Passion and the Performing Dentist

by BRUCE J. LISH, D.D.S.

My experience in show business has been the wonderful results of a lifetime journey through the performing arts. My audiences have ranged from a brief television spot, to many private parties, convention booth promotions, and off-Broadway theaters. I’d like to share some of those experiences with you. Just how does a young person passionate about dentistry (following in Dad’s footsteps) and passionate about performing in front of an audience reconcile these two interests?

Like most middle school and high school students without an interest in sports, I was drawn to audition for the high school winter musical. I enjoyed going to the theater and reading scripts...
From April 27-29, 2015, over 530 dentists from all 50 states—roughly 30 of them New Yorkers—convened in Washington, D.C. to march onto Capitol Hill to discuss three legislative bills supported by the American Dental Association (ADA). The three bills lobbied for this year were: the Action for Dental Health (H.R. 539), the Student Loan Refinancing Act (H.R. 649) and the Responsible Additions and Increases to Sustain Employee (RAISE) Health Benefits Act of 2015 (H.R. 1185). I was fortunate to attend as a new dentist representative from New York.

The first day prepared us for our Hill visits: what to say, what not to say and what NEVER to discuss. I was surprised to see how welcoming all of the dentists were. This was not your typical dental convention. This was the active ADA/American Dental Political Action Committee (ADPAC) membership that truly cared about their profession and nonetheless me—a young dentist from Brooklyn. I was disappointed not to see as many young faces, especially since the ADA is determined to get younger dentists involved. I was mostly surprised to see the uneven male to female ratio. Although women are equally represented in dental schools in the country, it was not evident during this trip.

Prior to the trip I was told to TRY to make an appointment with my congressman and I assumed it would be similar to

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Passion and the Performing Dentist (Continued from Page 1)

Dr. Bruce Lish performing as Dr. Molar Magic with his children, Jessica (left, in character as Pupperdoodle) and Matthew (right, in character as Phineas)

and plays so I decided to try acting and singing in musical comedies. And so began a journey that would take me to many stages and venues.

Working in theater was just a start. Soon I found the art of magic and illusion which helped break many of the social barriers many young men encounter. Magic was a great way to break the ice in social situations such as school parties and dances. As I became more involved in the arts, performing magic led me to other areas including comedy, juggling and the circus.

Where and when did the magic bug bite? It was after seeing Doug Henning’s “The Magic Show” on Broadway. I was hooked on the art of magic. In close second was the dream to run away and join the circus; that spark came after seeing the premier of New York’s own Big Apple Circus in their first green tent in Battery Park.

Fast forward 10 years: What does a New York University college student in a seven-year BA/DDS program do with these two passions while taking organic chemistry and biology? I performed shows—as many as I could arrange. Both on and off campus, I was hired to perform at birthday parties and graduation parties. It was around that time that I became a busker/street performer.

Three days a week after classes, I would run to my dorm room, change into my costume and gather my table and gear. My spot was outside the farmer’s market at Union Square Park. Street performing was a great real-life classroom for a magician and helped cover the cost of more magic supplies!

In my junior year, which was my last college year before starting dental school, I was required to choose one elective. I decided on a course in circus performance at the New York University Tisch School of The Arts. There I met and became friends with many members of the New York circus and clowning community, some of whom I'd end up working with all through my career. I was the only one who would carry juggling equipment with me to chemistry lab to take to circus class afterwards.

With my new skills and performance experience, I began dental school and realized that I needed to integrate my avocation with my future vocation. Every year I looked forward to the school talent show and if there was an event anywhere in the college I would try to be the featured performer. In my third year, as part of the pediatric outreach requirement I created the character that combined my skills of classic circus, magic and theater: Dr. Molar Magic. I would become a fixture at all pediatric dental department events. Off campus I was regularly performing magic for magic club shows, corporate events and at open mic nights around the city. I was even hired by the Queens County Dental Society to saw then President Richie Mascola in half!

Throughout my residency and into academia and private practice, there were always opportunities and time to perform. In 2005, after many appearances of the “Dr. Magic Show” at schools, the “ToothZone Carnival” at health fairs and “clown rounds” all over the tri-state area, the Dr. Molar Magic Foundation was born. The performance troupe “Circus Bicuspid” was created soon after.

In 2007, I was able to make one of my longtime dreams come true. Ever since I fell in love with the circus as a kid, I wanted to attend the Ringling Brothers and Barnum & Bailey Clown College, a.k.a. Clown College. During my freshman year of university I even had the completed application in hand, but realized that dental school would certainly not wait for that excursion. Then Clown College closed in 1997 and that was the end of that…or so I thought. In 1998, the former dean of the Clown College founded the NY Goofs Ultimate Clown School. The faculty included all of the professional clowns and performers I had admired growing up. I enrolled and for two weeks I worked with performers from Ringling Brothers, Big Apple Circus, The Flying Karamazov Brothers and Circus Flora. It was a truly amazing experience.

