President's Message
by Maurice L. Edwards, DMD

I'm honored to be the 2015 president of the New York County Dental Society. And when I think about the reason we ascend to office, I think about one word, support. And when I think about support, I think about people like past president Patricia Sukmonowski. She influenced me to apply to the Board of Directors. She, along with our Executive Director Ellen Gerber, really got me started. I called Patricia the day after she became president and I said, “If you need me for anything, I’m your go-to guy, so give me a call.” The next thing I know, I’m on the board. I consider myself very lucky to have crossed paths with Patricia. I think about another past president, Dr. Ed Miller. I met Ed way back in dental school when he was in oral surgeon residency and helped train me. He then continued to serve as a mentor to me when I finished school. I thank him for his support and friendship. I joined the Dental Society as soon as I finished residency and to be honest I didn’t see too many blacks when I went to meetings. As a matter of fact, I only knew two: Chester Redhead, who was president in 1982 and Larry Bailey, who was president in 2005. They clearly represented a minority group of men and women, myself included, who might otherwise have felt like outsiders. So I thank them for stepping forward and simply doing what they do best.

Outgoing President’s Message
by David M. Shipper, DMD

It was just over one year ago that I took the oath of office as president of New York County Dental Society. I will tell you that throughout the year many people asked me, “How’s it going?” Every time, my answer was, “Great!” I truly believe that 2014 was a great year for our Society and, on a personal level, for me as well. I believe that much was accomplished in the past year, including the commencement of our mentorship program with the students of NYU and Columbia. Other highlights included the first ever GKAS program, several important by-laws changes that went into effect, and the planning of our first annual golf outing, which will take place this June. Another major accomplishment was the improvement of communications between our component, Second District Dental Society, and the Organizing Committee of the Greater New York Dental Meeting. We all worked very closely and the two components are developing a partnership agreement pertaining to the ownership of the GNYDM. I am extremely grateful to Lauro Medrano, past president of the Second District for his assistance and his friendship.

None of this could have been accomplished without the help of our Executive Committee. I cannot thank enough Ken Cooperman, Irvind Khurana, Marc Gainor, Jim Doundoulakis, and, of course, Maurice. We cooperated together at the highest level, to the benefit of this Society, because I strongly believe in (continued on page 10)
I am writing this article while in Boston at the Yankee Dental Congress. I attend this meeting annually to “scout” for future speakers for the Spenadel CE Program. The weather was wintry this year to an extreme—with deep snow, very cold temperatures and wind. Getting around Boston was not easy but the meeting was relatively well-attended.

In evaluating dentists’ preferences for different categories of continuing education courses, I judged numbers of registrants at courses and informally interviewed the attendees for their comments.

Dentists are concerned with productivity, and courses that expand the procedures offered to a patient are very popular. Reflecting the popularity of courses in this category, the following programs are offered in the Spring 2015 semester.

Cosmetic Complexities: Effects on the Face, Mouth and Teeth on March 20th will define the degrees of mouth prominence and how to achieve new, extraordinary results in your practice. Dr. Stuart L. Isler, the past editor-in-chief of the Journal of Aesthetic Dentistry, will define the degrees of mouth prominence and how to achieve new and extraordinary results in your practice.

In Endodontics for the General Practitioner, also on March 20, participants will learn current concepts and techniques and be able to better treat their patients. Dr. Stephen P. Niemczyk, director, Endodontic Microsurgery at the Harvard University School of Dental Medicine, presents a course that will allow participants to learn current endodontic concepts and techniques to be able to treat their patients. We have found courses in endodontics for the non-specialist to be very popular and this course will be complemented by a course on May 13, Practical Endo: Treatment Planning, Techniques & Material, by Dr. Robert Salehrabi and on June 24, Modern Endodontic Therapy: A Practical Course for the GP, presented by Jarshen Lin, DDS.

Courses in financial issues have expanded. Advanced Dental Billing on May 20 and Advanced Methods for Insurance Collections on June 10 provide methods for the dentist and staff to improve office finances. Both of these courses are presented by Christine Taxin, who is a very popular speaker at our program and nationally on these topics.

