Carter practiced 46 years in Redwood City. He served as SMCDS President in 2000. Dr. Carter has been married 50 years to Robin who served as his office manager while raising their four kids.

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CEO, Okwell Labs
Keynote Speaker



Setarah Lavasani, DDS, MS
Founder, Lavasani Diagnostic
Institute



Bianca Clark, DDS
Cosmetic Dentist,
West Loop Smile Studio



Philip Kang, DDS
Columbia Univ. College of
Dental Medicine



Joy Peakodin, DDS, FSCD, CDP
General Oral Care Expert,
Owner, Joyful Dental



Felicitas Blöback, PhD
Sr. Director of Research
Affairs, ADA Forsyth



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- Lance Robinson, DDS

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New Dentists Mixer & Expert Ownership Panel

Thursday August 13

Pinstripes San Mateo

6:30pm - 9:00pm



**Free Event
with Dinner!**



Startup vs. Acquisition: Real Talk on Your Road to Practice Ownership

- ▶ Identify and avoid the most common pitfalls in both acquisitions and startups
- ▶ Evaluate the advantages and trade-offs of buying versus building a practice
- ▶ Understand how to assess practice value and align with the right transition strategy
- ▶ Recognize key financial, legal, and tax considerations that impact long-term outcomes
- ▶ Navigate lease terms, financing structures, and purchase agreements with greater confidence

Expert Panelists



Ali Oromchian



Gavin Shea



CJ Williams



Michael Dinsio



Foad Ahmadi



Forrest Wiederman

Member Events

March 5 Tax Reduction Seminar



Bardia Hariri, MBA, PhD presented Last-Minute Last-Minute 2025 Tax Reduction & Smart 2026 Planning for Dental Practices.

Sponsors: Hariri Financial Partners, Carestream Dental, and PNC Bank

March 18 General Membership Meeting



Our first General Membership Meeting of the year was held at the Hiller Aviation Museum. It was a joint meeting with Mid-Peninsula Dental Society. Over 100 members and team members attended.

Aman Bhullar, DMD presented Ridge Preservation: Less Traumatic Extractions and Bone Grafting for Implant Placement. It was a great evening of learning and enjoying the company of colleagues and friends.

March 26 Hygiene Study Club



Cheryl Calmis, RDH, BS, Med presented **Toothpaste Truths: What Every Dental Professional Needs to Know**. This was our first Hygiene Study Club of the year. We look forward to Cheryl presenting again on **Toothpaste Truths** at the **October 24 Member Symposium**.

Sponsors: Arklygn, Nimbus Dental, Straumann

April 5 Shredathon



SMCDS and MPDS members gathered for a joint Shredathon. Over 60 members came out to shred old charts and recycle electronics.

Special Thanks to:

Member Robert Choi, DDS for hosting the event
Member Charlie Carter, DDS for collecting lead foil
Sponsor: Armando Vasquez of NetIP Dental

April 16 Study Club



[Watch the Recap](#)

Jacklyn Kurth, DDS, MSD presented **Aligning the Team: Orthodontic Treatment Planning and Interdisciplinary Care**

Sponsors: Hariri Financial Partners, Revolve Practice Transitions, Straumann

Looking for space to host your next seminar, meeting, study club or clinical training?

Consider the **NEW SMCDS Seminar Room**

It's perfect for small or medium groups and provides an ideal teaching and learning environment, for less than you'd pay at a hotel or commercial conference site.

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May 2nd Peninsula Dental Compliance Symposium



SMCDS & MPDS hosted the first Peninsula Dental Compliance Symposium at the Alexandria in San Carlos. Nearly 200 members and team members attended.

Mandatory Trainings included California Dental Practice Act, Infection Control, Cal-OSHA, CPR Renewal, and Harassment Prevention.

Other classes included a 3D Printing Workshop, Delivering Complex Restorative and Multidisciplinary Cases, Predictable Efficient Coronal Reconstruction of the Endodontically Treated Tooth and the Hybrid Practice Revolution.

Additional workshops for newer dentists and students were Insider Strategies to Ace the Dental Interview and and Resume Reviews.

We hope you will join us for the Fall Member Symposium on October 24 in Foster City.

[Watch the Recap](#)

Special Thanks:

Volunteer CPR Instructors: Richard A. Fagin, DDS and Stephen R. John, DDS

Volunteer Resume Reviewer: Michael Njo, DDS

Videographer: Blanca Miranda of Whitewave Creative Media

Photographers: Albert Landucci, DDS and Steven Liu, DDS

What's Really in Your Toothpaste? What the Label Doesn't Tell You.