Along this journey I got married and had two children who also fell in love with the performance arts. We began to perform as a troupe. My son spent many years working with world juggling champion Tony Duncan as his coach. My daughter spent time working with members of GrooveHoops and other professionals to become an advanced hula hoop artist. Both kids have been performing with the family and as individuals and have won awards in their respective art forms.

Where to go from here? A few years ago, it was time to take our show to another level and our foundation needed a fundraising event. We researched venues and spent time writing the script, building props and refining the routines. Finally “Circus Bicuspid: Almost on Broadway,” premiered at in 2011 at the Producers Club off Broadway. We were back the following year with “Circus Bicuspid: Back for Seconds,” and on May 31, 2015 our latest show “Circus Bicuspid Presents: Sunday in the Park with Clowns” opened at Theatre Row.

As dentists we are creative people. My passion is performance and the theater and I have spent the last 20 years enjoying the best of both worlds with performance and dentistry. Just take a look at my LinkedIn connections: Where else will you see so many dental professionals and circus professionals together? See you down the road!

Dr. Bruce Lish has a private practice limited to family dentistry in Brooklyn, NY. He also serves as director in the division of dentistry at St. Luke’s-Roosevelt Hospital.
Dispatch from Washington: An Inside Look at the 2015 ADA Leadership Conference

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making an appointment with President Obama—impossible. Within a day, a staff member scheduled us for an early morning meeting. I learned that members of Congress fly in on Tuesdays from their components but unfortunately, it meant that we were often unable to meet with our member of Congress. This did not matter because instead, we met with a staff member who is just as involved in decision-making and tactics as the member of Congress.

We were given three bills to discuss with our member of Congress. The Action for Dental Health (H.R. 539) would allow dental organizations and other not-for-profits to apply for Centers for Disease Control and Prevention (CDC) grants for oral health outreach programs. This bill was the easiest to discuss. No money is involved but it would simply allow dentists to apply for grants for which we previously could not apply. We are all aware of the money spent from our own pocket on supplies and volunteer missions. We have been left out for too long and now oral healthcare is coming to the forefront.

The Responsible Additions and Increases to Sustain Employee (RAISE) Health Benefits Act of 2015 (H.R. 1185), would allow patients to rollover all of their unused flexible savings account funds, increase the maximum savings from $2,500 to $5,000 and add an additional $500 per dependent to families with more than two dependents. Due to changes in 2013, employees can carry up to $500 over to the next calendar year. But as one staff member asked, “Then how long do you want the funds carried over for? Perpetuity?”

This does create some concerns for the government. Although it is the patient’s money being withdrawn the tax amount that would have been deducted is not. We all know that you can have many healthy years but just one unfortunate year can take its toll. In the case of trauma, for example, you can easily find yourself in need of medical and dental services you did not need as a healthy individual just the year before.

The Student Loan Refinancing Act (H.R. 649) would allow individuals to refinance their student loans as many times as needed to achieve the lowest rate. In 2014, the average educational debt per graduating dental school senior was $220,892. Deducting the 10.7 percent of future dental students who graduate with no debt, the average debt jumps to $247,227. In my opinion, averages can be deceiving. I have seen firsthand dental school debt upwards of $400,000. This can equate to $1,000 to over $1,500 per month even after consolidation. I opened my practice from scratch in 2012 just two years after residency with a practice loan I received in 2011. During my last few years of dental school, my interest rate was 8 percent. I can buy a used car or a house for a much lower rate! How is this even legal?

The one question I get from new dentists is if I am afraid of my student loans. They want to first pay down their high-interest dental school debt and can’t imagine taking on another $400,000 loan on top of their dental school debt. This results in qualified dentists taking much longer to start or buy a practice. I especially hear from small-town dentists that they can’t find anyone to take over their practice. Instead they are working longer than anticipated or selling to a corporation-based dental practice. H.R. 649 would allow dentists to refinance their dental school debt, as needed, similarly to a mortgage—as often as the rates keep dropping.

A comedic eulogy was given by Chuck Todd, host of NBC’s “Meet the Press,” about the status of politics. The takeaway? We need more people in politics than politicians. Rep. Steny Hoyer (D-MD 5th District), who also serves as House Minority Whip, gave his viewpoint as a physician in politics. Hoyer, Rep. Mike Simpson (R-ID), Rep. Paul Gosar (R-AZ) and Rep. Brian Babin (R-TX36) spoke over our morning breakfast. The most surprising part? Even though Simpson, Gosar and Babin are all dentists, they all have different opinions about policy, particularly the Affordable Care Act. Even in our own profession we differ on what we think will work. We can all agree on eradicating dental caries and periodontal disease but the jury is still out on amalgams versus composites and the use of fluoride in prevention. I had always viewed members of Congress as almost godlike but I realized these people were just dentists like me and you who care about their profession and policy and all that it can bring. Gosar spoke about small-town politics and the leadership roles that became automatic simply because there are not that many people.

