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Mark Your 2016 Calendar

September 28
Evening Workshop
“Preparing for Retirement & Selling your Practice”

October 18
Young Professionals’ Event
“The Things you Didn’t Learn in Dental School”

October 26
Evening Workshop
“20 Tax Tips for Dentists”

November 7
Stated Meeting
“What if Caries were Zika?
Rethinking Caries Management”
Burton L. Edelstein, DDS, MPH

November 25-30
Greater New York Dental Meeting

It’s Official!
The entryway to 622 Third Avenue, our new location as of January 2017.

P R E S I D E N T ’ S M E S S A G E

Irvind S. Khurana, DDS

I am pleased to report that NYCDS will relocate to a beautiful new office space in midtown Manhattan at the end of the year. The new location, 622 Third Avenue (between 40th and 41st streets), will mean a significant cost-savings for the Society as we move to a smaller facility that will meet all our needs. After 18 years in our current space I look forward to welcoming members to our brand new office in 2017! I am confident you will find the new location attractive and convenient as we remain close to Grand Central.

Many thanks to Executive Director Diane Laurenzo and my colleagues on the Executive Committee for leading the arduous search for our new home. In addition, the office space is being designed from the ground up to accommodate continuing education programs, as well as large crowds for Stated Meeting lectures and other events. To ensure a smooth transition, a Relocation Committee has been established and continues to meet regularly to assist with the many details involved with such a significant move.

In other business, I was honored to serve as chair of the Nominating Committee. The committee was charged with reviewing numerous applications for leadership positions within NYCDS, and concluded with in-person interviews with each candidate in July. Fortunately there were many terrific candidates to choose from, which made for some difficult choices. I am glad to see the process is working and that a greater cross-section of members are getting involved.

Following is the slate of nominees to be approved at the November 7 Stated Meeting to serve with 2017 president Ken Cooperman:

President Elect . . . . . James Jacobs
Vice President . . . . Richard Lewenson
Secretary . . . . . Luis Fujimoto
Treasurer . . . . Ioanna Menzelopoulou

Directors at large . . . . Suchie Chawla
Katherine Park
Adam Silevitch

(continued on page 4)

MLMIC News

Medical Liability Mutual Insurance Co. is awaiting approval to be acquired by a Berkshire Hathaway, Inc. Co. MLMIC has stated that there will be no changes in their handling of claims, operations or their philosophy of providing a strong defense. Please visit www.mlmic.com/faq for more detailed information.
From the CE Director

Lois A. Jackson, DDS, Diplomate ABPD

Following is a brief synopsis of the courses offered at the Henry Spenadel Continuing Education Program this fall. Many new courses are listed as we continue to reinvent our offerings.

Early bird registration: $25 off all registrations paid 20 business days before the date of the course.

Frequent registration discount: complete 2 courses within a 12-month period and earn a 50% discount on your next lecture.

To register, call our continuing education staff at (212) 573-8500, or visit www.nycdentalsociety.org for course information.

9/27 (Evening Course) NEW!

Perio for the 21st Century/Ross Lambert, DMD

This “seminar and sandwich” course will review periodontal disease and the reasons to develop a periodontal program, as well as how to implement effective communication to enhance treatment acceptance.

This course is sponsored by PerioChip.

9/30

Risk Management Course/Frederick Wetzell,
DMD/Donnalloween Richman, Esq.

Take this course plus CPR on October 26 and save 10%!

This is a review of the essential elements of risk management in the practice of dentistry.

10/14 NEW!

CAMBRA for the Private Practice: Profitable & Uncomplicated/Pamela Maragliano-Muniz, DMD

You will learn strategies to minimize caries risk, and appreciate the improved clinical results that occur after implementation of a caries management program.

This course is sponsored by GC America.

10/19 NEW!

Oral Pathology for the Dental Professional/Olga Ibsen, RDH, MS

This oral pathology course covers the 7 diagnostic methods that contribute to a final diagnosis.

10/19

The Attachment Dentistry Ultimate Course/
George Bambara, MS, DMD

This course emphasizes the rationale for using precision and semi-precision attachments in the treatment planning of fixed and removable partial dentures, overdentures, and implants. A logical approach to treatment planning is presented, for long term success and patient satisfaction.

10/19 (Evening Course) NEW!

Dental Information Technology: The Good, the
Bad, & the Ugly/Mitchell Rubinstein, DMD

This “seminar and sandwich” course will demonstrate how information technology can be used to your advantage by showing you how to safely get the most out of your computers, the internet and all your “smart” devices. You will learn the easy, practical steps you must take to protect yourself, your practice and your family.

10/25 (Evening Course) NEW!