Our surveys have indicated that dentists prefer to take courses presented both in the classroom and in the laboratory with the instructor directly present. Distance learning, however, has become an integral part of continuing education and we will have our inaugural Webinar presented on May 12 by Richard Nagelberg. Dr. Nagelberg will be presenting The Oral Systemic Connection. He has lectured extensively on this area providing dentists with a practical approach to this topic.

Many other excellent courses are presented for both general practitioners and specialists that space doesn’t allow for their discussion in this article. These programs include both clinical topics and mandated courses required for relicensure.

Please consult the printed catalog or visit the New York County Dental Society website (www.nycdentalsociety.org) for details and registration information.

The Henry Spenadel CE Program is pleased to present a Webinar on:

The Oral Systemic Connection
Led by Richard H. Nagelberg, DDS
May 12, 2015, 7:00 – 8:00pm
To register: www.krm.com/nycds or call 800-775-7654
Thinking of Selling Your Dental Practice? Don’t Try it Alone!

An Interview with Mark Epstein, President, Epstein Practice Brokerage

Mark Epstein, founder and president of Epstein Practice Brokerage Inc., has helped hundreds of dentists in the New York Metropolitan area achieve their goals. With 26 years of experience valuing and selling dental practices in the New York Metro area, he knows the process in-and-out, and is knowledgeable about the attorneys, accountants and bankers with whom you may need to connect to ensure a smooth process. Epstein Practice Brokerage is the only firm endorsed by the NYCDS. He will guide you through each step of the sales process: in-depth consultation; selective screening of prospective buyers; financing & accurate appraisal; and negotiations.

*Dentists’ Quarterly* posed several questions to Mark about practice sales and the role of a broker.

**Q:** How do you determine the value of a practice?

**A:** There are many factors that determine the value of a practice. They include gross and net income, age of equipment, fee structure, location, transition terms, and many other factors. But it really comes down to supply and demand in your geographic area.

**Q:** How do you help dentists get the best value for their practice?

**A:** The idea is to bring the active buyer market right to the seller’s front door. If you bring in serious buyers the value will be realized. I use many means of marketing to find good buyers including the internet (Google), dental journals, seminar presentations, and conventions.

**Q:** Has the economic climate improved for practice sales?

**A:** The market for selling practices has been good for a long time. There are a lot of qualified buyers in the New York market looking for good practices to purchase.

**Q:** When should the process of practice transition begin?

**A:** One to two years before a potential seller is ready to stop practicing is when he/she should contact me. The first step is to set a value for the practice and understand the tax liabilities and other expenses associated with the sale. Once that is determined the seller can plan his/her timeline accordingly.

**Q:** How can I provide a smooth transition for my patients?

**A:** Initial letters will be sent to all active patients recommending the new buyer and their qualifications. Also, in most cases the seller will be required to stay in the practice after the closing for a reasonable amount of time to introduce patients to the new dentist. Lastly, the staff should be active participants in the transition process further reducing the anxiety of patients during this transition.

**Q:** What is your primary role in the sale of a practice?

**A:** Again, the first order of business is to set a realistic value. Once that is determined, I will screen out buyers in order to find the right buyer, negotiate the terms of the sale, arrange financing for the buyer, and work with the lawyers and accounts to get to the closing.

**Q:** What is the most important tip you can offer to dentists interested in purchasing a practice?

**A:** Retain professionals that specialize with dental practice sales. There are lenders, accountants, and lawyers in the NY metropolitan area who do this for a living. Rely on their expertise to help you one of the largest purchases of your life. They will focus on what is important, and not waste time on irrelevant issues.

**Q:** How do you keep it confidential that a seller is putting his/her practice on the market for sale?

**A:** It is important that the patients and staff of the practice do not become aware that the practice is on the market until just before the closing. No need to make the staff and patients nervous in advance. I have all potential buyers sign a non-disclosure agreement before they are ever aware of the identity of the seller. Additionally, I remind them throughout the process that the topic of the sale of the practice is a confidential one.