The ADA also unveiled its new Washington, D.C. home, a twelve-story townhouse which houses the ADA Washington office’s administrative, communications and government affairs staff on its top two floors. We are not going away. And dental caries and periodontal disease are not going away—at least not without our help. We cannot continue to be ignored and thanks to many involved members our presence can be seen and heard on Capitol Hill. I also visited the offices of Rep. Hakeem Jeffries (D-NY), sat in on a meeting with 2015 Brookings Legislative Fellow Richard Aviles and gave the presentation to Rep. Yvette Clarke (D-NY). The member of Congress was not able to be present at any of the meetings I attended but it was still an invaluable experience. The staff members were more than welcoming and accommodating.

The takeaway from the conference? Get involved! It may be easier than you think to hold a political office. Visit your local congressman, contribute to ADPAC at http://www.ada.org/en/advocacy/adpac/ and engage with the problems at hand in your area. But most importantly, do something.

Dr. Tricia Quartey is the chair of Second District Dental Society’s New Dentist Committee. She is also an Action Team Leader for Congressman Hakeem Jeffries. Dr. Quartey is one of 16 doctors recently selected by the ADA Board of Trustees to participate in the 2015-2016 Institute for Diversity in Leadership.
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Success of a Prenatal Care Assistance Program


Over five years ago, the dental medicine and oral-maxillofacial surgery program at Brookdale University Hospital and Medical Center partnered with the OB/GYN department and the Prenatal Care Assistance Program (PCAP). All expectant mothers are directly referred in house to the advanced education program in pediatric dentistry. The mothers receive oral health education and counseling and appropriate treatment is completed with new mothers prior to childbirth. The mother is also encouraged to bring her child back for examination and consultation upon eruption of the child’s first tooth or by the time the child is a year old.

One of the topics discussed with the mothers is the effect of oral habits including pacifier use and thumb sucking. Other topics of discussion include the development and importance of the primary dentition, teething and possible eruption patterns as well as an explanation of the dental disease process, danger of early childhood caries and the prevention of oral injuries. Pediatric dentistry residents spend time discussing nutrition and sound dietary habits, infant teeth cleaning methods and the age at which the infant’s first dental visit should occur.

The counseling and preventive treatment given to the mothers enrolled in the PCAP program at Brookdale is very important because most expectant mothers come from impoverished and high-risk populations. In August 2006, the New York State Department of Health (NYSDOH) published guidelines for improved oral health of pregnant mothers. These guidelines aim to reduce complications of oral disease during pregnancy and childhood caries by limiting the transference of harmful bacteria which can cause dental caries from mother to child. Pregnant women in New York State have dental insurance and thus, access to care.

The NYSDOH advocates for oral health to be an integral component of prenatal care and suggests that all prenatal care providers encourage oral health exams for all pregnant women who have not received dental care in the past six months. A woman’s knowledge and action for her own health are critical to the oral health of her child and may be a key to childhood caries prevention.

The pediatric dentistry residency program developed a research project to investigate if the PCAP dental appointments were successful in improving both the expectant mother’s knowledge and, consequently, the oral health status of her baby. A chart review was proposed and approved by The Brookdale University Hospital and Medical Center’s internal review board in 2014. The study’s aim was to evaluate whether prenatal counseling and care for pregnant mothers promotes oral health in children.

A total of 289 mothers attended Brookdale Hospital and Medical Center’s PCAP and received dental evaluation and consultation from 2010 through 2013. Mothers who visited the clinic during pregnancy and afterwards received prophylaxis, scaling, restorations, extractions, preventive care and education. Of the 122 PCAP mothers who returned for dental care, 45 percent (55 out of 122) of the mothers have brought a child for dental examination and care. Children received prevention, fluoride, restorations and—as needed—extractions. Information from chart records on dental caries and extractions was recorded for the 42 available children. Because mothers of younger children have been less likely to return for dental care, the age of the children at their return visit is skewed: 23 (55 percent of the children) were 3 years old, 16 (38 percent) were 2 years old and three (7 percent) were a year old. A comparison group was created by randomly sampling charts of 55 children of mothers who did not participate in the PCAP appointment during 2010-2013.

As children get older (age 3 or 4), they have a significant risk of developing multiple dental caries and of needing extractions of primary maxillary incisors if their parents do not instruct them in proper dental hygiene and diet behavior (e.g., not going to bed with a bottle filled with juice or milk). In the setting of this study, counseling and care of mothers seems to be effective in reducing the most egregious harmful effects. That is, the answer to the primary research question is that prenatal counseling and care for pregnant mothers appear to promote oral health in children.

Children of mothers who participated in the PCAP dental appointments had fewer and less severe dental caries than the control group which did not receive early intervention and education. In addition, children of PCAP mothers were treated for fewer extractions and restorations and received less treatment in the operating room under general anesthesia. Thus, children of PCAP mothers had better health and missed fewer days from nursery or preschool.

Proper assessment, intervention and patient education focusing on dental and oral health problems during pregnancy can help to enhance pregnancy outcomes. The PCAP program can assume vital roles in screening and referral for dental problems during pregnancy and should also proactively teach patients about maintaining oral health during pregnancy. The relationship between the maternal and infant experience with dental caries is well established. Therefore, regardless of the potential for improved oral health to ameliorate pregnancy outcomes, public policies that support comprehensive dental services for vulnerable women of childbearing age should be expanded.