Cheryl Calmis, RDH, BS, MEd



When you walk down any oral care aisle, you'll see bold claims and ingredients that sound either highly confusing or like something you'd find in a health food store.

"Fluoride-free."

"Remineralizing."

"Whitening"

"Powered by nano-hydroxyapatite."

Patients are no longer just choosing toothpaste; they're looking for a product that matches their *belief systems*. And you may get questions to help them make sense of it all.

So the question becomes: Should we be evaluating toothpaste based on evidence? Or are we just defaulting to "what is on sale or what the patient will use"?

Fluoride: Still the Standard of Care

For decades, fluoride has remained the most extensively studied and researched anti-caries agent in dentistry. Its effectiveness is not theoretical; it is supported by long-term, consistent reductions in caries incidence across populations and age groups (Featherstone, 2000; CDC, 2001).

Fluoride works by enhancing remineralization and forming fluorapatite, a more acid-resistant crystal structure than the original hydroxyapatite. It also inhibits demineralization during acid challenges, making it more effective in acidic oral environments.

Despite this, patient hesitation has grown, not because the science has changed, but because what patients believe has.

In an era of ingredient scrutiny and social media influence, fluoride is increasingly questioned. This shift underscores the need for clinicians to move beyond simply recommending fluoride to clearly communicating its role, safety, and benefits.

Fluoride or nHA?

The conversation should not be fluoride versus nano-hydroxyapatite.

Instead, it should center on patient-specific needs.

- Fluoride remains the gold standard recommendation for patients at high caries risk.
- nHA may be a useful adjunct or alternative, particularly for patients with sensitivity or fluoride hesitancy.
- Patient needs, compliance, and trust should dominate more than ingredient selection alone.

Conclusion

Toothpaste recommendations have become more complex, but also more important.

As patients navigate an already crowded and confusing marketplace, dental professionals play a critical role in translating science into risk-associated guidance to help patients make informed decisions. Because the most significant risk is choosing the “wrong” product, based on marketing and social media influence, and not on our professional, clinical recommendations.

References

1. Featherstone J. D. (2000). The science and practice of caries prevention. *Journal of the American Dental Association (1939)*, 131(7), 887–899. <https://doi.org/10.14219/jada.archive.2000.0307>
2. Centers for Disease Control and Prevention. Recommendations for using fluoride to prevent and control dental caries in the United States. *MMWR* 2001;50(No. RR-14)
3. Najibfard, K., Ramalingam, K., Chedjieu, I., & Amaechi, B. T. (2011). Remineralization of early caries by a nano-hydroxyapatite dentifrice. *The Journal of Clinical Dentistry*, 22(5), 139–143.

Cheryl Calmis, RDH, BS, MEd, is a San Mateo–based dental hygienist with more than 30 years of clinical experience, specializing in periodontics, laser therapy, and Guided Biofilm Therapy. She holds bachelor’s degrees in biology and dental hygiene, along with a Master of Education with honors, focused on instructional design.

In addition, Cheryl is a Professional Educator for Waterpik™ in San Mateo County, bringing research-driven insight and real-world relatability to every course she delivers.

She can be reached at cherylcalmis.proeducator@gmail.com

Nano-Hydroxyapatite: A Biomimetic Alternative

Nano-hydroxyapatite (nHA) has emerged as a popular alternative, particularly among patients seeking “natural” or fluoride-free options.

As a synthetic equivalent of enamel’s primary mineral component, nHA is designed to integrate into enamel defects, supporting surface repair and potentially reducing sensitivity. Clinical studies suggest that nHA can improve hypersensitivity, remineralize early enamel lesions, and is non-inferior to fluoride in short-term studies. (Najibfard et al., 2011) However, important limitations remain: There is no universally accepted therapeutic concentration or standardized formulation for nHA products. In addition, there are currently no long-term studies on caries risk effects amongst diverse populations. Many products highlight concentrations such as “10% nHA,” yet clinical outcomes depend heavily on additional factors, including particle size, dispersion, and delivery system.

Formulation vs Marketing

One of the most overlooked aspects of toothpaste evaluation is formulation.

Toothpaste is not simply a collection of ingredients marketed to make the toothpaste look and feel good; it is a delivery system. This system determines whether the active ingredient can perform as intended.

For example:

- Abrasive agents such as silica or calcium carbonate may contribute to stain removal but can also interfere with mineral deposition if not properly balanced.
- Active ingredients may be present in high concentrations but lack adequate retention on the tooth surface.
- Complex ingredient blends can dilute or limit the bioavailability of the active agent.