**Q:** How do I know when is the right time to retire?

**A:** I am asked this all the time. If you are comfortable financially, then it comes down to your emotional timeline. I find it is best to know you have something else to look forward to once you sell the practice.

Epstein Practice Brokerage Inc., is a New York/New Jersey full-service practice brokerage firm and the only practice broker endorsed by the NYCDS. They offer free practice appraisals (up to a $2,900 value) exclusively for NYCDS members (for qualified prospects). Visit www.practice-broker.com or contact Mark personally at 212-233-7300 for a free phone consultation today.
in the success of the NYCDS. Ellen and her staff, Susan Apsley, Susan Ingoglia, Darlene Belgrave, Joanne Falbo, Judy Chei and Surica Segal have been the one constant through all the years and I am counting on their continued help and support. I want to thank Dr. Gounardes, our immediate past trustee to the ADA, for serving as my installing officer. I also want to thank the members of the Executive Committee: Irvind Khurana, Jim Doundoulakis, Marc Gainor and Ken Cooperman, who have all welcomed me as a peer and who have helped foster the kind of momentum in the Society that I want to maintain. I’m also looking forward to working with our new Executive Committee members, Jim Jacobs and Luis Fujimoto. Then there is David Shipper. I would like to emulate David in many ways, including his hands-on approach of getting to know everybody, being accessible and answering questions in a timely fashion. He was very good at keeping everybody involved.

Fortunately, I have several stars in my corner. There’s my brother Mark, who helps run my office and who is always there to lend an ear and his wife, Wendy. There’s my mom, Diann, and my dad, Eddie. They have taught me the value of hard work, struggle and setting goals. There are the four loves of my life. My daughters, Keanna and Brianna, both of whom are now in college. Then there is my son Christian, he’s my “mini-me” in attitude and in drive. And finally, my last love is Michelle, my wife of 19 years which makes a total of 29 years altogether. I learned at a young age, “Lots of people want to ride with you in the limo, but what you want is someone who will take the bus with you when the limo breaks down” and that someone is my best friend, Michelle. Because lord knows that limo has broken down more times than we care to count.

I started out on the Dental Marketplace Board of Directors. The more I got involved, the more I looked up to the people who were serving as president. I was really curious, not only about what made them tick, but how they got there in the first place. My guess was that they probably had to be in dentistry 30 or 40 years before anything significant happened so being elected president was something that I didn’t particularly have on my radar, but when I finally became treasurer, I remember telling Michelle that I wanted to be president one day. Now that the day is here!

One of my main goals as president will be to increase active participation of our members in a way that makes everyone feel represented. Following the lead of our Deborah Weisfuse, student members now serve on committees with an active voice. The Board of Directors has changed policy to foster student involvement. We want to encourage student dentists to join and stay members upon graduation. There is a national trend right now showing fewer dentists graduating from school and joining the tripartite. Membership is down because of the economy. Young dentists have a large debt coming out of dental school so many feel they can’t afford to pay membership dues. It also seems as though they don’t see the return on investment. We need to find ways to make membership more valuable for our existing members and for the students and young dentists.

I helped to develop a mentoring program. The idea started out as a minority-mentoring program. That endeavor was so rewarding that it was opened up to all dental students at Columbia and NYU. Our Public and Professional Relations Committee will now manage this student mentoring program which we hope will continue for years to come. I will be asking more of you to come forward and do your part to give back to the youth of the dental community. Our membership committee is currently working on implementing a new mentoring program for young dentists. It is our hope that this will also serve as an added benefit for young people to get more involved. When a young member signs up, they are immediately paired with a more seasoned member who agrees to be their mentor. Young members get the benefit of camaraderie, and they also are paired with someone who they can count on to return an email, or answer a question. (continued on page 10)
Advertorials are written by knowledgeable professionals to better communicate programs and services for the dental professional.

**A Growing Demand**

With improved caries prevention, adult patients are keeping their natural teeth longer. However, this also increases their risk for periodontitis and root caries over time. In fact, the adult population in need of 1 or 2 complete dentures will increase from 33.6 million adults in 1991 to 37.9 million adults in 2020.¹

The opportunity lies in the growing number of people needing full arch treatment. Meeting and exceeding their expectations is how you can differentiate your practice.

