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Mark Your 2015 Calendar

Monday, September 28
Stated Meeting
A Panel Discussion on “Addressing the Challenges of the Problem Patient”

Wednesday, October 14
Young Professionals’ Event
Professional Q&A followed by drinks and hors d’oeuvres

Tuesday, October 27
Evening Workshop: “Planning for Retirement and the Sale of your Practice”

Monday, November 2
Spenadel Award Winner
William R. Proffit, DDS, PhD

November 27 – December 2
Greater New York Dental Meeting

PRESIDENT’S MESSAGE

by Maurice L. Edwards, DMD

On behalf of the Society I want to welcome Diane Laurenzo as our new executive director. During the past few months it has been a pleasure working with Diane and I am confident she will lead the Society in a positive direction.

I am optimistic about NYCDS on many levels. As you will see in this issue of Dentists’ Quarterly, your Society and its members have been active, involved, and engaged. I encourage you to participate by joining a committee, volunteering, or simply by attending one of our many social events or educational programs. There are so many ways to get involved based on your time and interests.

For instance, take a moment and read the mentoring article on page nine and see how important mentoring is to our profession and how it impacts everyone involved. The long-lasting effects are immeasurable! Last year we had approximately 350 dental students from NYU and Columbia looking for mentors…

(continued on page 4)

Diane Laurenzo to Lead NYCDS Forward as New Executive Director

Aft ...
From the CE Director
by John R. Varosca, DDS

The summer CE program was again well attended as a number of dentists found Wednesdays a convenient time to take courses. We begin a fall semester in September with a CPR course, which will be repeated in October, allowing dentists and hygienists to fulfill the requirement for relicensure. Unlike most other programs, our course discusses emergency issues unique to the dental office.

Twenty courses are scheduled from September through December, eight of which are new and will be highlighted here.

Barbara Steinberg, DDS will be presenting Women's Oral Health Issues on October 2nd. Dr. Steinberg is a nationally renowned speaker on this important topic. On October 7th, The Attachment Dentistry Ultimate Course will be taught by George Bambara, DMD. This comprehensive course will provide the attendees with updated practical knowledge and techniques that can be immediately applied in practice.

Dr. Neal Lehrman has extensive knowledge in laser technology and has lectured nationally and internationally. On October 15, he will be presenting Light in a Box: LANAP, LAPIP and Laser Periodontal Therapy.

Christine Taxin, CEO of Links2Success, a dental management consulting firm, has been well received at Spenadel and other programs nationally. On October 19th, she presents a three-hour course, Accounts Receivable Tools to Maximize Practice Revenue. She returns on December 11th for an all-day program Billing Medical in Your Dental Practice: Maximize Practice Revenue with New Services and Procedures.

Dr. Marvin Fier has presented at Spenadel previously with very favorable reviews. His new course New Materials and Techniques: Real Life Restorative Density is presented on October 23rd. Dentists performing cosmetic procedures understand the challenges that frequently present. Dr. Michael Ghalili will address these issues with two courses to be presented on October 14th and October 30th. Uncomplicating Esthetic Challenges will be followed up with a hands-on workshop Everything You Need to Know About Veneers. Although either course can be taken independently, a discount is offered for registering for both.

On November 4th, Dr. Mahnaz Fatahzadeh returns for a new course, Oral Manifestations of Systemic Disease, Medical Therapy and Substance Abuse. This half day course will update knowledge in the areas important to all dentists and hygienists. Also on November 4th, Louis DiPede, DMD addresses “wet fingered” solutions to everyday restorative dilemmas at a full day presentation Pearls of Wisdom for the Restorative Office.

You will notice in looking at the Spenadel course schedule (see upcoming courses on the back of this newsletter/call 212-573-8500 to register) that no programs are offered from mid-November to mid-December. Between November 27th and December 2nd, the Greater New York Dental Meeting will again be held.

We are partners with the Second District in the largest and most successful dental meeting in the US. Please plan to proudly support this event by volunteering and inviting colleagues and staff to participate. Visit the website at www.GNYDM.com to learn more.