What Should You Consider for Clinical Recommendations

Dental professionals benefit from a simplified evaluation approach:

- What is the active ingredient?
Fluoride, nHA, or a combination?
- Is the formulation likely to deliver therapeutic benefit?
Consider retention, stability, and abrasivity.
- Does this product align with the patient’s risk profile and preferences?

This approach shifts the focus from marketing claims to a clinical recommendation based upon the patient’s needs.



Continuing Education

Peninsula Dental Compliance & Business Symposium

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Saturday October 24

Crowne Plaza Foster City

8:00am - 5:00pm

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- ▶ Annual Workplace Violence Training
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- ▶ Overdenture and Locator Fixed Workflow
- ▶ The 10 Steps for Building a Successful Full Fee Dental Practice
- ▶ Clear Aligners: The Ins and Outs of Virtual Treatment Planning
- ▶ Toothpaste Truths: What Every Dental Professional Needs to Know



Featured Speakers



Aman Bhullar, DMD



Sara Andrews, DDS, MS



Sampada Deshpande, DDS



Christopher Concepcion



Ali Oromchian, JD., LLM



Cheryl Calmis, RDH

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Aligning the Team: Orthodontic Treatment Planning & Interdisciplinary Care

Jacklyn R. Kurth, DDS, MSD

Health and wellness are top priorities for patients of all ages. As dental health care providers, we have an important role in helping patients understand the connection between their dental and medical conditions and how to enhance their dental health for the future. Establishing a comprehensive diagnosis is the foundation for building successful treatment plans that address our patient's interdisciplinary needs. Coordinating care across dental specialists brings benefits to all involved. Collaborative interdisciplinary care improves patient's outcomes and provides opportunities to expand our knowledge which makes us better practitioners and strengthens our dental community.

Orthodontic treatment planning involves evaluating skeletal, dental and soft tissue relationships and understanding how these features change over time. This article will provide a framework to comprehensively assess patients in three planes of space and highlight opportunities and timing for various interdisciplinary treatments.

Clinical Exam Overview:

1) Facial Esthetics:

Profile: Assessing the profile view of the patient provides important information about the anterior-posterior and vertical relationships of maxilla and mandible, lip posture and upper and lower incisor position. Jaw position is the foundation for positioning the dentition and building a stable occlusion.

Frontal: Vertical thirds and transverse facial fifths proportions are applied to assess for vertical and transverse facial asymmetries

2) Smile Esthetics:

A static and dynamic evaluation of a patient's smile reveals important information for tooth positioning and restoration design. Elements to assess include: lip line vs dentition, smile arc, lip curvature, lateral negative space (buccal corridors), smile symmetry, occlusal plane, tooth proportions (tooth height, width, contact length) and golden proportion) and gingival contours (relative vertical heights, symmetry, open gingival embrasures)

3) TMJ Assessment:

A thorough history is critical to establishing TMJ stability and potential susceptibility during treatment. A history of significant trauma, habits (bruxism/clenching), arthritis, TMD or DJD impacts the predictability and stability of our treatment plans. Assessing the range of motion and palpating the joints and muscles for sounds and discomfort provides a baseline of function before any treatment begins.

4) Dental Analysis & Space Assessment:

Anterior-Posterior: Identify molar classification (I, II, III), overjet, and asymmetries

Transverse: Cross bites, narrow 'V-shaped' arches, Curve of Wilson (lingual tipping), midline discrepancies

Vertical: Overbite (deep or open/anterior or posterior), curve of spee, occlusal plane cant

Arch Length: Crowding, spacing, tooth size discrepancies (ex: small lateral incisors)

5) Dental Development: (children/adolescents)

Timely assessment of tooth eruption is important in preventing complicated problems like impactions, asymmetries and space loss. Referring to a tooth eruption chart is helpful to identify delays, out of sequence and asymmetries in eruption. Eruption problems are a key indication for an orthodontic referral and panoramic radiograph.

6) Skeletal Relationships, Development & Aging:

Craniofacial growth and development is complex and varies over time. The intercanine width is established in the early mixed dentition, while posterior jaw growth continues until late adolescence. Early orthodontic intervention and timing treatment during growth periods is ideal for occlusal correction. Delaying implant placement until growth is complete followed by long term retention best maintains tooth-implant relationships. Physiologic dental drift occurs over time in response to occlusal pressures and aging. Decreases in arch width, increase in overbite, loss of soft tissue volume and tooth wear all increase over time and typically result in progressive dental crowding.