**What They Want From You**

Patients today have increasingly high expectations about dental restorations; they demand natural looking rehabilitations that can be delivered quickly.

They want to enjoy a high quality of life. Expecting to make no compromises on activities such as eating, talking and laughing, patients look for:

- A fixed prosthesis that's comfortable to wear
- Predictability and reliability

For 72% of patients² it is very or extremely important that their restoration guarantees an esthetic result:

- Attractive appearance with natural looking teeth
- Receive new teeth within a short period of time

Patients are looking for less demanding procedures:

- Less invasive treatment with minimal discomfort
- Affordable treatment with a high-quality outcome

**As a dental professional you are now challenged to provide an immediate fixed solution that meets their expectations.**

**Delivering the Goods**

To address the requirements and expectations of patients seeking fast, convenient and reliable solutions for full dental replacement, Dr. Paolo Malo from MALO CLINIC® developed a special treatment concept in the early 1990’s called the MALO CLINIC® Protocol. The protocol offers immediate temporary restorations for edentulous patients despite limited bone availability. The protocol has become a popular procedure worldwide and has influenced developments in shortening time to teeth.

Straumann now offers a new generation of surgical and prosthetic components to provide full-arch fixed restorations on either straight or tilted implants with the additional advantages of its award-winning SLActive® surface and Roxolid® material technologies.

**More Than a Fixed Rehabilitation—An Opportunity for Your Practice**

Information submitted by Straumann USA, LLC

**Straumann** Pro Arch offers dental professionals all the components needed to provide a seamless edentulous treatment.

With smaller diameter Roxolid SLActive implants you can provide reduced healing time from 6 to 8 weeks to 3 to 4 weeks,³ and the potential to avoid invasive bone grafting procedures. These features may lead to greater patient acceptance of implant treatment.⁴

**Straumann** Pro Arch also offers a new comprehensive prosthetic portfolio for immediate temporization,⁵ prosthetic flexibility due to smaller abutment dimensions and different angulations, and custom-milled bar designs as a framework for final fixed bridges.

Today, patients have access to more information than ever before thanks to technology. They rely on this information to compare everything from household items to professional services. It is important for you to deliver solutions that exceed the expectations of patients in order to differentiate your practice and stand out from the crowd.

Consider Straumann® Pro Arch as an additional treatment option to offer a fixed solution for your affected patients. ■

² Riegl Survey Patient Satisfaction, Europe, September 2011, How important are attractive teeth to patients?
³ Compared to SLA®.
⁴ If a Guided Bone Regeneration (GBR) procedure can be avoided.
⁵ When good primary stability is achieved.

**Straumann is an NYCDS Corporate Friend. To learn more, contact your local Straumann Territory Manager at 1-800-448-8168.**
The Greater New York Dental Meeting: Does it Again!

*Thank You to the Volunteers of New York County Dental Society*

by Ian M. Lerner, General Chair

The Greater New York Dental Meeting stepped-up its game again and has become not only an international Buyer’s Market for the latest in dental technologies, materials and supplies but has also become the forefront of Dental Meeting trends.

At this year’s 90th annual event, the Greater New York Dental Meeting registered 53,772 attendees from all 50 states and 137 countries.

With NO pre-registration fee to attend, the GNYDM welcomed all to New York City during the greatest holiday time of year. The conference was held November 28 - December 3 and the reaction from attendees and sponsors was unanimous: Not only was the content, faculty and networking excellent, but the event was unlike anything else in the United States.

At the heart of the Greater New York Dental Meeting is its attendees and speakers; there were choices of essays, full-day and half-day seminars as well as hands-on workshops.

The Greater New York Dental Meeting presented a Dental Laboratory Symposium, ColLABoration. With a laboratory exhibit area right on the GNYDM Exhibit Floor specializing in education, demonstrations, digital dentistry and technology it engaged technicians and dentists’ side-by-side in an integrated, hands-on experience.