The PCAP program ensures that the mother’s own general health is safeguarded and, in addition, the caries risk for her child is reduced. By embracing the concepts of the “dental home,” health care providers can implement preventive and treatment protocols. Partnerships with other healthcare professionals with the aim of providing preventive care to high-risk populations are necessary to achieve improved oral health outcomes in the future.

The Surgeon General’s goal of improved access to oral health care for all individuals, including pregnant women, needs to include the education of all health care providers. Barriers to care involving lack of education, socioeconomic factors, myths of safety of dental care in pregnant women and lack of public support for providing oral health care to pregnant mothers and their children need to be addressed.

The advanced education program in pediatric dentistry at The Brookdale University Hospital and Medical Center also specializes in providing care to autistic children, children with special

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2015 Greater New York Dental Meeting Highlights

by JAYME S. SPICCIA TIE, GNYDM STAFF

Scientific Meeting Dates:
Friday, Nov. 27 – Wednesday, Dec. 2, 2015

Exhibit Floor Dates:
Sunday, Nov. 29 – Wednesday, Dec. 2, 2015

With NO pre-registration, the Greater New York Dental Meeting (GNYDM) welcomes all to New York City during the greatest holiday time of year. This year’s meeting will be the largest show to date and will include new specialty symposiums and expos, an even larger exhibit floor and a completely revamped “live” dentistry arena.

An integral part of the 2015 GNYDM experience is for attendees to interact with exhibitors. Professionals can visit more than 1,600 exhibit hall booths and over 700 companies and learn about the newest equipment and materials available from around the world. This is the largest dental meeting exhibit floor in the country.

At the heart of the GNYDM are its attendees and speakers. This year’s meeting will include choices of 350 essays, full-day and half-day seminars as well as hands-on workshops. Additionally, the “live” dentistry arena, a 450-seat high-tech patient demonstration area, is receiving a face lift! The arena will include new technology including a large screen for viewing and will offer revolutionary concepts of treating patients with new materials and applications. It will take place right on the exhibit show floor every morning and afternoon from Sunday through Wednesday. There is NO cost to attend.

The GNYDM begins its annual World Implant Congress to facilitate the education of dental professionals in all aspects of implantology. In addition, it will expand its exhibit floor to include the sale of implants, associated materials and technology solutions.

For 2015, the GNYDM has announced that it will introduce

ADA Dental Benefit Snippet: Always Report Your Full Fee on Claims

Dentists should always report their full fee for the procedure code on the claim form, regardless of what the benefit amount is. The full fee represents the costs of providing the service and the value of the dentist’s professional judgment in providing the service. As dentists determine their fees for services rendered, the full fee could be any amount, beginning with zero dollars (i.e., $0). A $0 report on a claim form is a valid entry.

A contractual relationship with any payer does not change the dentist’s full fee. For example, dentists in a payers’ network agree to offer a discount and sometimes agree to additional processing policies that might stipulate a “least alternative benefit” or “bundling” that a service might be benefitted against. A common policy includes combining separate DO and MO restorations on a single tooth and paying for a single MOD. This is simply the payers’ benefit policy and should not influence your treatment plan. When this occurs the payer’s EOB must clearly explain how the dental benefit plan’s provisions affected the payment amount. The explanation must not suggest to a patient that the treatment was somehow incorrect or unnecessary. Patient education prior to treatment in such instances is key to practice success.

It is likewise important that the dentist does not report a full fee that is artificially inflated over what she usually expects to collect, when no benefit is involved. If the fee collected for a given procedure is never more than $90, then the dentist should not report a full fee of $100. The ADA Code of Ethics says that “The fee for a patient without dental benefits shall be considered a dentist’s full fee. This is the fee that should be represented to all benefit carriers regardless of any negotiated fee discount.”

Over time, fees reported to the plan on claim forms are used to monitor trends and serve as the basis for the payer setting allowable amounts for the area. These analysis will not reflect the true market trends if the dentists in that area aren’t submitting their full fee. Coordination of benefits is also dependent upon the fee reported on the claim form.

A dental plan administers a “benefit” to the patient and is not intended to cover all charges. If you bill your full fee the patient will receive the maximum benefit from their plan.

CDT Code and claim submission assistance is available from the ADA. Please call the ADA (800) 621-8099 or send an email to dentalcode@ada.org. Assistance is also available when there are issues with a third-party payer; contact the ADA by phone or send an email to dentalbenefits@ada.org.
Bay Ridge Dental Society Elects New President

On the evening of May 28, 2015, the Bay Ridge Dental Society held its sixth annual memorial meeting in honor of Dr. Michael J. Brienza, a past president who had an untimely passing at age 39 on April 10, 2009. At the dinner meeting, which was held at Rex Manor in Brooklyn, NY, Dr. Paul A. Racioppi, Jr., a preventive, general and emergency care dentist in Bay Ridge, was named the new president of the elite dental group. The son of Paul Racioppi, Sr. and Grace Racioppi, Dr. Racioppi graduated from Xaverian High School, Creighton University, and then Creighton University’s Boyne School of Dental Science in 1987. As a young man, he was appointed as consultant in the department of surgery, division of dentistry, at Victory Memorial Hospital in 1989. Coincidentally, this was the same hospital in which he was born on October 19, 1960.