Save on CE with Early Bird Registrations
Take $25 off all tuitions paid 20 business days before the date of the course.
The more courses you take—the more you can save!
Mandelbaum Salsburg: A Full-Service Firm Specializing in Dentistry

An interview with Bill Barrett, Esq., Partner at Mandelbaum Salsburg, a Corporate Friend

Mandelbaum Salsburg’s Dental Practice Group specializes in addressing the many legal issues dentists face throughout the course of a professional career. Their dental practice team serves numerous healthcare professionals including dentists and dental specialists in diverse areas spanning dental practice and dental partnership purchase agreements, dental management services organizations (MSO’s), dental professional corporations, LLC’s, PLLC’s, dental space sharing agreements, real estate leases, real estate purchase transactions, employment law, OSHA, HIPAA, dental board defense, and other legal matters dentists may face.

Q: When is the best time to consult with an attorney?
A: An attorney should be utilized as a trusted advisor and a sounding board to advise on issues for both business and life. We encourage our clients to reach out to us when contemplating decisions that may impact them such as buying/selling a practice, entering into a partnership, bringing in an associate, hiring a key employee, entering into a lease or other important agreement, as well as any life events like getting married, divorced or having children.

Q: Is there a basic piece of advice you can offer new dentists?
A: As a general rule, new dentists should seek legal guidance before entering into any agreements whether it be an associate agreement or a lease to begin a start-up practice. Contracts such as non-compete agreements are a concern because they are generally binding. On many occasions, we have seen a dentist sign a document that was purported to be “boiler plate” or “non-binding” and far too often they discover they are stuck with a binding agreement, at which time our ability to protect them is greatly reduced. For example, non-compete provisions contained in associate agreements can be very restrictive and are most often binding. In addition, dentists entering into lease agreements can underestimate the long term financial risks and obligations contained in such documents.

Q: What basic piece of advice would you give a more seasoned dentist?
A: Many dentists wait too long to investigate options for transitioning their practice and working towards retirement. We prefer to start discussions regarding practice transition, as well as tax and estate planning, long before retirement which enables our client to maximize the value of their practice while structuring a smooth transition.

Q: What sets Mandelbaum Salsburg apart from other law firms that work with dental clients?
A: Mandelbaum Salsburg has been in business since 1930 and employs over 100 professionals. The firm is a full service law firm which means whatever issues a client confronts we have an attorney with the expertise to handle the matter, unlike smaller firms who are limited in their expertise and often require assistance of other lawyers from outside their firm.

Q: Do you see the corporatization of dentistry occurring similar to that of other medical practices?
A: Yes. In recent years, there has been an increased volume of dental practice sales where private equity funds, through the use of a management services organization, acquire dental practices. The model is similar in many respects to that of physician practice acquisitions. Private equity will often offer a premium sales price and relief from many of the day to day managerial burdens. However, post-closing commitments are generally required to last three to five years and many doctors struggle philosophically not being the boss of their own enterprise as well as earning less compensation post-closing.

Q: When you describe yourself as a full service law firm, give a case study example of a client that has utilized various services.
A: Mandelbaum Salsburg represented a dental client in the acquisition of a practice six years ago. Soon after the closing, we helped and facilitated the client with terminating problematic employees as well as hiring new staff and preparing related agreements, including employment agreements and an employee handbook. When our client started a family we represented he and his wife in preparing their Wills and Trusts. As his practice continued to grow, the client decided to expand and relocate his practice. To facilitate his expansion, the firm represented the doctor in land use, zoning and environmental matters together with procuring the financing necessary to provide funding for the commercial real estate purchase. The new larger facility provided space for continued growth, but allowed the doctor to lease space to additional tenants for whom we prepared lease agreements. This client continues to rely on Mandelbaum Salsburg as their advisor for both business and personal needs to this day.

Mandelbaum Salsburg is a Corporate Friend of the Society. To discuss your practice or personal legal needs call Bill Barrett directly at 973-243-7952 and receive a complimentary phone consultation or email Bill at wbarrett@lawfirm.ms with any legal questions you may have.
The Greater New York Dental Meeting—
Be A Part Of It!

November 27–December 2, 2015

The 2015 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 2014 of over 53,000 registrants from every state in the USA, and from over 137 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 91 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.