Implant Dentistry: Problems and Pitfalls/
A Conversation with Dr. Michael Toffler

Join Dr. Michael Toffler at our first in a series of round-table discussions about issues in dentistry today. Dr. Toffler will talk about the problems and pitfalls that he sees in implant dentistry. Bring your questions and concerns to add to the discussion. Dinner is included.

10/26

CPR and Emergency Medicine in Dentistry/
Michael Kaliroff of HeartSavers

Take this course plus Risk Management on Sept 30 and save 10%

Registrants will attain the knowledge and skills needed to properly respond to cardiopulmonary and other emergencies.

10/27 (Evening Course) NEW!

Restorative Implant Dentistry: A SIMPL™ Approach/Joseph Apap, CDT, MDT

This a “seminar and sandwich” lecture will discuss the role of implant design, biomechanics, and abutment options for achieving optimal results.

This course is sponsored by Town & Country Dental Studios.

10/28 NEW!

Caries Management and Restorative Solutions/ Pamela Maragliano-Muniz, DMD

This course will describe an easy, simplified caries management program to minimize caries risk in your patients, and helpful solutions when treatment planning and selecting restorative materials.

This course is sponsored by GC America.

11/1 (Evening Course) NEW!

Updates on New Ceramic Materials/Mark Pitel, DMD

There are many exciting new ceramic materials and new techniques for producing dental restorations. This “seminar and sandwich” lecture will cover the important details and try to answer those questions about the new ceramics.

This course is sponsored by GC America.
Thanks to the hard work of Past President David Shipper and his Golf Committee, over $40,000 was raised for the benefit of the New York Metro Chapter of the National Autism Association at the NYCDS 2nd Annual Golf Outing on July 21st. It was a gorgeous summer day, a fabulous day for all who attended, and a great financial success for a worthwhile charity. The New York Metro Chapter of the National Autism Association is an all-volunteer organization that provides an array of services and advocacy in the New York City area to people with autism, their parents and caregivers, and the professionals who support them.

Sixty golfers enjoyed a terrific day on the links at beautiful Fenway Golf Club in Scarsdale. The day started with a wonderful buffet breakfast and ended with a fantastic dinner and cocktail reception. There was also an abundance of refreshments and beverages on the course. Several contests were held, starting with a Putting Contest, followed by contests for Closest to the Pin, Longest Drive, Straightest Drive, and Beat the Pro. There was one more—a Hole in One Contest worth $50,000 that provided the greatest drama of the day. On the 17th hole, a par three, Dr. Ken Levene, came within two inches of winning that coveted prize. It provided plenty of buzz during dinner and a great photo (right).

Besides golf, there was the opportunity to practice yoga in a beautiful outdoor setting and/or relax at the pool. And if all that wasn’t enough, there were many wonderful Chinese Raffle and Silent Auction items (Broadway tickets, sports memorabilia, restaurant and golf gift certificates, and much more) participants enjoyed bidding on. Many thanks to all our generous sponsors and raffle/auction donors—we couldn’t have done this without you!

This was a special day that would have been impossible to hold without a dedicated committee of volunteers who met regularly to ensure every detail was just right. First and foremost, thank you to David Shipper for his vision and tireless drive to make this an annual charity event that is both great fun and a remarkable fundraiser. It takes a team of workers to make any event or project look easy. Dr. Shipper wants to express his deep appreciation to committee members and volunteers Peggy Becker, Kim Mack Rosenberg, and Shirael Pollack, of the New York Metro Chapter of the National Autism Association, and Susan Apsley, Dr. Larry Bailey, Dr. Suchie Chawla, Dr. Luis Fujimoto, Dr. Bruce Haber, Susan Ingoglia, Dr. Mina Kim, Ronnie Klein, Dr. David Koslovsky, Diane Laurenzo, Dr. Courtney Schiefelbein, Clancy Shipper, Michael Shipper, Dr. Richard Wolff and MJ Wolff.

We hope even more members and guests will attend next year’s golf outing—it’s so much more than golf!
Many thanks to the Nominating Committee for their time and effort:


As I reflect on this past summer, I would be remiss if I didn’t mention the hard work and dedication of Past President David Shipper and his dedicated Golf Committee which helped raise over $40,000 for the NY Metro Chapter of the National Autism Association. Dr. Shipper has raised not only money, but also the profile of the Society with his philanthropic efforts. Bravo! (See page 3 for details.)

Finally, I encourage EVERY member to volunteer for the Greater New York Dental Meeting on November 25–30th. As it is the largest meeting in the U.S., volunteers play a critical role in making the meeting a success.