Dr. Racioppi also taught as an instructor and was later promoted to assistant professor at New York University College of Dentistry from 1988 until 1995. He will have been in solo, private practice in Bay Ridge for 28 years come this December. At the Bay Ridge Dental Society’s helm, Dr. Racioppi will follow in the footsteps of Drs. William Bongiorno, Michael J. Brienza, Samuel Masyr, Robert Weeman, David G. Olsen and Anthony DiMango, the latter of whom is Dr. Racioppi’s personal mentor and lifelong family friend.

Success of a Prenatal Care Assistance Program

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needs and children with advanced medical and/or dental conditions. Services include an ambulatory care clinic and treatment with conscious sedation, IV sedation and treatment in the operating room under general anesthesia. The pediatric dentistry residency program shares the clinic with a general practice residency program and an oral-maxillofacial surgery residency program with board-certified dentists in orthodontics, periodontics, endodontics and oral-maxillofacial Surgery.

Comprehensive, compassionate and coordinated care for women and children and their families is a cornerstone of the department of dental medicine and oral-maxillofacial surgery.

We are committed to supporting professional and caring relationships with members of our community and continuing positive community outreach initiatives.

A paper titled “Efficacy of a Prenatal Oral Health Program: Follow-up with Mothers and their Children” described in this article was recently submitted and accepted for publication in the New York State Dental Journal with publication date to be announced.

Dr. Charlie Larsen is vice chair and assistant director of the advanced education program in pediatric dentistry at Brookdale Hospital and Medical Center.

Dr. Vito Cardo, Jr. is chair of the department of oral & maxillofacial surgery and director of the oral & maxillofacial residency program at Brooklyn University Hospital and Medical Center.

Dr. Jessica Figueroa is the director of general dental medicine residency at Brooklyn University Hospital and Medical Center.

2015 Greater New York Dental Meeting Highlights

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an Ortho EXPO to facilitate the education of dental professionals in all aspects of orthodontics. The exhibit floor will include companies involved with orthodontic products, technology, materials and equipment, as well as incorporate a full educational program focused on orthodontics.

The oral cancer symposium will provide a comprehensive overview of the current surgical and medical management of oral and oropharyngeal cancer patients. Featuring eight world-renowned speakers, this program is a must see! It will take place on Saturday, Nov. 28 from 8:30 a.m. to 4:30 p.m.

In addition, earn FREE certified education credits by walking through the four-day exhibit floor or attending the poster session on Sunday, Nov. 29. Attendees will also have the opportunity to learn about hospital residency programs throughout the Northeast by attending this year’s residency fair on Sunday, Nov. 29.

Our Monday Celebrity Luncheon will feature Justice Patricia DiMango who serves as one of the three judges on CBS’ new syndicated court show “Hot Bench,” created by Judith Sheindlin, better known as Judge Judy.

REGISTRATION IS OPEN! Visit: www.gnydm.com to register to attend for FREE! Education registration opened in August. For additional information, please contact the Greater New York Dental Meeting via telephone at (212) 398-6922 or send an e-mail to info@gnydm.com.

Ms. Jayme S. Spicciatie is the program manager of the Greater New York Dental Meeting.
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Classifieds

WRITER NEEDED—Second District Dental Society is seeking a component reporter to write brief articles about noteworthy Second District and Richmond County Dental Society events for publication in the New York State Dental Journal, which is printed six times a year. Applicants must have excellent writing and editing skills, a strong command of English and be actively involved in Second District Dental Society activities. Interested persons should forward their résumé and a short writing sample to info@sddsny.org.

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Atypical Orofacial Pain Conditions that Mimic Tooth Pain
Featured Clinician: OMAR F. SUAREZ, D.M.D., M.A.G.D., M.A.
Director, Advanced Education in Orofacial Pain Residency Program, Lutheran Medical Center

There are many disorders and conditions which cause referred pain to the dental structures that are not of dental origin, often leading to overtreatment or over-utilization of dental treatment that is not required. Some of these conditions will be discussed, including:

- First Bite Syndrome
- Trigeminal autonomic cephalgias (TACs)
- Orofacial trigger points

This presentation will highlight diagnostic considerations and therapeutic intervention strategies. Upon successful completion of the lecture, attendees will be better able to recognize rare and infrequent atypical orofacial pain that can mimic odontogenic pain.