Ian M. Lerner, DDS  
(SDDS)  
General Chairman, 2015  
Greater New York Dental Meeting

Marc B. Gainor, DMD  
(NYCDS)  
Chairman-Elect, 2015  
Greater New York Dental Meeting

PRESIDENT’S MESSAGE  
(continued from page 1)

and 150 dentist-mentors. We anticipate an even greater number of students, so this year we’d like to double the number of dentists involved. Special thanks to Michele Pindyck for heading this initiative.

On page five read about our highly successful inaugural golf outing lead by David Shipper, which provided a great day for attendees and raised $40,000 for the American Cancer Society. It would not have been possible without member involvement and participation! When you read the Peer Review article by Barry Sporer on page eight, keep in mind it wouldn’t be possible without member volunteers serving on the committee.

Sometimes participation involves only a few hours on one specific day! Through a collaboration of committees and the involvement of New York City Council Member Corey Johnson, we are gearing up for the largest Give Kids a Smile (GKAS) event next February 5th. The time commitment is minimal—just a few hours—to provide dental screenings for students with limited access to care on the West Side of Manhattan. Information on how to volunteer will be sent out soon. Much appreciation to Deborah Weisfuse for her involvement with this program.

Never hesitate to call the NYCDS staff at 212-573-8500 or email info@nycdentsociety.org to inquire about a particular opportunity or learn about ways to get involved. I am confident you will be glad you did.
Inaugural Golf Outing Exceeds Expectations!

by David M. Shipper, DDS, Golf Committee Chair

ew York County Dental Society, in conjunction with Henry Schein, Inc., held its inaugural golf outing at Fenway Golf Club in Scarsdale on June 8th. The event was held in memory of Mitch Cutler, a beloved Schein rep. Mitch passed away three years ago after a long and courageous battle against cancer. Jim Breslawski, president of Henry Schein, Inc., was the guest of honor. Proceeds from the event benefitted the American Cancer Society.

Sixty golfers attended the outing, including dentists from the entire New York metropolitan area plus representatives from many major companies in the dental industry. Everyone enjoyed a sumptuous buffet before heading out on the course. The weather cooperated although it was in doubt for a while. Fortunately, the sun came out less than an hour before the shotgun start at 12:30pm.

In case anybody was hungry after the terrific breakfast buffet, two food stations were set up on the course. A number of contests were held during the round including a long ball contest, straightest drive contest, and closest to the pin. The main event was a Hole-in-One Contest for a 2015 Porsche Boxster, valued at $65,000. Unfortunately, no one drove home with a new car. Prizes, which included gift certificates at the Fenway pro shop, and two Bushnell laser rangefinders that were contributed by Laser Technology Inc., were awarded to the foursomes with the best gross and net scores. After the round, all the players (and another 25 people who joined the group) attended a spectacular buffet dinner, which included a full open bar. Both a raffle and a Silent Auction were held. Some of the items that were won included sports memorabilia, restaurant gift certificates, wine, high-end cosmetics, golf equipment, dental supplies, a foursome at a local golf course, and a dental practice website design valued at $5000.

Three dozen companies and individuals supported the event. Incredibly, we raised over $40,000, all of which was contributed to the American Cancer Society.

In addition, much thanks goes to the families of Jim Breslawski and Stanley Bergman (the CEO of Henry Schein, Inc.), and the Henry Schein Corporation, including many of its top officers.

I must thank the committee members who spent many hours of their personal time to ensure the smooth operation of the outing. The committee included Dr. Navid Baradarian, Dr. Suchie Chawla, Dr. Luis Fujimoto, Dr. Bruce Haber, Dr. Andy Kaplan, Dr. Mina Kim, Dr. Layne Martin, Dr. Courtney Schiefelbein, Clancy Shipper, Michael Shipper, Dr. Richard Wolff and MJ Wolf. Lastly, and very importantly, I thank Ronnie Klein, an amazing Schein rep, without whom the outing would not have been conceived. Ronnie was my main partner in crime who worked on every detail and organized the entire day. He also organized a dozen or so Schein team members who helped throughout the entire day of the outing. Lastly, I am extremely appreciative of all the behind-the-scenes efforts contributed by our incredible staff at NYCDS.