The Technology Pavilion including CAD/CAM, Cone Beam and Lasers was a great success, with sessions of education daily from Sunday through Wednesday sold out. The GNYDM is already planning to build a larger and more concentrated set of programs in 2015.

An integral part of the Greater New York Dental Meeting experience is for attendees to interact with exhibitors. Professionals roamed aisle after aisle and visited more than 1,600 exhibit hall booths and over 700 companies, learning about the newest equipment and materials available from around the world. This is the largest Dental Meeting exhibit floor in the country.

The “Live” dentistry arena filled over 550 seats daily with standing room only for all four days. This revolutionary concept took place on the show floor with NO tuition costs to attendees.

The GNYDM has always provided the best in education and exhibits and the social programs at the GNYDM are a highlight for attendees who look forward to a break from lectures and workshops. This year’s Celebrity Luncheon was highlighted by Soledad O’Brien, award winning Journalist, documentarian, news anchor and producer.

The GNYDM’s international program accommodated 8,159 international visitors from 137 countries and offered educational programs in Spanish, Portuguese, French and Russian. This year, there was also a designated room for live Portuguese translation for all morning and afternoon sessions held in that specific room.

For 2015, the GNYDM has announced that it will introduce an Ortho EXPO to facilitate the education of dental professionals in all aspects of Orthodontics. The GNYDM will subsequently expand its exhibit floor to include companies involved with orthodontic products, technology, materials and equipment as well as incorporate a full educational program focused on orthodontics.

As the holiday season is a time for giving and helping others, the Greater New York Dental Meeting once again hosted the “Greater New York Smiles” program. This educational program is focused on improving oral healthcare in children. With the increased space on the exhibit floor, the GNYDM was able to invite over 1,500 children from all five New York City boroughs, as well as house a lunchroom for the children to eat at, following the conclusion of the program. The Smiles Program teaches nutrition and oral hygiene instruction in a fun and child-friendly atmosphere by incorporating...
songs and dances, videos and games. The program received great reviews from the public schools who visited because of the great donations and time of the sponsors, Colgate, UFT and DentaQuest as well as volunteer hygienists from Staten Island, hygiene and dental students from New York City College of Technology, Bergen Community College, Hostos Community College and New York University.

The GNYDM continues to be the largest and best Dental Congress in the United States. The Organizational Committee of the GNYDM works tirelessly throughout the year to ensure the meeting’s success. With the leadership of the General Chairman, Dr. Ian M. Lerner and the New York County Dental Society (NYCDS) representatives on the GNYDM Organization Committee, Drs. Edward J. Miller, Jr., Ira R. Titunik, Jeffrey S. Senzer, James H. Doundoulakis and 2014 Appointee, John J. Young, Jr. the Meeting was taken to new heights. Of course, additional thanks for allowing the Meeting to run smoothly and effortlessly must go to the countless NYCDS member volunteers who were a part of the many sub-committees.

The GNYDM’s success always translates to financial success for the NYCDS; it is through the GNYDM that the NYCDS has been able to continue its long tradition of low cost, high-quality continuing education and member services. The NYCDS member dues have remained stable for many years as a result of this partnership.

Mark your calendar for this year’s Meeting, November 27–December 2. Plans for the 2015 GNYDM are already well underway and it promises to be another unparalleled success. Please submit your availability and willingness to volunteer by e-mail info@gnydm.com or fax 212-398-6934. Encourage your friends to join us and all of you can have dinner at the Marriott Marquis Hotel at our Pre-Convention Meeting next November. ■
Periodontal Diagnosis & Treatment of Muco-gingival Conditions Part I

by Julie A. Connolly, DDS, MPH, MS

Dr. Connolly is a periodontist practicing in midtown Manhattan and is an Assistant Professor of Periodontics at Columbia College of Dental Medicine.

Introduction
There are several clinical periodontal findings that fall into the category of muco-gingival conditions. Common findings include gingival recession, absent or reduced keratinized tissue and probing depths that extend beyond the muco-gingival junction. Additionally, anatomic findings such as aberrant frenum insertions, alveolar ridge defects and excessive gingiva are also considered to be muco-gingival conditions. These conditions may sometimes be found in conjunction with unfavorable tooth position, a prominent root, a variation in ridge anatomy or an area of limited vestibular depth.