Upper molar pain syndrome

Current and Future Trends in Radiology
Featured Clinician: ARTHUR D. GOREN, D.M.D.
Clinical Professor of Cariology and Comprehensive Care, New York University College of Dentistry

This presentation will cover the following:

- Dose reduction to the patient and operator
- Discussion of diagnostic imaging (portable x-ray units, CBCT imaging)
- Research on dose reduction
- Use of film vs. digital
- Use of optical coherent tomography in dentistry
- Use of near infrared imaging in dentistry
- Discussion of NCRP and ICRP rulings on dentistry
- Review on what you have forgotten about radiology since graduating dental school

Upon successful completion of this course attendees will learn about all of the newer improvements in diagnostic radiology, new imaging methodology plus a review of the basic concepts of radiology.
partial overdentures are an under utilized but practical and sensible treatment modality. Aspects of this very viable treatment option will be presented. Finally, the implant cantilever prosthesis can often aid in solving the missing tooth issue in the esthetic zone. Parameters of care, including “trial by provisional,” should enable clinicians to accept this as a contemporary dental therapeutic approach to partial edentulism.

**RCDS MEMBERSHIP MEETING**

**Bocelli Ristorante, Staten Island, NY**

Tuesday, October 20, 2015 • 6 P.M. • MCEU - 1 HOUR

**Screening, Evaluation and Medications in Orofacial Pain Patients**


Instructor, Columbia College of Dental Medicine

During this presentation, attendees will be shown how to do a simple evaluation of orofacial pain patients and will learn easy steps in the referral and/or treatment of such patients. Conservative treatments will be discussed. Attendees will be able to bring back to their practices a way to evaluate and begin treatment. Upon successful completion of this lecture, participants will be able to evaluate the orofacial pain patient and initiate treatment.

**CONTINUING EDUCATION COURSE #2015-28**

**Fort Hamilton Community Club, Brooklyn, NY**

Thursday, October 22, 2015 • 7 P.M. - 9 P.M. • MCEU - 2 HOURS

**Continuum: Dentist-Operator/Anesthetist-Dental Anesthesiologist**

Featured Clinician: **CHARLES D. AZZARETTI, D.D.S.**

Program Director, Dental Anesthesiology Residency Program, Lutheran Medical Center

The fact that dentistry is routinely delivered with local anesthesia alone is a testament to the skill and empathy of dentists and to the resilience and patience of their patients. This lecture will be a discussion of those situations where local anesthesia is not enough, e.g. when the procedure is too intrusive, too lengthy or the patient is one with a low pain threshold who is unable to cope, examples of the latter being phobics, severe gaggers or special needs patients. Why does this happen? How can we turn a stalled procedure into a completed case with a satisfied patient? It is not just about sedative medications; reexamine your local anesthesia technique.

The various levels of sedation employed in the operator-anesthetist mode of treatment will be discussed along with the various terminologies that reference them. Sedative medications and route of administration are important determinants of the depth and quality of sedation. The proper protocols – monitoring, training, staff – necessary to utilize sedation in the operator-anesthetist mode of delivery will be discussed. The limits of the operator-anesthetist model will be discussed, along with the other options such as bringing in a dedicated anesthesia provider to the office, treating the patient in a hospital/surgicenter setting or referral to a practice/facility dedicated to the treatment of the anesthetized patient.

Upon successful completion of this course, participants will:

- Understand why local anesthesia is often not enough for successful treatment
- Be familiar with current options for the dental practitioner providing sedation in conjunction with the delivery of dental care
- Know the advantages and disadvantages of these protocols
- Know the educational/training requirements necessary for the operator anesthetist
- Know the limits of the operator-anesthetist model
- Understand the options past the operator-anesthetist protocol

**CONTINUING EDUCATION COURSE #2015-29**

**Hilton Garden Inn, Staten Island, NY**

Friday, October 30, 2015 • 9 A.M. - 12 P.M. • MCEU - 3 HOURS

**Taking Control of Your Esthetic Cases**

Featured Clinician: **ALBERTO AMBRIZ, D.D.S., M.D.T.**

Faculty, New York University College of Dentistry

This seminar will focus on the use of various techniques to aid the dentist and technician in achieving optimal esthetic results. Topics to be discussed include:

- Treatment planning (preparation design, long-term provisional, lab communication for a more predictable result, material/color selection, failures of cementation)
- FloSculpt® (Review of FloSculpt®, advantages and disadvantages when compared to traditional wax-ups, transfer of FloSculpt® to provisional)
- Digital dental photography (the importance of digital photography, camera types, what photos labs need, camera set-up)

Several examples of periodontal and esthetic combined cases as well as veneer cases will be presented to enhance the program. Upon successful completion of this course, attendees will learn the importance of communication between the dentist and laboratory, as well as other specialists, in the case of multidisciplinary treatments to achieve the best aesthetic outcome for patients.

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**ADA C.E.R.P.® Continuing Education Recognition Program**

Second District Dental Society is an ADA C.E.R.P. Recognized Provider. ADA C.E.R.P. is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA C.E.R.P. does not approve, endorse, limit referral or endorse, nor does it carry any liability and or endorsement by boards of dentistry.