The event was an absolutely phenomenal success—beyond our wildest expec-

ations! A splendid time was had by all. The Fenway course is well-main-
ained and beautiful, and management treated us like royalty. Next year’s outing is already in the planning stages, so keep on the lookout for a save-the-date announcement sometime this fall.
Discovering Complex Anatomy with the Surgical Operating Microscope in Endodontics: Case Report of a 5 Canal Molar

by Marcus Johnson DDS, MSD

Dr. Johnson is an endodontist in private practice at City Endodontics in Midtown Manhattan.

Microscopes have been used for decades in various medical specialties and have recently been introduced to endodontics (Carr). Reasons for this introduction to endodontics include enhanced visibility and lighting, detection of coronal and radicular cracks and fractures, patient education with pictures displayed on the monitor, location of calcified and additional canals, bypassing ledges, removal of separated instruments, and viewing perforations for repair. One of the main reasons noted for failure of root canal therapy in maxillary molars is failure to locate a second mesiobuccal canal. Weller and Hartwell\(^5\), in their retrospective clinical study, recorded a second mesiobuccal canal in 39% of their sample of maxillary first molars. The incidence of second mesiobuccal canal has been reported to be between 18% and 96.1% with the aid of the dental microscope (Kulild\(^4\), Buhrley\(^3\)). Other variations include three (3), four (4), and five (5) roots and unusual morphology of root canal systems within individual roots, anatomy often undetected without use of the microscope. The following case highlights unusual anatomy within a maxillary 1st molar.

Case Report 5 Canal Molar

A 53 year old female presented for consult after an evaluation during an emergency visit to her GP upon which she was referred out for an endodontic consult.

Chief Complaint: “My back tooth has become very sensitive to cold, the pain is killing me, it starts to throb every now and then without me doing anything to it!”

Clinical and radiographic exam, clinical test, medical and dental histories were taken and reviewed with the patient. Informed consent was given with risks and benefits of endodontic therapy being explained to the patient and that after treatment was complete a full-coverage restoration would be needed.

The patient presented with no known drug allergies. She was taking Aleve (naproxen sodium) 220mg p.o. q8h prn pain. She had a physical exam completed 9/23/14 by her MD. Vital signs were assessed. BP: 110/70 mmHg, Pulse: 56 bpm, RR: 25brpm, afebrile. The patient suffered from sciatica and experienced bouts of extreme pain in her left leg and lower back when positioned abnormally for long periods of time. She noted she could not withstand visits longer than 1 hour in nature and could not decline beyond 145 degrees.

She presented with a history of lingering pain to cold liquids and a spontaneous throbbing ache. Tooth #3 had a large MOD, amalgam restoration placed “several” years ago by a GP she no longer received care from. She noted around 1 month prior to her current visit is when the discomfort began. The pain had increased and she rated it at 6/10 on a visual analog pain scale. The extra oral exam was within normal limits, there were no signs of asymmetry, no edema, no erythema, no lymphadenopathy, no clicking, crepitus, deviation of mandible noted during TMJ exam. Muscles of mastication were not tender to palpation.

The intra-oral exam of the posterior, right maxillary gingiva appeared normal with no associated edema or erythema. Generalized recession was visible 2-3mm apical to CEJ. #2 showed occlusal amalgam with intact margins, #3 MOD amalgam with compromised margins along occlusal cavo-surface, and #4 DO amalgam presented with open margins with recurrent caries near distal CEJ region.

Radiographic interpretation showed the maxillary sinus which appeared to be superimposed over the apex of teeth #’s 2-4. In the radiograph #2 showed a shallow occlusal radiopaque restoration consistent with the appearance of amalgam. The mesial aspect of the tooth was visible with the mesiobuccal root showing. A radiopaque structure appeared to be within the chamber consistent with the appearance of a pulp stone. An apparent widening of the PDL at the apex of the tooth was visible. Tooth #3 showed a radiopaque MO restoration within 2mm of the pulp chamber, the tooth appeared to exhibit three roots with the distal root appearing to be “bulbous” in presentation and multiple periodontal ligaments were visible and associated with this root. The presentation of multiple periodontal ligaments is an indicator that multiple canals maybe present within a root (Beatty\(^3\)). Tooth #4 showed a DO radiopaque restoration consistent with the appearance of amalgam, the canal space was visible to the junction of the middle/apical third in which it became obscure. Tooth #5 appeared to be partially visible. (Fig. 1)