Since the GNYDM is co-sponsored by NYCDS and Second District Dental Society a successful meeting is not only a positive reflection on us, it is also our major source of revenue. NYCDS’s very own, Marc Gainor, is General Chairman. If you aren’t able to volunteer, please be sure to attend! Whether you are planning to attend or to volunteer, visit www.gnydm.com for more information.

The Greater New York Dental Meeting—Be a Part of It!
November 25–November 30, 2016

The 2016 Greater New York Dental Meeting (GNYDM) is just a few short months away. We are proud to be recognized as the largest and most popular Dental Trade Show in the United States with record attendance in 2015 of over 54,000 registrants from every state in the USA, and from over 131 International countries. Your component, the New York County Dental Society, along with the Second District Dental Society, representing the dentists of Brooklyn and Staten Island, has been sponsoring this event for the past 92 years.

A meeting of this size depends on the contributions of its member dentists serving as volunteers during Meeting Week. This meeting is YOUR Meeting, and the revenues derived from this meeting serve to fund many of the activities of our Society.

You and your staff can be a part of it! Join your colleagues and be a volunteer! Enjoy the comradery, the GNYDM hospitality, and receive Free CE credit for your participation. You can easily register yourself and your staff to be volunteers and to attend the meeting by visiting our website: GNYDM.com. Please feel free to contact the GNYDM headquarters directly at 212-398-6922 if you have any questions or concerns. We’re looking forward to seeing you at this year’s Meeting in November.

Marc B. Gainor, DMD
(NYCDs)
General Chairman 2016

Ian M. Lerner, DDS
(SDDS)
Advisory Chairman, 2016
The iconic doctor’s black bag—stuffed full of instruments and cures, it calls to mind an era when medicine literally packed its bags to meet the needs of its most frail patients where they need it the most: at home. Until the 1950’s, nearly half of all doctor-patient visits occurred in the home. Access to care concerns continue to grow for our elderly and special needs population, prompting today’s physicians and nurses to return to this model of providing effective, compassionate care at home. Mount Sinai Hospital’s visiting doctors program recently found that 92% of its homebound elderly patients needed some form of dental treatment beyond oral hygiene. So why not implement the house call model in delivering dental care?

Although modern dentistry has never truly had the same portable pedigree, House Call Dentists is channeling the spirit of the original house call physician to address the modern patient’s dental dilemma with an old solution. House call dentistry still remains largely unheard of, limited by the dearth of transportable equipment and willing providers – until now.

With recent advances in dental technology, House Call Dentists are able to take x-rays, restore cavities, and ultimately provide comprehensive dental care from the patient’s favorite recliner or even in their bed. This innovation couldn’t have arrived at a more opportune time.

The elderly population in the United States is expected to rise over the coming decades, and with it, new problems regarding access to care. Traditionally, these patients have been seen in hospitals or in offices at the mercy of often costly and time-consuming transportation. At best, arranging for this transport is a nuisance. At worst, the burden placed on patients and their families prompts them to simply give up on seeking quality dental care, resulting in a population of underserved adults with oral pain and infection. According to the aforementioned Mount Sinai group, although there was a need for it, 96% of patients surveyed had not seen a dentist since becoming homebound. These patients are then resigned to dealing with dental issues on an emergent basis, when it is most costly, inconvenient, and limited.

House Call Dentists’ goal is to preempt the costly emergency and provide a continuum of preventative dental care from the moment a patient becomes homebound. An initial appointment with our team typically includes a full set of dental radiographs and a comprehensive oral evaluation in the home or care facility. We then work closely with the patient’s primary care team and family/primary decision makers to determine the best treatment plan. While palliative dental care may be the best route for someone who is terminally ill, more extensive restorative work, including bridges and crowns, would best serve a patient who is merely homebound but still enjoys chewing food.

Most often, treatment can begin and end in the home. For patients who are more medically compromised or non-compliant, however, we are able to offer a full range of sedation services in our office under the direct supervision of a physician anesthesiologist, or in the hospital. In any case, we are committed to offering the highest quality dental treatment in the safest and gentlest setting possible.

In addition to serving the homebound population, we are also experienced dental providers for adults with special needs, as well as those with dental phobias. Treatment of these patients is also complex and often requires utilization of our anesthesia services. Finally, if the only barrier to care is a busy schedule or feeling inconvenienced, our dentists can also visit any general patient desiring to be seen at home or work.

Ultimately, House Call Dentists is trying to solve the common problem of how patients can be treated when they are unable or unwilling to leave their home. We’ve come a long way from merely carrying a big bag of instruments around. Remaining at the forefront of dental technology while embracing the spirit of the original house call physician allows us to modernize dentistry in a way that will provide essential care to future generations in this country.