7) Habit Assessment:

Tooth position and enamel integrity are influenced by forces from habits such as tongue thrust, mouth breathing, thumb/finger sucking, bruxism, clenching, snoring/sleep apnea. Working with patients to discontinue harmful habits early improve facial growth and dental development. Designing appliances to maintain and protect the dentition, such as retainers and nightguards, will increase the longevity of the dentition.

Interdisciplinary Care:

Periodontal Collaboration: Establishing a healthy periodontium is an essential part of any comprehensive treatment plan. A thorough periodontal assessment at the onset of treatment identifies soft and hard tissue defects which present limitations for orthodontic treatment. Surgically facilitated orthodontic treatment (SFOT) is a periodontal procedure which helps overcome tissue limitations through pre-orthodontic bone grafting and selective corticotomies. SFOT increases bone volume, long term stability and enhances periodontal health.

Surgical Interventions: Skeletal discrepancies not only cause occlusal problems, but also impact patient's overall health. Correcting skeletal discrepancies with orthognathic surgery aligns the jaw position to create a stable foundation for the dentition. Obstructive sleep apnea is a serious condition which can be treated with maxillary skeletal expansion using traditional or Miniscrew/Bone supported expanders and orthodontics. Collaboration with sleep physicians and surgeons enable us to provide this important and potentially lifesaving treatment.

Restorative Collaboration: Creating a comprehensive restorative plan at the onset of care enables the patient and providers to begin with the end in mind. Smile design software and digital dentistry provide improved communication and accuracy when planning for implants and complex restorations. Frequent communication throughout orthodontic care ensures final tooth positioning that best supports the esthetics and function of the restorations.

Interdisciplinary care provides an opportunity to deliver the highest level of dentistry to our patients and is very rewarding. Aligning the treatment team requires time, coordination and effective communication while leading to both improved patient outcomes and stronger professional relationships. There are many aspects of interdisciplinary care. If you are interested in learning more, I am always happy to discuss your cases and explore treatment options with you. drk@kurthsmiles.com



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What Every San Mateo County Dentist Should Know Before Selling Their Practice

By Ali Oromchian, Esq.

Selling a dental practice is one of the most significant financial decisions you will ever make. After years — or even decades — of building your practice, your patient base, and your reputation in the community, you deserve to exit on your own terms and walk away with the maximum value you have earned.

Yet many dentists in San Mateo County approach the sale process without a clear plan, and the consequences can be costly: undervaluing their practice, signing unfavorable non-compete clauses, or discovering tax surprises after the deal has already closed. This guide walks through the key steps every dentist should take before selling, so you can move forward with confidence.

Understand What You Are Actually Selling

Before any buyer conversation begins, you need a clear picture of what is on the table. A dental practice sale includes both tangible assets — chairs, equipment, technology — and intangible assets, which is where most of the real value lives. Your patient base, brand reputation, staff relationships, referral networks, and operational systems all contribute to what a buyer is purchasing.

Within intangible assets, there is an important distinction between *personal goodwill* (tied to you as a clinician) and *practice goodwill* (tied to the business itself). These are valued differently, transferred differently, and taxed differently. Understanding this distinction before you enter negotiations is critical — and it is one of the first things an experienced dental attorney will help you sort out.

Get an Independent Practice Valuation

The single biggest mistake sellers make is accepting a buyer's valuation without independent verification. Whether you are selling to an individual dentist, a dental partner, or a Dental Service Organization (DSO), the buyer's valuation is designed to serve their interests, not yours.

A credible, independent dental practice valuation looks at:

- Annual gross revenue and net collections over three to five years
- Patient retention rates and the size of your active patient base
- Your payor mix (fee-for-service vs. insurance)
- Equipment age and condition
- Lease terms and facility quality
- Staff tenure and the likelihood that key team members will stay

Most dental practices in California sell for between 60% and 80% of annual gross collections, though practices with strong cash flow, a loyal patient base, and modern facilities can command higher multiples. Knowing where you stand before the first offer arrives gives you negotiating power you would not otherwise have.

Know Your Buyer — The Type Matters

Not all buyers are created equal, and the type of buyer you choose will shape everything from your sale price to your day-to-day life after closing.

Individual practitioners or associates tend to be the most straightforward. They usually want to preserve the practice culture and patient relationships you have built, and the transaction is typically structured as a standard asset purchase. These buyers often move more slowly due to financing timelines, but the process is more predictable.