<table>
<thead>
<tr>
<th>Tooth</th>
<th>Probing (mm)</th>
<th>Mobility</th>
<th>Vitality (EndoIce)</th>
<th>Percussion</th>
<th>Palpation</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2</td>
<td>445,333</td>
<td>WNL</td>
<td>Responsive</td>
<td>No Pain</td>
<td>No pain</td>
</tr>
<tr>
<td>#3</td>
<td>433,445</td>
<td>WNL</td>
<td>Lingering</td>
<td>No Pain</td>
<td>No Pain</td>
</tr>
<tr>
<td>#4</td>
<td>232,333</td>
<td>WNL</td>
<td>Responsive</td>
<td>No Pain</td>
<td>No Pain</td>
</tr>
</tbody>
</table>

*WNL = Within normal limits
Treatment
NSRCT #3: 20% topical Benzocaine was applied to buccal & lingual injection sites for 1 minute after being wiped dry with 2x2 gauze. 2x1.8ml carpules (72mg) 2% lidocaine, 1:100K epinephrine (36 micrograms) buccal (PSA/MSA) and palatal infiltration were administered. Rubber dam isolation was achieved and a bite-block positioned to prop the patient's jaw open. The procedure was performed with the SOM. The majority of the procedure, except the access and access modification, were performed standing over the patient due to inability to recline the chair as a result of the patient's underlying sciatica condition. The patient's back and neck were supported with pillows and frequent verbal reassurance were given to ensure maximum comfort. Breaks were coordinated every 20 minutes to accommodate the patient's positioning. The patient had difficulty with the pooling of saliva and coping with a gag reflex, and as a result the saliva ejector was kept in the patient's mouth for the entire procedure. A bite block was used to help position the patient's jaw in an open position to aid in the initial endodontic access but removed after access was refined. The SOM was positioned at an angle of 60 degrees to facilitate operations while standing over the patient. (Fig. 3) Four canals (MB/MB2, DB, and P) were located with use of anatomical landmarks, SOM, & ultrasonic exploration. Irrigated with 10 ml 6% NaOCl (aids in tissue dissolution, mechanical flushing, lubrication, organic smear layer removal, anti-microbial), 20 ml 17% EDTA (chelating agent, lubricant, removal of inorganic smear layer) RC-Prep (chelating agent, surfactant, lubrication) was used with #6-25K-files to resistance. Gates Glidden burs were used in the following sequence #2, 3, 4, 1 w/RC Prep. The working length was obtained by close evaluation of pre-op radiograph and use of an apex locator (CanalPro). The crown down instrumentation (CD) technique was used with Hyflex rotary files (Coltene), recapitulation was employed throughout the entire procedure. Canals were dried with paper points and Ca(OH)2 (Metapaste) placed within all canals (anti-microbial, tissue dissolution, anti-inflammatory, hygroscopic properties, anti-resorptive and anti-endotoxin agent). Following treatment cotton pellet/Cavit g were placed and post-operative instructions given verbally and written. The patient was scripted Motrin 600mg, dispensed 12 tabs, with instructions to take 1 tab every 6 hours p.o. for pain (anti-inflammatory, analgesic). The patient was dismissed in stable condition.

2nd Visit:
The patient returned asymptomatic for completion of treatment two weeks later. She was positioned in the same manner and was anesthetized using the same technique from the initial visit. Rubber dam isolation and access were modified with the SOM and exploration of the distal anatomy was revisited. The distal canal was troughed with a fine diamond tip from an ultrasonic machine and a disto-buccal (DB2) canal located with the aid of the NaOCl 6% champagne test and anatomical landmarks. The DB2 canal was cleaned and shaped to length using the same technique used for the other canals at the initial visit. The apex locator was used to confirm presence of an additional canal and reconfirm length for other canals. A check film was taken with files in all 5 canals to verify presence of 5 separate orifices and apices. A master cone for all 5 canals with gutta percha fit to working length was exposed. (Fig. 4)