House Call Dentists
150 East 58th St., 8th Fl. Annex
New York, NY 10155
Email: info@housecalldentists.com
Website: www.HouseCallDentists.Com
moving jaws to save teeth – PART II
Edward J. Miller Jr. DMD

Dr. Miller is a Board Certified Oral and Maxillofacial Surgeon. He is in Private Practice in Manhattan and Staff OMS at New York Harbor Veterans Administration Medical Center. He is a NYSDA Trustee and a Past President of NYCDS.

Part I of this article can be found in the June 2016 issue of Dentists Quarterly.

A clinical example of saving teeth by moving the posterior maxilla with a posterior maxillary segmental osteotomy (PMSO) follows, Figures #A-3G. This 50 yoa female presented for evaluation and treatment of extractions of her posterior right maxillary teeth so that her dentist could make her upper and lower right removable partial dentures. Her chief complaint was that she wanted teeth on the bottom that would not move or require wires to keep them in place. The patient’s dentist also offered her the option of no treatment.

Her dental history included removal of her lower right posterior teeth > 30 years ago now resulting with supererupted right posterior maxillary teeth. See Figures 3A and 3B. Note in clinical photo 3A that the posterior teeth are almost touching the alveolar attached tissue of the edentulous right mandible. There is also attached gingival loss on the buccal of tooth #3. There is however no bleeding with probing and the patient’s oral hygiene appeared very adequate. In Figure 3B, the presentation pre-op pan, we see that the patient has no gross pathology in her maxillary sinuses. The film also shows that she has large maxillary molar roots with the most significant hypercementosis on tooth #1. There does appear to be 3-4mms of alveolar bone space between the roots of teeth #s 4 and 5. Analysis of this pre-op film also reveals that the mandibular nerve on the lower right is fairly low and there is at least 1cm of vertical alveolar bone above the mandibular canal. Clinically this area had at least 8mms buccal lingual alveolar width in the lower right quadrant.

Treatment planning was focused on saving as many teeth as possible and making room for dental endosseous implants in the lower right quadrant. Very often these clinical cases present referred from the patient’s orthodontist and general dentist. These patients usually have some pre-orthodontic therapy to make surgery ideal. The goal of the pre-orthodontic therapy is not to orthodontically intrude the supererupted teeth but to align the roots of the teeth over the center of the alveolus when possible. Essential to any treatment plan is the communication amongst all the practitioners and the patient. Preparation, timing and postoperative care need to be carefully reviewed as failure in any aspect could jeopardize the result. The PMSO under general an-
esthesia as an outpatient was offered to the patient. Also included was future placement of dental implants in the lower right quadrant. This treatment plan did not involve orthodontics and thus the pre-op communication was amongst the patient, her general dentist and the oral and maxillofacial surgeon. Her medical history included mild hypertension only. In addition to this it is important to ascertain the presence of active sinus disease as this can potentially be worsened by surgery through the maxillary sinus.

All of her maxillary right posterior teeth would be preserved regardless of tooth #1 being non-functional postoperatively. This decision was made because removal of #1 would be fairly destructive and potentially cause significant loss of bone to the distal of #2. In addition to this the amount of soft tissue trauma that would be caused by removing #1 would commit the surgeon to surgical extraction and a delay in the PMSO surgery as healing would be over a considerable amount of time. Removal of #1 during the PMSO would not be advised as it would compromise the vascularity to the osteotomized segment. Thus tooth #1 would be left in place and have occlusal reduction once the segment was superiorly repositioned.

Once the treatment plan is finalized, mounted surgical models in centric relation are prepared. The PMSO is outlined on the models and references in mms are made in the segment to be osteotomized. A duplicate maxillary model is made and measured and sectioned to reposition the segment to the ideal final position. These measurements are used during surgery to correlate estimated bony movements during the actual surgery in the operating room. Preoperatively an acrylic surgical splint is made from orthodontic resin to place the PMSO into the new position once it has been separated by the necessary osteotomies.

The patient is brought to the operating suite and placed under general anesthesia via a nasal intubation tube. An oral intubation tube is not adequate as the jaw needs to be open and closed into occlusion with the surgical splint and thus the oral tube would interfere with this surgical requirement.