Diagnosis
As with all patients, it is critical to take a thorough medical history. One reason why this is important, for example, is that some medications for hypertension (e.g. calcium channel blockers), seizures (e.g. Dilantin) and immuno-suppressive therapy (e.g. Cyclosporin) can contribute to the development of excessive gingival hyperplasia.

A thorough dental history is also key. It is critical to know if the patient has been previously treated for periodontal disease, has a history of para-functional habits, employs aggressive brushing techniques, has had orthodontic therapy and has a history of intra-oral trauma (including the presence of intra-oral piercings). When discussing dental history with the patient, it is also important to listen to their chief complaint.

Clinically, a basic periodontal examination is the first step in the diagnosis of a muco-gingival condition. This includes assessment of pocket depths, gingival recession, bleeding on probing, furcation involvement and mobility. A soft tissue exam must also be done with attention paid towards the assessment of edentulous areas, gingival display, gingival color/texture and frenum attachments. It is also important to be aware of the patient’s current level of oral hygiene and their professed oral hygiene practices. Radiographs should be taken as indicated as well.

Goals of Treatment
The goals of treatment vary depending upon the nature of the defect in question. However these goals share the common aims of attempting to correct defects in morphology, position, soft tissue and bone. This should then allow the dentition (or its replacements) to be maintainable with good function, esthetics, and form.

Treatment Options

Initial Therapy
Thorough initial therapy is the critical first step once the diagnosis of muco-gingival defect has been made. Scaling and/or root planning should be done as indicated using both hand scalers and ultrasonic or piezo instrumentation. Additionally, oral hygiene instructions must be reviewed with the patient in detail and any inappropriate brushing or flossing techniques must be corrected. For some patients, the use of a Chlorhexidine antimicrobial mouthrinse may be indicated as part of a larger effort to reduce the levels of gingival edema/erythema.

Soft Tissue Grafting
Soft tissue grafting should be considered for patients when recession is found to be any of the following: progressive, a persistent plaque trap, associated with minimal or no attached gingiva, associated with an area where prosthetic treatment will be done and of esthetic concern to the patient. It is important to pre-operatively assess the recession defects. One way to do this is to use the Miller Classification system which predicts outcomes based on the extent of the recession, and presence or absence of both interproximal papilla and bone.

Common types of soft grafting procedures include the free gingival graft, the connective tissue graft as well as the use of acellular dermal matrix. Free gingival grafts show limited potential for root coverage and are best used to increase the zone of attached gingiva whereas connective tissue grafts and acellular dermal matrix can be used both for root coverage and increasing the zone of attached gingiva as well as increasing the thickness of the tissue in the recipient site.

Table 1: Miller classification of gingival recession.

<table>
<thead>
<tr>
<th>Class</th>
<th>Recession does not reach the MGJ, no interdental bone loss or loss of papilla height present, excellent chance for root coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class II</td>
<td>Recession reaches the MGJ, no interdental bone loss or loss of papilla height present, excellent chance for root coverage</td>
</tr>
<tr>
<td>Class III</td>
<td>Recession reaches the MGJ, minor interdental bone loss, minor loss of papilla height and/or malpositioning of teeth present, good chance for root coverage</td>
</tr>
<tr>
<td>Class IV</td>
<td>Recession reaches the MGJ, interdental bone loss, loss of papilla height and/or malpositioning of teeth is severe, root coverage is not expected</td>
</tr>
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</table>

The free gingival graft is harvested from the palate and includes both epithelium and connective tissue. There is a large palatal void that is left to heal by secondary intention. At the recipient site, a split thickness preparation is made and the graft is sutured into place. The graft heals with a single source of blood supply, the underlying periosteum, and is left to heal by secondary intention.