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<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>SDDS Members</th>
<th>SDDS Member’s Staff</th>
<th>SDDS Resident Members</th>
<th>ADA Members/Staff</th>
<th>Non-ADA Members/Staff</th>
<th>Federal Service Dentists</th>
<th>Location</th>
<th>Date/Time</th>
<th>MCEU</th>
<th>Notes</th>
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<tbody>
<tr>
<td>#2015-25</td>
<td>&quot;Current and Future Trends in Radiology&quot;</td>
<td>$100</td>
<td>$85</td>
<td>FREE</td>
<td>$110</td>
<td>$190</td>
<td>$50</td>
<td>Fort Hamilton Community Club</td>
<td>7 P.M. - 9 P.M.</td>
<td>6</td>
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<td></td>
<td>Arthur D. Goren, D.M.D.</td>
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<td>Friday, October 9, 2015</td>
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<tr>
<td>#2015-27</td>
<td>&quot;Provocative Prosthodontics&quot;</td>
<td>$50</td>
<td>$50</td>
<td>FREE</td>
<td>$60</td>
<td>$95</td>
<td>$25</td>
<td>Staten Island Hilton Garden Inn</td>
<td>9 A.M. - 12 P.M.</td>
<td>3</td>
<td>hours</td>
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<tr>
<td>#2015-28</td>
<td>&quot;Continuum: Dentist-Operator/Anesthesiologist-Dental Anesthesiologist&quot;</td>
<td>$50</td>
<td>$50</td>
<td>FREE</td>
<td>$60</td>
<td>$95</td>
<td>$25</td>
<td>SDDS Headquarters, Brooklyn, NY</td>
<td>9:30 A.M. - 3:30 P.M.</td>
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SDDS Granted AGD PACE Four-Year Status Renewal

Second District Dental Society has once again been approved by the New York State Academy of General Dentistry (NYSAGD) as a Provider of Approved Continuing Education. The approval, which is in effect from July 1, 2015 to June 30, 2019, entitles Second District to continue offering continuing education programming that provides AGD Fellowship/Mastership and Maintenance credits.

To receive AGD credit for courses you take with SDDS, be sure to sign the AGD roster present at the registration table of every Second District course you attend!

WELCOME TO OUR NEW MEMBERS!

**NEW MEMBERS**

- Dr. Gregory Bangiyev (General Practice; New York University, 2013) — 4205 Avenue P, Brooklyn, NY 11234
- Dr. Daniel Kluchman (General Practice; SUNY Stonybrook, 2012) — 2995 Veterans Road W Ste. 2G, Staten Island, NY 10309
- Dr. Dorothy Lee (General Practice; UMDNJ, 2013) — 310 Richmond Hill Road, Staten Island, NY 10314
- Dr. Adam Schuessler (Oral Surgery; Tufts University, 2009) — 201 Edward Curry Avenue, Suite 101, Staten Island, NY 10314

**REINSTATMENTS**

- Dr. Mariya Braylovskaya (General Practice; SUNY Stonybrook, 2006) — 2250 86th Street 2nd Floor, Brooklyn, NY 11214
- Dr. Jacob Eisdorfer (General Practice; Columbia University, 2010) — 1162 42nd Street, Brooklyn, NY 11219
- Dr. Marina Fainberg (General Practice; New York University, 2008) — 220 13th Street, Brooklyn, NY 11215
- Dr. Renata Ginsburg (General Practice; Louisiana State University, 1988) — 501 Brighton Beach Avenue, Brooklyn, NY 11235
- Dr. Frantz Pierre-Louis (General Practice; Howard University, 2009) — 500 Ocean Avenue, Suite 11, Brooklyn, NY 11226
- Dr. Maryse Tessier (General Practice; New York University, 1993) — 2801 Glenwood Road, Brooklyn, NY 11210
- Dr. Robert Yan (General Practice; Columbia University, 2013) — 8502 Bay Parkway, Brooklyn, NY 11214

**TRANSFERS**

- Dr. Shiva Basir (Pediatric Dentistry; Columbia University, 2009) — 1312 38th Street, Brooklyn, NY 11218
  *Transferred from New Jersey Dental Association*
POSITIONS WANTED

GENERAL DENTIST—Hard-working, professional and empathetic general dentist seeking associate position. Great with both technical and personal aspects of patient care. Please contact at DMDHuettenr@gmail.com or (507) 358-5082.

GENERAL DENTIST—Productive, confident, and efficient general dentist seeks associateship. Comfortable in all phases of dentistry. Can provide exceptional GPR references upon request. Please email at elwarder@gmail.com or call (248) 941-2820.

GENERAL DENTIST—Compassionate, competent and motivated general dentist seeks part time or full time associateship in private or group practice. Please call (714) 345-4253.

PERIODONTIST—38 years experience in high-volume insurance and union-oriented NYC offices seeks PT associateship with general practice in Manhattan or Brooklyn. Excellent references. Very productive. Call (212) 679-2472.