Prior to any bony cuts 25gauge circumdental wires are placed to be able to stabilize the surgical splint by attaching an intermediate wire from the acrylic splint to the circumdental wires. The soft tissue full thickness incision starts in the loose alveolar mucosa at the mesial of the first molar and is extended to the piriform rim. Superiorly, the dissection is carefully made not to damage the infraorbital nerve. The vertical bony cuts were made with small cement spatula chisels interdentally between teeth #s 4-5 and through the tuberosity taking care not to cut through the palatal mucosa. The lateral maxillary cut was done with a small fissure bur and connects the vertical osteotomies. This was done with care not to cut through the maxillary teeth apices. Next curved osteotomes and round burs on a rotary instrument were placed through the lateral maxillary window to section the palatal bone from anterior to posterior. Manipulation of the alveolus allowed downfracture and movement of the PMSO. See Figure 3C. Very often the fracture of the palatal bone is difficult to complete as it has the propensity to remain attached to the tightly bound palatal tissue. Slow and gentle manipulation is key to preserving the vascularity of the PMSO segment. The segment was moved approximately 6mms vertically. Bony resection in the appropriate areas was done using small burs. The surgical splint was placed and wires were used to stabilize the splint and a titanium plate was used to fixate the PMSO. See Figures 3D and 3E. The procedure was approximately 90 minutes. The surgical splint was removed in 6 weeks as well as all of the wires and the postoperative occlusion is seen in Figure 3F. The mandibular right dental implants were placed 4 months after the PMSO and restored 4 months later (See Figures 3F and 3G). The occlusion remains stable 8 years post-op; see Figure 3H.

The use of the PMSO is just one example of moving jaws to save teeth. There are other combinations of surgical procedures with orthodontics that serve to save teeth as well. The PMSO is unique in that orthodontics is often not needed to achieve the movement of the teeth with its attached alveolar segment. The use of the PMSO should be considered when clinically appropriate.
Peer Review: A Case History

This column features an actual case, recently heard by the NYCDS Peer Review Committee, and is described with anonymity.

Informed Consent vs. Informing the Patient
Barry Sporer, DMD, Peer Review Committee Chair

The Peer Review was initiated by a patient who had two maxillary implants, and a full upper and lower denture constructed. The implants had failed before ever being used to retain the full upper denture. The lower denture was retained with two lower implants that had been placed approximately 28 years ago. Due to the success the patient had with the lower implant, he presumed he could have the same success with an implant in the upper arch. Because he had sought out the treating dentist for his expertise in implantology, the patient was disappointed in the result even though his prostheses were satisfactory. The dentist only became aware of the patient’s dissatisfaction when he received the Peer Review Agreement.

Mediation
After the case was reviewed by the chair and the escrow monies were obtained, the case was sent to a mediator, a member of the Peer Review committee. The mediator contacted the doctor to inquire if he was willing to consider a partial or complete refund of the fees to the patient. In this case, neither party was willing to resolve the dispute through mediation. The case was therefore referred back to the committee for a full hearing.

The Hearing
Since the complaint was against a prosthodontist, the committee consisted of three prosthodontists and myself as chair. Using the records and the oral history provided by the dentist and the patient, the committee was able to evaluate what had transpired. Having had success with implants retaining his lower denture, the patient used the internet to find a well-qualified dentist to place implants in the maxilla and have a new set of dentures made. The CBVT scan and study models demonstrated a resorbed maxilla and considerable interocclusal space. The treatment plan was to place implants in the #7 and #10 sites and to fabricate new dentures. The implants in both the #7 and #10 sites failed before loading. The dentist placed implants again in the same areas at no additional charge to the patient. When these failed to integrate as well, one of the sites received a bone graft. When the patient received a bill for the bone graft, he became disillusioned with the dentist and contacted Peer Review.

Considering the difficulty of the case because of the atrophied maxilla, the dentist was asked by the committee if he discussed the option of simply making new dentures to see what improvement that might yield and the fact that even if successful, the improvement in stability of the maxillary denture would not be as dramatic as the improvement the patient had with the lower denture. The dentist responded “no” because the patient sought him out specifically for implant therapy.

The Discussion
The committee concluded the records were well kept and the patient’s prostheses were satisfactory. There were generic informed consent forms signed by the patient for all surgical procedures, including the bone graft. Nevertheless, the committee felt that the dentist should have discussed specifically the difficulty of this case and the actual benefits of the treatment that the patient was requesting. There was no record of such a conversation and the dentist never claimed to have the discussion.

The Decision
Because the prostheses were satisfactory and the patient felt these were an improvement from what he had, the dentist was awarded the full fee for the prosthetic component of the treatment. But because the benefits and risks of the surgical components of treatment were never fully discussed, the patient was refunded the fees associated with that aspect of treatment. It should be emphasized that it was not the fact the implants failed that precipitated the refund; had the patient been made fully aware of the difficulty and limited benefit of the treatment he was requesting and still agreed to the treatment, he would have shared the responsibility of failure. It was the fact that even though the patient signed informed consent, it appeared he was never fully informed. Informed consent is not a piece of paper—it is the conversation and process of making the patient aware of, and sensibly understanding, the treatment and its alternatives.

The Appeal
In this case no appeal was filed. Therefore, escrow monies were distributed as indicated in the decision letter and the case was closed.