The obturation technique included warm vertical condensation with continuous wave and AH-plus sealer and back-filled all the canals to their respective orifice. Cotton and Cavit g temporary restoration were again placed more than 3mm from the occlusal surface to prevent against coronal micro-leakage in the access cavity. The occlusion was checked, post-operative instructions were written and given verbally. Two periapical radiographs were exposed to illustrate the unique anatomy. (Fig. 5 & 6)
The patient presented for a one year post-operative visit and was asymptomatic with the tooth restored with a fill-coverage restoration. (Fig. 7)

References
Peer Review: A Case History

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

A Flawed Treatment Plan Leads to Frustration for All

by Barry Sporer, DMD, Peer Review Committee Chair

Introduction
This is a case that in spite of a prolonged and conscientious effort, the dentist failed to complete because of a flawed treatment plan.

The Peer Review was initiated by a patient against a general dentist. The complainant had been a patient for over thirty years and was maintained with satisfactory care until 2011 at which time both the dentist and patient agreed comprehensive reconstruction was needed. The patient was given options for both upper and lower arches that included full dentures, overdentures or implant supported dentures. The patient wanted to save as many teeth as possible and was resistant to implant therapy. Therefore a treatment plan was decided on which consisted of placing gold copings on three remaining teeth with attachments in both the maxilla and mandible. The patient's chief complaint was an inability to chew since treatment began and with a failure to see progress, he sought treatment elsewhere.

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 Society's Peer Review committee. In general, the mediator contacts the doctor to inquire if he/she is willing to consider a partial or complete refund of the fees to the patient. The patient is then contacted and informed of any financial offer. If an offer is made and accepted, mediation would be deemed successful and the case would be closed. In this case neither party was willing to settle the dispute through mediation. The case was therefore referred back to the committee for a full hearing.

The Hearing
The committee consisted of three general dentists and myself as Chair. The committee reviewed pre-operative radiographs and the original lower prosthesis. The committee interviewed both the patient and the doctor and the patient was examined by the committee.

After eight months of treatment and numerous trial set ups, the dentist failed to deliver prostheses that were functionally or esthetically acceptable. By the time the case got to Peer Review the patient was wearing upper and lower prostheses that were fabricated by a subsequent treating dentist. The patient also had in his possession the original lower over denture that he was unable to wear which he complained was uncomfortable and distorted his lips when inserted. The records indicate there were several trial set up visits and that the dentist even accompanied the patient to the laboratory in the hope of getting an acceptable set up.

The Discussion
It is always more challenging for the Peer Review committee to evaluate a case when the original treatment has been altered. At the time of the hearing the patient was wearing an overdenture (crown sleeve coping) prosthesis on the upper arch and a lower denture retained by implants. The maxillary teeth with the original copings were still in place being used to retain the maxillary prosthesis, but as previously stated, a new lower prosthesis was now retained by implants and the lower teeth had been extracted. Fortunately, the committee was able to examine the original lower overdenture. The overdenture revealed the reasons for the patient’s dissatisfaction with the prosthesis. Retaining the lower teeth and placing gold copings on them resulted in the lab needing to place the teeth too far to the labial. There was a lack of space both incisally and labially for an overdenture with the lower teeth retained. Even though the dentist claimed the patient was reluctant to commit to implant therapy, the subsequent treating dentist was able to explain to the patient that a conventional overdenture could not work in this case.

The Decision
Ultimately it was determined that the maxillary copings and framework were serviceable but the lower case was not; therefore the fees for the treatment of the lower arch were awarded to the patient. Although one needs to respect the wishes of the patient, the doctor is ultimately responsible for the treatment plan. Retaining the lower teeth, and placing gold copings over them, did not allow sufficient room for the denture teeth. This led to the frustration of the dentist, the laboratory, and ultimately the patient.