POSITIONS AVAILABLE

GENERAL DENTIST—For busy high-end Park Slope, Brooklyn practice. Must have at least five years of experience, with NY State License. This is an opportunity to build a practice with a terrific team in a modern up-to-date office. We are looking for someone who has exceptional clinical skills and loves what they do. Applicants should submit their resumes to Mallorywbrenner@gmail.com or call: (917) 520-8556.

DIRECTOR PEDIATRIC RESIDENCY PROGRAM—Responsibilities include providing clinical supervision, lectures and administrative duties. Salaried part-time with benefits package. Must be Board-Certified. For additional details, contact: Dr. David J. Miller-Chairman, Department of Dental Medicine, Interfaith Medical Center, Brooklyn, NY 11216, dmiller@interfaithmedical.org, Phone (718) 613-7385.

ORAL SURGEON—Excellent opportunity in a well-established OMS practice in Staten Island, NY. Seeking a part time OMS. Could lead to full time for the appropriate candidate. Our practice focuses on dentoalveolar & implant surgery. Contact for additional details: statusislandsomd@gmail.com or (908) 377-6192.

GENERAL DENTISTS—Dentserv, a provider of general dental services to long term care facilities throughout New York State is seeking dentists to join our team. Candidates with experience providing service to a geriatric population a plus! We offer flexible schedules and no billing responsibilities. EOE. Responses to: Email: careers@dentserv.net; Fax: (914) 738-0331; Phone: (914) 738-1144 ext. 29.

ORAL SURGEON—A part or full time position available for well established, high quality, compassionate, full scope oral-maxillofacial practice. Fee for service, solid DDS and patient referral base with some insurance. An excellent opportunity. Interested in long term commitment. Send resume and contact information to docoms@gmail.com.

DENTIST (BROOKLYN)—Seeking personable P/T GP dentist associate with 2 years+ experience for a growing practice in Brooklyn with potential for a buy-in. We have a friendly staff and are looking for a team player with exceptional communication skills; must be proficient in molar endo, routine extractions & Invisalign. Please email: NYDDS@optimum.net.

DENTIST (BROOKLYN)—Looking for a general dentist part time in a busy Brooklyn dental practice. Wednesdays 9-6 and Saturdays 9-2. Dr. must have at least 5 years experience, also be friendly and competent. Please submit email to eec927@aol.com.

PEDIATRIC DENTIST—Board-certified or Board-eligible Pediatric Dentist needed as Attending for pediatric dental residents. 1 day/week at our Brooklyn hospital. Includes OR privileges. Contact for additional details: gherson@interfaithmedical.org or (718) 613-7383.

GENERAL DENTIST—Pleasant, busy, Boro Park Brooklyn office needs a GP for Fridays 9-2. Exp. preferred, Yiddish speaking helpful, good with molar R.CTs, crowns and children. Reply to DDS7723@gmail.com.

GENERAL DENTIST—General Dentist preferred for Brooklyn, NY practice. Must be competent and motivated self-starter. Must be able to diagnose, provide Tx plan and treat most problems in a general dental practice. Part time, work any day Mon-Sat. Russian/English bilingual. NY State license, Medicaid, DentaQuest provider# required. Great opportunity, incentive program and potential for buy-out. Submit resume to dianex@aol.com or fax to (718) 891-8949.

DENTIST—Brooklyn Heights, NY. PT position available for general dentist with great people skills, excellent clinical skills, and exceptional diagnostic and treatment planning abilities. Please email resume to drb@bellairedds.com or fax to (718) 875-2630.


GENERAL DENTIST—Looking for a part-time General Dentist to work in a busy dental office located in Brooklyn NY 11209. We are looking for someone with at least two years experience, with NY state License and who has exceptional clinical skills and loves what they do. The General Dentist must be capable of diagnosing a patient, providing a treatment plan, and treating dental conditions. Applicants should submit their resumes to tibadental@yahoo.com or please call: (718) 491-6585 or fax it to: (718) 491-6586.

PEDODONTIST AND ORAL SURGEON—A part-time position is available for a pedodontist and Oral surgeon at a busy dental office located in Brooklyn NY 11209. The applicant must have at least 1-2 years experience and candidate should also be licensed in NY state. Applicants should submit their resumes to tibadental@yahoo.com or please call: (718) 491-6585 or fax it to: (718) 491-6586.

ENDODONTIST—Busy cosmetic dental office in Brooklyn. Digital x-ray machine. Friendly and experienced staff. Send resume by fax: (718) 376-7652 or by email: taladental@gmail.com.

The SDDS Job Board is a FREE member-benefit program for Second District members who are seeking employment and for SDDS members who have positions available at their office address in Brooklyn or Staten Island. Available only to Second District members in good standing. Please contact Veronica Molina at (718) 522-3939 or vmolina@sddsny.org for details on placing an associateship listing.
Informed Consent

Dentists have a duty to obtain proper written informed consent before initiating any planned restoration. This requires demonstrating their knowledge and foreseeable risks and benefits associated with the proposed restorations, as well as the necessity of the treatment.

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