DSOs and private equity groups move fast and their contracts are written to protect them. If a DSO is on the other side of your transaction, you need legal counsel who understands the unique dynamics of those deals. DSOs often require sellers to stay on for a transition period, accept equity rollover arrangements, or sign restrictive non-competes — all of which need to be carefully negotiated.

Dental Partnership Organizations (DPOs) are a newer and growing model that allows dentists to retain more clinical and operational autonomy than a traditional DSO while still accessing capital. The structures vary widely, so it is especially important to have an attorney who can explain exactly what you are agreeing to.

Never Sign an LOI Without Legal Review

The Letter of Intent (LOI) sets the framework for the entire deal — purchase price, deal structure, exclusivity period, and due diligence timeline. Many sellers treat the LOI as a formality. It is not.

Certain LOI provisions carry real legal consequences, and once you sign, you may be locked into an exclusivity window that prevents you from entertaining other buyers. An experienced dental attorney will review the LOI before you sign to make sure the terms reflect your interests and that nothing in the framework disadvantages you before formal negotiations even begin.

The Legal Documents Are More Complex Than They Appear

The asset purchase agreement, non-compete clause, accounts receivable provisions, and patient records transfer protocol all require careful attention. Each is interconnected, and a weakness in one can create serious problems after closing.

Non-compete and non-solicitation clauses deserve particular scrutiny. California law has specific rules about the enforceability of these agreements, and what a buyer asks for in the first draft is rarely what you are legally required to accept. The geographic scope, duration, and carve-outs for existing patients all have room for negotiation.

Patient records must be transferred in compliance with HIPAA, the California Confidentiality of Medical Information Act, and dental board regulations. Your purchase agreement should spell out exactly how records will be handled and what patient notification will look like.

Accounts receivable at the time of sale can be structured in multiple ways — retained by the seller, sold to the buyer at a discount, or handled through a collection arrangement. The right structure depends on your circumstances, and getting it wrong can mean leaving money on the table.

Do Not Forget the Tax Picture

The purchase price is only part of the story. How the deal is structured for tax purposes can dramatically change what you actually keep.

The allocation of the purchase price between tangible assets, goodwill, and covenants not to compete has major implications. Goodwill is typically taxed at long-term capital gains rates, while equipment may be subject to depreciation recapture at ordinary income rates. A dental attorney working alongside your CPA can help structure the allocation in a way that minimizes your overall tax burden — something that is nearly impossible to fix after the deal is signed.

Your Post-Sale Transition Obligations

Closing day is not the finish line. After the sale, you will likely be expected to work in the practice for a transition period, introduce patients to the new owner, train staff, and provide clinical coverage. The length and terms of this transition should be clearly defined in your agreement before you sign.

Sellers who fail to negotiate their post-sale obligations clearly often find themselves working for far less than they expected, without the clinical autonomy they assumed they would have. A well-drafted transition services agreement protects both parties and gives you a clear exit path.

Working With a Dental Attorney Levels the Playing Field

Buyers — especially corporate buyers and DSOs — have experienced legal teams on their side from day one. Going into that process without qualified dental legal counsel is a serious disadvantage.

An attorney who specializes in dental practice transitions understands the clinical context, the regulatory environment unique to dentistry in California, and the negotiating dynamics that come up in these deals. That expertise is what allows sellers to protect what they have built and exit with the outcome they deserve.

About Dental & Medical Counsel

Dental & Medical Counsel is a healthcare law firm based in Walnut Creek, CA, that has helped hundreds of California dentists navigate practice transitions, employment agreements, lease negotiations, corporate formations, and more. Founded by Ali Oromchian, JD, LL.M., the firm has built a strong reputation across Northern California — including a longstanding relationship with the San Mateo County Dental Society — for providing practical, trustworthy legal guidance to dental practice owners at every stage of their career.

Whether you are beginning to think about selling or are already in active discussions with a buyer, our dental attorneys are here to help you understand your options and protect your interests.

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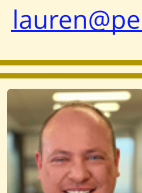

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The Clinical Approach to a Dental Startup: Mitigating Risk Through Systematic Execution



By Michael Dinsio, MBA

Most dentists believe a startup is the riskiest path to ownership. After being part of hundreds of acquisitions and hundreds of scratch starts on the consulting side, I tend to argue the opposite. The reason is simpler than you'd think too. When you acquire a practice, you inherit poor clinical cultures, outdated systems, and financials that most brokers don't fully understand. When you build from scratch, you can control every variable. The risk isn't in the startup itself, it's in approaching one without a process. Here's the frame that changes how most doctors think about it: **a startup is a clinical procedure**. You wouldn't begin a full-mouth reconstruction without a systematic checklist. A startup follows the same logic, a structured, step-by-step methodology executed with the right team around you.