The Appeal
This particular case involved two hearings. An appeal was filed by the treating dentist within the 30 day period allowed after the initial hearing. An appeal was granted by the Council on Peer Review and Quality Assurance based on a procedural irregularity. A second hearing (described in this article) was held with a new committee of dentists hearing the case. In both cases the treatment fees for the lower arch were awarded to the patient. No additional appeals were filed, therefore 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.
**Student Perspective**  
*by Ewelina Fiodor*

As president of the Columbia chapter of the American Student Dental Association I have had the privilege of being a student representative at monthly board meetings of the New York County Dental Society during the 2014-2015 academic year. During these meetings I first met Dr. Maurice Edwards and learned of his plan to begin a mentorship program pairing NYCDS members with NYC dental students. Dr. Edward's unbridled enthusiasm to involve students in the organization was infectious and made me eager to have an active role in establishing the program. The students of my school were equally excited for the opportunity to be mentored by NYCDS dentists, as over 130 students signed up to participate in the program's inaugural year.

I was excited to participate in the program myself! Having requested a pediatric dentist as my mentor I was paired with Dr. Ioanna Mentzelopoulou. She was enthusiastic about having me visit her office which provided a glimpse into the career of a pediatric dentist.

The opportunity to watch her interact with children and parents is proving to be invaluable in my preparation for this specialization. I enjoyed learning about Dr. Mentzelopoulou's path before, during, and after residency and I took away many important guiding points for applying into residency programs myself. With graduation nearing I am glad to have her as a mentor by my side. Specifically important to me was Dr. Mentzelopoulou's example of successfully balancing a fruitful practice and active involvement in organized dentistry with that of a family life at home. It is inspiring and encouraging to know that these ambitions can all be realized.

Personally, I have found the NYCDS Mentorship Program to be an enriching addition to my experience as a dental student. I have benefited from this mentorship program immensely and I am looking forward to encouraging even more students to enroll in it in the years to come. Being mentored by an active member of the NYCDS has the specific benefit of being exposed to the ADA tripartite and I think it is imperative that future dentists be active in the efforts shaping our profession. And what better way to learn how to do so than from those currently at the forefront of the effort?

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**Mentor Perspective**  
*by Ioanna Mentzelopoulou, DDS*

When I was given the task to write about my experience as a mentor in the New York County Dental Society Program, I came to realize that everyone has their own definition of the word and their own idea of what a mentor relationship means to them.

We often use the word “mentor” without really thinking about what it means. So I went back to the dictionary before writing this.

“Mentor (n): a wise, trusted counselor or teacher; an influential, senior sponsor or supporter”

Personally, to be a mentor means giving time. There is no point in saying “I will be your mentor” if you then can't find the time to do so. A mentor is definitely a teacher but a teacher is not necessarily a mentor. A good friendship base is necessary for mentorship which is different from teaching, though has many of the same characteristics.

I am sometimes amazed at the fact that students and dental residents consider me experienced enough to ask questions and to accept my advice, but I relish it, because when I was a dental student and a new dentist starting out, I had no one to ask, no one to talk to, no one to discuss feelings and emotions with at all.

I remember how I felt and I now believe that my role as a mentor gives back something to this dental community which has been so friendly to me, and gives those who ask me to mentor them, something that I never had. I like mentoring since it is on a more one-on-one basis. It makes it more intimate and personal.

It is my opinion that those who have a good mentor should eventually be prepared to take on that role at some stage in their own future, so that the right values and lessons will continue to be passed on.

If we can all give a little back, the dental community will flourish and grow.
Young Professionals’ Bowling Event Gets a Perfect Score!

It was a fun time for the Society’s Young Professionals (members in practice 10 years or less) at Lucky Strike in May. Everyone had a great time and enjoyed socializing among the pins, pizza, Ping-Pong and pool! The “off-site” location was a fun change of pace. The event was organized by the Young Professionals Group, chaired by Andrew Deutch, along with Board Liaison Julia Sivitz. The Committee looks forward to hosting more social, as well as educational events, in the future. Special thanks to Bank of America Practice Solutions, Mandelbaum Salsburg and MLMIC for making this event possible.

Socializing at the New Member Reception

The New Member Reception in June was a great opportunity for the Society’s newest members to meet one another, members of the Board and new Executive Director Diane Laurenzo. Special thanks to MLMIC for sponsoring this event.

NYCDS HAPPENINGS

Evening Q&A Session for Young Professionals on October 14!

Attend a casual event featuring a Q & A session with three dynamic professionals with extensive legal and lending experience. The event will be a unique opportunity to ask any questions you may have regarding associate agreements, partner buy-ins, buying a practice or starting your own practice. It won’t be all talk! There will be plenty of time for socializing over drinks and hors d’oeuvres after the Q&A session! Call 212-573-8500 to RSVP.