The connective tissue graft is harvested from the palate and is devoid of epithelium when it is placed into the recipient site. Typically the graft is harvested with a single palatal incision or a double blade technique whereby the two blades are set 1mm apart. This allow for healing with, or very close to, primary intention at the donor site. The graft is trimmed and any residual epithelium is removed. At the recipient site, the graft heals with a dual blood supply from the overlying flap as well as the periosteum below. Though the literature suggests that up to 3mm of the graft can be left exposed, outside of the flap, without compromise to the final outcome. Leaving connective tissue exposed can help to increase the width of keratinized attached gingiva that is gained. The overlying flap may have a combination of vertical and horizontal releasing incisions depending upon the nature of the defect being treated. Some defects can be treated with a pouch or tunnel technique as well which do not employ any releasing incisions.

Acellular dermal matrix (ACDM) is a human-derived dermis matrix allograft procured from a donor source. When used for recession defects, it is placed into the recipient site, typically with a tunneling technique that may or may not have releasing incisions in the papilla area. It is critical for ACDM to be fully covered by the overlying flap when used for root coverage. When ACDM is used solely to increase the amount of attached gingiva or increase the depth of a vestibule, it is left exposed on a split-thickness bed similar to the free gingival graft.

When a recession defect is associated with a deep probing depth, it is critical that the area is fully flapped to allow for adequate visualization and access to the root and bone below. The root surface must be decontaminated via direct access scaling and root planning. Depending on the underlying osseous topography, osseous re-contouring or even the addition of regenerative material(s) may be done as well. A connective tissue or ACDM graft can also be considered if there is minimal or no keratinized attached gingiva associated with the recession defect.

Editor’s Note: Part II of this article will appear in the next edition of Dentists’ Quarterly. Dr. Connolly will discuss the value of crown lengthening, frenectomy, tooth movement and socket grafting/ridge augmentation to treat muco-gingival conditions.

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So my question to you is—What excuse do you have to not be a mentor to our younger members? Think about it because I will be emailing, texting, and calling you and asking for your help. We have several major tasks to complete this year. Ellen Gerber, our very competent and successful executive director, is retiring and we will be focused on finding her successor, which will not be easy. We will to work with the Second District Dental Society in formulating a partnership agreement for the Greater New York Dental Meeting to ensure the meeting continues for another 100 years. I was recently appointed to the ADA Standing Committee on Diversity and Inclusion, and I promise to work hand in hand with the ADA & NYSDA in all efforts to increase the diverse make up of our membership with the goal of striving toward inclusiveness of all members, both old and new. As your president, I want to work with you to keep our Society strong through efforts to retain and recruit more dentists into organized dentistry. We will continue working with Drs. Gainor, Lerner and Edwab and the GNYDM Organizing Committee, as well as officers of Second District to continue to make our dental meeting the world’s best and biggest.

So here I am—just a kid who grew up loving horses because for over 20 years I watched my mom & dad groom them, train them, and eventually when my dad became a jockey, race them. I guess in some ways that’s where my drive, my focus, and my inspiration to keep pushing forward, comes from. I have one year as president of NYCDS, I will line up at the starting gate every day, just like they did, and hit the ground running.

A great leader once said, “The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy. The true neighbor will risk his position, his prestige, and even his life for the welfare of others.”

So always remember: Live without Pretending, Love Without Depending, Listen Without Defending and Speak Without Offending. I want to thank you for your support over the coming year.

OUTGOING PRESIDENT’S MESSAGE
(continued from page 1)

complete transparency and constant communication. Virtually every decision I made was done so only after deliberating with these five totally dedicated individuals.

I am obliged to thank a number of other people for their time and effort. First, your Board of Directors: Neal Lehrman, Ionna Mentzelopoulou, Jim Jacobs, John Varosacak, Rich Lewenson, Mitch Rubinstein, Bob Sadowsky, Gail Schupak, John Young, John Osterman, and Steve Tunick. I must also thank all the committee chairs who also put in a lot of personal time and must be recognized: Adam Silevitch, Joe Manfredi, Michael Arvystas, Jerry Halpern, Allen Deutsch, Ruby Gelman, Suchie Chawla, Barry Sporer, and Julia Sivitz. And, of course, there are the members of the many committees who did a fine job.