Peer Review Fact:
The Peer Review process is both a requirement of membership and a benefit, resolving disputes between patients and doctors regarding dental treatment in a private and confidential manner.

It limits any refunds—there are no punitive awards in excess of the fees charged for treatment.
Preparing for Retirement and Selling Your Practice

Wednesday, September 28, 2016 / 6:30 – 8:30pm

Whether retirement is imminent or in the distant future, be sure to maximize your results when it comes time to sell! Receive an education from three highly experienced professionals regarding the most critical aspects of transitioning your professional life: selling your practice; maximizing the sale of your practice; and protecting your assets for the future.

Guest speakers:
Mark D. Epstein, President, Epstein Practice Brokerage, Inc.
David J. Goodman, Managing Partner, Lawrence B. Goodman & Co., PA
Mitch Brill, Esq., Managing Director, Altium Wealth Management, LLC

20 Top Tax Saving Tips for Dentists! All-New Workshop

Wednesday, October 26, 2016 / 6:30pm – 8:30pm

Everyone wants to minimize taxes, but most of us don’t know how to do so. This new workshop will identify the top 20 strategies a dental practice owner can implement to assist with cutting taxes for tax-year 2016 and beyond. The focus will be on dental-specific advice, but also include some general approaches to reducing taxes.

This informative workshop will be led by LLI Advisory Group, a boutique CPA firm specializing in healthcare with a concentration in the dental industry.

Guest speaker:
Domenick Lobifaro, CPA
Managing Tax Director, LLI Advisory Group

$29 for NYCDS members and their staff; $59 for non-members per workshop. Register for one or both workshops by emailing Susan Ingoglia at singoglia@nycdentalsociety.org or call 212-573-8500 to register. Held at the New York County Dental Society.

Please note that the opinions expressed by the speakers are strictly their own and not those of NYCDS.

(Cancellations made less than three days prior to a workshop will be assessed a $10 administrative fee.)

Young Professionals were treated to a special cooking demonstration of Thai Noodle Salad in May. The event featured Dr. Mark Bauman, past president of the Fourth District Dental Society and serious cooking enthusiast. Dr. Bauman played to his audience mixing dental references throughout to illustrate key points while sharing his passion for good food and wine. Everyone had a great time!
The ADA Code at 150

The ADA Code was first developed in 1866. It is hard to believe that was 150 years ago—yet the ADA Code of today is not the same ADA Code of 1866. Rather it is a code that is under continuous review due to the on-going and ever-present dialogue between our dental profession and society as a whole. The last major revision to the ADA Code was in 2012.

As dentists, we must never forget that we are allowed a special position of trust within society. This trust allows us certain privileges that are not available to members of the public at large. In return, our profession makes a commitment to society that its members will adhere to the highest ethical standards of conduct. The ADA Code helps to guide us in our efforts to do this. As the preamble to the code states: the ethical dentist strives to do that which is right and good. The ADA Code is an instrument to help the dentist in this quest.

Key components of the ADA Code include the aforementioned brief preamble followed by a detailed review of the ethical principles of: Patient Autonomy, Non-Maleficence, Beneficence, Justice and Veracity. For each ethical principle the Code delineates specific expectations for dentists to follow. Additionally, there are advisory opinions listed for each ethical principle.

The ADA website (www.ada.org) also offers a wealth of ethics and professionalism information and resources. It has information about the Ethics Hotline maintained by members of the Council of Ethics, By-Laws and Judicial Affairs (CEBJA). There is a White Paper on the Ethics of Charitable Events as well as past statements on ethics from the CEBJA. They also have a description of the ethics information present on the website of the American College of Dentists, an honorary organization devoted to advancing excellence, ethics, professionalism, and leadership in dentistry.

Another excellent ethics resource the ADA provides is the Ethical Moment column in the Journal of the American Dental Association (JADA). In this monthly column, an ethical dilemma or question is posed by an ADA member dentist. Then a member of CEBJA writes a detailed response to the inquiry using the ADA Code to frame their reasoned reply.

The catch phrase that the ADA has chosen to highlight in its publicity surrounding the anniversary of the ADA Code is “putting patients first.” This is an apt phrase to use as this is the essence of what our profession of dentistry is all about.

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The Ethics Corner
Julie Connolly, DDS, Ethics Committee Chair

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ENDORSED PRODUCTS AND SERVICES

The following companies offer specially negotiated member-only rates. Mention the code listed or identify yourself as an NYCDS member to receive the special discount.

Collection Services
I.C. System specializes in dental collections with no upfront fees, effective and ethical solutions for debt collection and improved cash flow. NYCDS members receive 20% off I.C.'s most popular offerings. Call 800-279-3511 or visit www.dentistcollect.com.