Strategy One: Defining Vision and Ensuring Financial Stability

Systematic execution begins with a defined vision. Rather than inheriting a legacy system when buying a practice, a scratch start allows you to define your *Perfect Outcome*, the ideal patient base, team, and workflow, and then reverse-engineer the business model to support it. This level of intentionality is what makes a startup a lower-risk investment compared to an acquisition where variables are often hidden.

Counter to common belief, **a startup does not mean forever debt**. Dental lenders structure startup loans with a built-in runway: zero payments during the "project period" while you build out, followed by interest-only payments during your first operating year. Combined with working capital provided by the bank, this carries your business comfortably through ramp-up. I have personally coached doctors to a break-even point between four and eight months, not even a full year.

Strategy Two: Leveraging Data for Precise Site Selection

Success is not a matter of luck; it is a matter of having the right information and data. You can systematically avoid risk using a deep demographic analysis before a lease is ever signed.

You can achieve this by either commissioning a highly specialized **dental specific architectural firm** to plan and draw the plan for a controlled bidding process, or by hiring a **design-build** firm that budgets construction costs concurrently with the design phase so you aren't forced to pay for costly redesigns later. Finalizing every specific detail before construction begins is the only way to eliminate the guesswork that leads to expensive change orders and project delays.

For example, clinical function cannot take a backseat to visual appeal; your blueprints must explicitly specify that walls seal all the way to the structural deck, rather than stopping at the drop ceiling, to ensure true acoustic privacy and HIPAA compliance.

By bringing an experienced dental contractor or third-party consultant to the table early during the planning phase, this second set of eyes can value-engineer the blueprints, rein in runaway design costs, and tightly protect your capital once the doors are open.

Strategy Five: Scalable Equipment and Technology Investment

Over-investing in equipment too early is a common pitfall that can cripple your initial cash flow. Instead of outfitting every room on day one, take a calculated approach and sequence your purchases based on your immediate production needs.

Treat the build-out like a comprehensive treatment plan, you wouldn't restore every quadrant in a single visit just because the work is eventually needed; you sequence it to allow for healing and protect the patient's tolerance.

By equipping just two or three operatories initially and relying on a startup coach to guide your budget, you ensure your overarching vision dictates your spending. This strategic discipline keeps your equipment costs lean, preserving the vital working capital you must spend aggressively on marketing to get new patients in the door.

Again all these calculations are predictable and planned when working with the right people, you can avoid the “risky startup” entirely.

Strategy Six: Systematic Marketing and Cultural Alignment

A startup's greatest competitive advantage is the ability to build a culture and patient experience from a blank slate. This alone mitigates the risk of slow growth. You have the opportunity to implement comprehensive systems for patient growth and conversion before the doors even open. Establishing these systems and defining your practice's new culture requires the proven methodology and oversight of an experienced practice consultant to ensure they are built correctly from day one. Marketing isn't an afterthought; it's a core structure that ensures the practice scales predictably.

Industry data foreshadows an industry battle; roughly one in five **new-patient calls** actually converts into an appointment. Meaning your marketing dollars are being wasted. Given that roughly one in five new-patient calls actually converts into an appointment, poor phone

Driving around and looking for "For Lease" on buildings is a speculative gamble that has no place in a controlled business launch.

Starbucks and In-N-Out spend thousands on demographic studies before signing a lease. Many dentists sign one based on a drive-by.

The healthy ratio to look for is roughly 2,000 to 3,000 residents per general dentist. For a suburban model, you want about 30,000 residents within a three-mile radius. Coastal and urban markets are more competitive, requiring more aggressive marketing, not impossible, but more expensive. Once the data reveals the right location, a dental-specific tenant-rep negotiates for you, ideally on three or four properties at once so landlords are competing for *your* business.

Strategy Three: Risk-Averse Lease and Legal Structuring

You may not realize it but... the lease is the foundation of your practice's long-term financial health. The lease is the foundation of your practice's long-term financial health. While rent can account for up to 10% of your expenses, treating the lease as a simple rental agreement is a **high-risk oversight**. Systematic execution of a startup involves scrutinizing every clause to ensure the landlord cannot disrupt your operations or claim your future profits.