NYCDS was well represented at the House of Delegates Meeting in June.

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# Henry Spenadel Continuing Education Program, New York County Dental Society

## The Continuing Education Program Calendar

<table>
<thead>
<tr>
<th>OCTOBER</th>
<th>DATE</th>
<th>TIME</th>
<th>EVENT</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>9:30 AM – 12:30 PM</td>
<td>Women’s Oral Health Issues</td>
<td>Barbra Steinberg, DDS</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>9:30 AM – 4:30 PM</td>
<td>Advanced Local Anesthesia</td>
<td>David Isen, DDS</td>
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<tr>
<td>7</td>
<td>9:30 AM – 4:30 PM</td>
<td>The Attachment Dentistry Ultimate Course</td>
<td>George Bambara, DMD</td>
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<tr>
<td>9</td>
<td>9:30 AM – 4:30 PM</td>
<td>Crown Lengthening: a Participation Workshop</td>
<td>Timothy Hempton, DDS</td>
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</tr>
<tr>
<td>14</td>
<td>9:30 AM – 4:30 PM</td>
<td>Uncomplicating Esthetic Challenges</td>
<td>Michael Ghalili, DDS</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>6:00 PM – 8:00 PM</td>
<td>Light in a Box: Laser Periodontal Therapy</td>
<td>Neal Lehrman, DDS</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>9:30 AM – 4:30 PM</td>
<td>A Practical Approach to Oral Surgery for the GP</td>
<td>Lawrence Gaum, DDS</td>
<td></td>
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<tr>
<td>19</td>
<td>9:30 AM – 12:30 PM</td>
<td>Accounts Receivable Tools</td>
<td>Christine Taxin/Links2Success</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>9:30 AM – 4:30 PM</td>
<td>How to be Thrilled in Dentistry for the First Time</td>
<td>Peter Auster, DMD</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>9:00 AM – 1:00 PM</td>
<td>Risk Management Program</td>
<td>Kenneth Treitel, DDS</td>
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<tr>
<td>23</td>
<td>9:30 AM – 4:30 PM</td>
<td>New Materials &amp; Techniques: Real Life Restorative Dentistry</td>
<td>Marvin Fier, DDS</td>
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<tr>
<td>30</td>
<td>9:30 AM – 4:30 PM</td>
<td>Everything You Need to Know About Veneers</td>
<td>Michael Ghalili, DDS</td>
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<thead>
<tr>
<th>NOVEMBER</th>
<th>DATE</th>
<th>TIME</th>
<th>EVENT</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>9:30 AM – 12:30 PM</td>
<td>Orofacial Manifestations of Systemic Disease</td>
<td>Mahnaz Fatazadeh, DMD</td>
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<tr>
<td>4</td>
<td>9:30 AM – 4:30 PM</td>
<td>Pearls of Wisdom for the Restorative Practice</td>
<td>Louis DiPede, DMD</td>
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<tr>
<td>6</td>
<td>9:30 AM – 4:30 PM</td>
<td>Managing Caries: From Fluoride to Fillings</td>
<td>John Maggio, DDS</td>
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</tr>
<tr>
<td>13</td>
<td>9:30 AM – 4:30 PM</td>
<td>Geriatric Dentistry</td>
<td>Miriam Robbins, DDS/Janet Yellowitz, DDS</td>
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<thead>
<tr>
<th>DECEMBER</th>
<th>DATE</th>
<th>TIME</th>
<th>EVENT</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>11</td>
<td>9:30 AM – 4:30 PM</td>
<td>Billing Medical in Your Dental Practice</td>
<td>Christine Taxin/Links2Success</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>9:00 AM – 12:30 PM</td>
<td>Pharma: The Truth May Be Hard to Swallow</td>
<td>David Goteiner, DDS</td>
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✪ The Dental Team is welcome to register

The Henry Spenadel Continuing Education Program of the NYCDS offers the premiere education program at its facility in the heart of midtown Manhattan. We now offer an “early bird” registration discount. Call 212-573-8500 for full program information, fees, and CE credit, or register online at www.nycdentalsociety.org.