Credit Card Processing
American Credit Card Processing Corp. (ACCCPC) offers superior customer service and competitive rates on payment services through MC/VISA/AMEX and debit cards. For more information call Lenny Roos at 516-581-2431.

Disposables Products
Glove Club provides member-only discounts of 5% on superior quality gloves, disposables and infection control products. Call 800-252-2425 and Mention Code NYCDS to get your 5% off!

Employment Services
Dental Staffers, LLC—provides quality permanent and temporary staff as well as dentists for office coverage to NYCDS members at member-only reduced rates. Call 845-786-1700 or email employ@dentalstaffers.com. Mention Code NYCDS.

Hazardous Waste Removal
Citiwaste will pick-up and dispose of hazardous medical waste at rates 30-40% lower than industry standards. No additional fees. Flexible schedule. Fully OSHA compliant. Call 718-372-3887 and Mention Code NYCDS or go to www.citiwaste.com.

Metal Refining
D-MMEX is a precious metals refining company that can turn your scrap metal into dollars. Receive 85-97% of the market prices. Insured, pre-paid shipping is provided. Call 1-800-741-3174 and mention NYCDS or go to www.easyrefine.com.

Practice Broker
Epstein Practice Brokerage, LLC offers more than 25 years of highly professional and qualified assistance in valuations, purchases and sales of dental practices. Members are eligible for a complimentary consultation and a free practice valuation—a value of up to $2,900—for qualified prospects. Visit www.practice-broker.com or call Mark Epstein at 212-233-7300.

Technology Support
Suzy Systems offers superb network assistance as well as practice management software, IT services and more. Members receive a no charge, no obligation evaluation of your office technological needs. Contact Randi Brown at randi@suzy.com or call 201-489-5888 x 7916. Her follow-up proposal will include discounted rates for remote and on-site services.

X-Ray Inspection
Big Apple Radiation NYS CRESO Martin Schnee won’t just inspect your equipment, he will educate staff on radiation safety. To schedule an appointment, email xray@bigappleradiation.com or call 718-373-6348 or 718-986-4996.

PROFESSIONAL OPPORTUNITIES

DENTAL PARTNERSHIP FOR THE RIGHT DENTIST
Two general dentists performing most specialties in house have a brand-new gorgeous and modern office on 60th/Madison. We have 7 ops, an incredibly well-trained staff and organized business systems.

We are looking for a third dentist. Are you building your own patient base, but want more support? Looking to establish an equity position as a partner? Avoid the stress of building your own office and being alone. Join an established group so you have coverage, can take vacations with revenue still coming in and a reduced overhead. Send your CV to drk@nycsmilespa.com and/or call us at 212-838-2900.

RETIRING OR LOSING YOUR LEASE?
Join us in our modern high quality, fee for service, restorative practice. Ideal for dentists who are seeking an exit strategy. Our experienced staff will help you seamlessly transfer and integrate your patients into our well managed office. Financial arrangements will be tailored to suit your individual needs. Please call 212-697-1122 or email us: doctann@aol.com. We’re looking forward to hearing from you.

PROFESSIONAL SERVICES


CLEANING SERVICE

The Manhattan Feather Dusters, serving the dental community for more than 25 years, are specialists in cleaning dental and medical offices with care and sensitivity. All of the feather dusters are trustworthy, punctual, courteous and have excellent references 212-406-7024.

The New York County Dental Society Welcomes Our Newest Members

May, June, July 2016

Classifieds

Members—Log onto www.nycdentalsoceity.org to find additional classified ads. New online ads added regularly!

For Sale

FREE! Gendex Panoramic Unit
NYCDS has a GX 1000, Model #46 unit (never used) we are offering at no charge. Persons or companies interested are only responsible for uninstalling and removing the unit by November 1. First come serve if interested, call 212-573-8500.

For Rent

Dental/Medical Professional Building at 30 Central Park South, with magnificent view of Central Park. Approximately 895 sq. feet on the 13th floor. Empty, applicable for Medical or Dental practices, plumbed for both. Central A/C and heat controlled in office. Call owner 914-420-2141. No realtors please.

1 or 2 Equipped Dental Ops for Rent. Fuller Building, 595 Madison Ave, 57th and Madison. 25th floor, city views. FT or PT. Starting Jan 1, 2017. High end office. CBCT available, nitrous, long term lease available, front desk space for receptionist, phone system, space for your computer system 212.838.8230, drk@jkddds.com.

Boutique Midtown Office Space for Rent
Rent space in fully staffed and supplied fee-for-service dental office in midtown. Contact us at dr.eisdorfer@eisdorferdental.com or at (212) 421-5445.