Just as you would never let a patient consent to a full-arch case without walking them through every risk, you cannot sign a Letter of Intent for a lease without a dental-specific attorney reading the "radiograph" first.

Also, a properly diagnosed lease secures free rent during construction period along with tenant improvement (TI) allowances. A lease agreement that is not thoroughly reviewed can contain specific clauses that create unexpected challenges down the road.

For example, **a relocation clause** is an important detail to note, as it allows the landlord to require you to move your practice in the future, which could involve unforeseen costs and effort even after your build-out is complete.

A **profit-sharing clause** quietly hands the landlord a percentage of your practice sale ten years from now, simply because you happened to operate inside their building. Yes, really. Landlords write that clause, and dentists sign it because nobody told them to look.

The **assignment clause** is your exit strategy, without it, you cannot transfer the lease to a buyer when you sell, which means you cannot sell at all. The lease, not the dentistry, becomes the thing that traps you.

Strategy Four: Functional Design and Construction Oversight

To make your construction budget predictable and prevent costs from spiraling, your design phase must prioritize **operational efficiency** and critical infrastructure over **pure aesthetics**.

management can be the single greatest waste of your marketing dollars. Your phone system should be viewed as one of the most critical operational tools in your office, not a mere utility.

Utilize call scripts, scheduling protocols, intake, and follow-up cadences to predictably reinforce your practice's success *before* the doors open. **Retention** is where startups beat acquisitions. When you buy a practice, you inherit patients based on consistency that was established by the previous owner's communication style, recall rhythm, and team personality. But you might find that patients are not rescheduling and accepting new treatment. A startup gives you a blank slate. Every patient experiences the culture you designed, with the team you hired, from day one. This sets you up for long term success immediately.

Conclusion

Done correctly, a startup is the most controllable path and predictable path into ownership in the industry. You design your business plan, explore the demographics, structure the lease, control build-out, implement the systems, and execute the patient experience. Every variable is one you set, control, and manage. On the other hand, an acquisition has multiple factors that are not as easily controllable. But in all honesty, what makes the startup predictable is the right team helping you execute it, a coach, a dental-specific lender, attorney, tenant-rep, and contractor. Each one takes a level of risk off the table.

Conversely, attempting to piecemeal the process together by forgoing professional guidance often leads to costly mistakes, delays, and long-term financial traps hidden in poor contracts. If ownership is starting to feel less risky and more like an executable 'treatment plan', the next step is a conversation with someone who can walk you through that process.

Michael Dinsio is the co-principal and founder of Next Level Consultants. He guides dentists through every stage of practice ownership, growth, and financial strategy. Drawing on his MBA and extensive experience guiding and ushering over 1,000 dental professionals into practice ownership. He provides expert guidance in financial oversight, acquisitions, valuations, and de novo launches.

Michael is a nationally recognized speaker and podcast host. You can listen to [Dental Unscripted](#) and see how passionate he is about empowering dentists navigating challenges, achieving lasting success in this increasingly competitive industry. [Contact Michael to learn more about how he can help your particular practice.](#)

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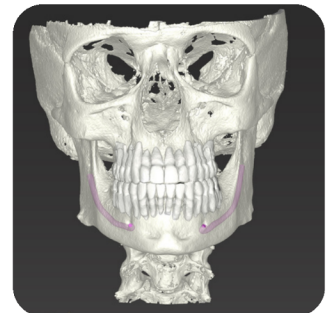
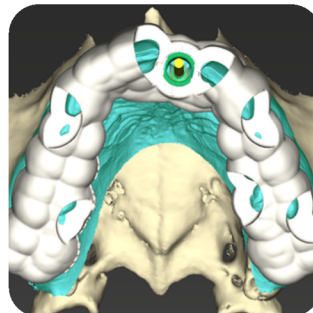
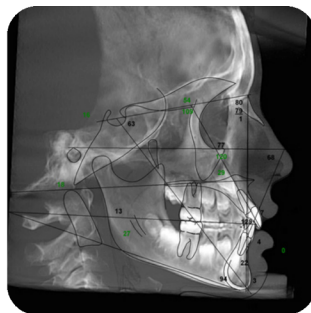
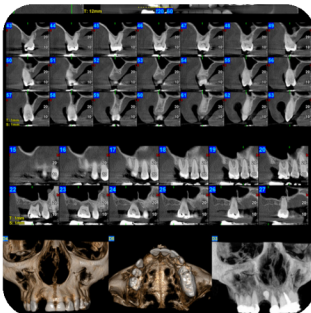
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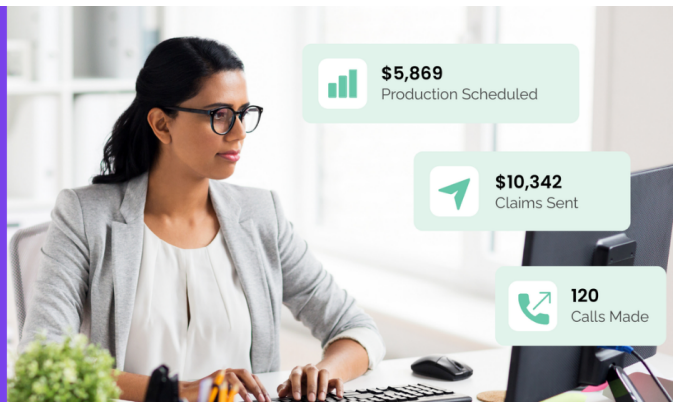