Great opportunity to acquire a Midtown fee-for-service practice by renting for a year or two, then smoothly transitioning to your ownership. Current owner requires someone with an existing nucleus of patients to start. reply to mf1@nyu.edu or call 201-320-9870.

MIDTOWN MANHATTAN East 56th St. One or two operators with private office, windows and cercl unit available for rent in an elegant, high tech, street level office. FT/PT weedeas/weekends. Please call 212-753-0189 or email eesenayi@aol.com

Unique Opportunity
Entire Second Floor with 40' large windows. High visibility opposite corporate plaza. Existing high-end dental office. 45th St. between 5th and 6th Avenues. Contact: suzy@sandovercompany.com

For Employment

New Active Members

Jennifer Chon, DMD
261 East 78th Street
New York, NY 10075
Tufts University
Pedodontist

Sepideh Szegari, DMD
201 East 86th Street
New York, NY 10028
University of Louisville
General Practitioner

Rebeca Viego, DMD
150 Broadway
New York, NY 10038
Nova Southeastern University
General Practitioner

Aaron E. Tancoskie
200 West 57th St
NY, NY 10019
New York University
Oral Pathologist

May, June, July 2016

The New York County Dental Society Welcomes Our Newest Members

EMPLOYMENT OPPORTUNITY

Are you ready to slow down or retire but still want to practice dentistry without the headache of running the practice? Come and join us in a beautiful, modern dental practice, with all the latest technology (3D cone scan, lasers, endoscope, etc.) If you want to explore the possibilities, please call 212-265-7724 or 516-319-1411 or email us at lnanarozenberg@gmail.com.

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## The Continuing Education Program Calendar

### SEPTEMBER 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>9:30 AM – 4:30 PM</td>
<td>What’s Hot: Materials &amp; New Techniques</td>
<td>Howard Glazer, DDS</td>
</tr>
<tr>
<td>27</td>
<td>6:30 PM – 8:00 PM</td>
<td>Perio for the 21st Century</td>
<td>Ross Lambert, DMD</td>
</tr>
<tr>
<td>30</td>
<td>9:00 AM – 1:00 PM</td>
<td>Risk Management Course</td>
<td>Frederick Wetzel, DDS/ Donnaline Richman, Esq.</td>
</tr>
</tbody>
</table>

### OCTOBER 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>9:30 AM – 12:30 PM</td>
<td>CAMBRA: Profitable &amp; Uncomplicated</td>
<td>Pamela Maragliano-Muniz, DMD</td>
</tr>
<tr>
<td>19</td>
<td>9:30 AM – 12:30 PM</td>
<td>Oral Pathology for the Dental Professional</td>
<td>Olga Ibsen, RDH, MS</td>
</tr>
<tr>
<td>19</td>
<td>9:30 AM – 4:30 PM</td>
<td>The Attachment Dentistry Ultimate Course</td>
<td>George Bambara, MS, DMD</td>
</tr>
<tr>
<td>19</td>
<td>6:30 PM – 8:00 PM</td>
<td>Dental Information Technology: Good, Bad &amp; Ugly</td>
<td>Mitchell Rubinstein, DMD</td>
</tr>
<tr>
<td>25</td>
<td>6:30 PM – 8:00 PM</td>
<td>Implant Dentistry: Problems and Pitfalls</td>
<td>Michael Toffler, DDS</td>
</tr>
<tr>
<td>14</td>
<td>9:00 AM – 1:00 PM</td>
<td>CPR and Emergency Medicine in Dentistry</td>
<td>Michael Kaliroff/ HeartSavers</td>
</tr>
<tr>
<td>27</td>
<td>6:30 PM – 8:00 PM</td>
<td>Restorative Implant Dentistry: A SIMPL™ Approach</td>
<td>Joseph Apap, CDT, MDT</td>
</tr>
<tr>
<td>28</td>
<td>9:30 AM – 12:30 PM</td>
<td>Caries Management and Restorative Solutions</td>
<td>Pamela Maragliano-Muniz, DMD</td>
</tr>
</tbody>
</table>

### NOVEMBER 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6:30 PM – 8:00 PM</td>
<td>Updates on New Ceramic Materials</td>
<td>Mark Pitel, DMD</td>
</tr>
</tbody>
</table>

*NEW!*

The Dental Team is welcome to register.

The Henry Spenadel Continuing Education Program offers education programs in the heart of midtown Manhattan. Keep in mind our “early bird” registration discount: $25 off all registrations paid 20 business days before the date of the course. Register for Infection Control on 7/13 and CPR on 7/19 or 8/10 and save 10%!

Call (212) 573-8500 for full program information, fees, and CE credit, or register online at www.nycdentalsociety.org.