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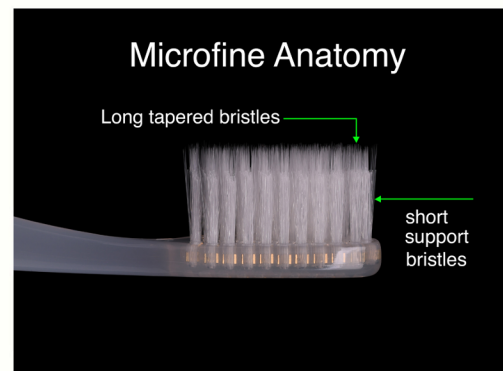
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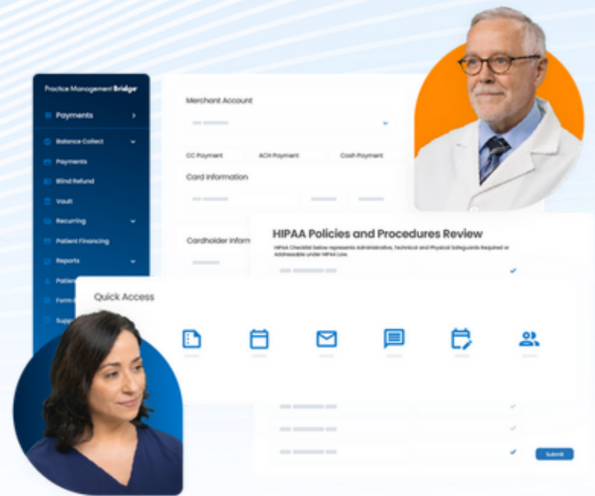


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Th 6/25

SMCDS Member
Study Club

Implant Planning and Navigated Surgery with X-Guide

6:30pm-8:30pm

SMCDS
Seminar Room
939 Laurel Ste C
San Carlos

Dinner
Included

2 CE (Core)



Navneet Arora, DDS, MPH

Learning Objectives

1. Discussing top trends in digital dentistry and how to make the transformation to digital workflow work for you, your team, and your practice.
2. Digital integration strategies that have proven successful and practical for the dentist and the team. Case studies will be used to demonstrate how to implement digital dentistry on a personalized level that works for your practice.
3. Going over Digital workflows using Free hand Vs Guided Surgery Vs Navigation Surgery.
4. Why Restorative planning is the key better surgical outcome better restorative results
5. Start Temporization. Learn the easiest way to temporize single units and full arch cases. Digitally plan the process of temporization for 100% success.
6. Going over the concept of ALL on X, comparing the conventional technique to Guided Surgery with Guided Prosthetics and now using Navigation surgery with Photogrammetry.

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Th 8/6

SMCDS Hygiene
Study Club

Gum Hero: Perio Maintenance

6:00pm-8:00pm

SMCDS
Seminar Room
939 Laurel Ste C
San Carlos

Dinner
Included

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For Teams!



Brandon Granada

Description

Periodontal disease impacts half of the American adult population, a statistic that has remained consistent for many years. Providers have access to myriad adjunct procedures to compliment periodontal treatment in the dental office; however, homecare options have largely remained unchanged. The use of locally delivered hydrogen peroxide has been shown to be an effective option for managing periodontal disease daily at home.

Learning Objectives

Periodontal disease impacts half of the American adult population, a statistic that has remained consistent for many years. Providers have access to myriad adjunct procedures to compliment periodontal treatment in the dental office; however, homecare options have largely remained unchanged. The use of locally delivered hydrogen peroxide has been shown to be an effective option for managing periodontal disease daily at home.

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