I also believe that it is extremely important that each and every past president be honored with recognition that is truly deserved. It is only at this point in time, as I join their ranks, that I can really appreciate how much effort each of these distinguished ladies and gentlemen put forth, and they did so with two things in mind, specifically the betterment of this Society and, in general, the advancement of our fabulous profession.

Our Executive Director, Ellen Gerber, will be leaving us at the end of February after more than 15 years of service to NYCDS. NYCDS would not have functioned at such a highly successful level without Ellen at the helm. It will be an extremely difficult task to find someone to fill her shoes. Personally, I thank Ellen for all of the advice and guidance she gave me throughout the year. In addition, Ellen could not have run the office so efficiently without the help of her staff: Joanne, Darlene, Judy, Surica, Susan A. and Susan I.

2014 was a great year all around. Being president was such a pleasure, albeit extremely time consuming; and it was a true labor of love. I could not have performed all of my duties without the support of my wife, Clancy, and my entire family.

To all of you, thank you for giving me the honor and the privilege of serving you. It is with extreme confidence that I turn the helm of the Society over to a fine man and leader, Dr. Maurice Edwards. I assure you that this organization will be in very good hands this year.
Mandatory E-Prescribing Imminent For All Dentists

As of 3/27/15 all prescriptions, both controlled and non-controlled drugs, must be submitted electronically in the state of New York. This is the final phase of I-Stop legislation created to eliminate the abuse, misuse and diversion of prescription medications.

We are featuring some of the mostly frequently asked questions and answers about the new requirement.

Q: How do I submit an electronic prescription?
A: You must use ePrescribing software that meets federal and state requirements. The requirements can be found on the Drug Enforcement Agency’s (DEA) Web page http://www.deadversion.usdoj.gov/ecommeRX/ Fax, email and telephone are not electronic transmissions. You can choose a “stand alone” software solution designed specifically to maintain records of patients’ prescription histories. If you have electronic health records, you can choose an “integrated” solution that pulls information from the patient record to create a prescription.

Q: What if I don’t have a computer?
A: You will need to access a computer, laptop or tablet. You do not need a computerized patient record or patient management software to e-Prescribe. You will however, need ePrescribing software as noted above.

Q: Will I be able to call in an emergency prescription?
A: Yes, but…
\* Only when eRX is impossible and a delay would cause the patient to be harmed by the delay
\* Can only call in up to a 5-day supply
\* Must follow-up with report to the NYS Department of Health within 48 hours
\* Must follow-up with actual prescription within 72 hours for controlled drugs

Q: I work in a practice with several dentists; can we all use the same system identification?
A: Each doctor will need his/her own authentication. Software fees are based on a per provider fee.

Q: Are dentists required to maintain DEA registration?
A: DEA registration is required only for dentists that prescribe controlled drugs.

Q: Can I delegate a staff member to issue prescriptions?
A: No. Staff cannot issue prescriptions for you currently and will not be able to do it after March 27, 2015.

Q: Will I still have to query the Prescription Monitoring Program (PMP) Registry every time I prescribe a controlled drug?
A: Yes, there are currently no ePrescribing solutions that can query the PMP data base.

Q: What should I do if I query the PMP Registry and discover that the patient has multiple or large prescriptions for controlled drugs? What if I find mistakes in the Registry?
A: Questionable prescribing behavior and mistakes should be reported to the Bureau of Narcotic Enforcement.

Q: How do I find e-prescribing software that meets all federal and state requirements that will work well in my practice?
A: Henry Schein offers a solution that is compliant with all federal and state requirements for e-prescribing both controlled and non-controlled drugs. It is available to Society members at a significant discount. To sign up, call 888-988-4804 or visit www.H5ePrescribe.com/purchase.

The NYSDA Task Force on Technology created an online course, E-Prescribing: What You Need to Know, which explains the new requirements and how to comply with the mandates. The course is approximately one hour long and provides one hour of CE upon completion. Access the Webinar here: http://www.nysdentalfoundation.org/ce-courses. html cost is $15 for members and $50 for non-members.

DEA registration is required only for dentists that prescribe controlled drugs. It is available to Society members at a significant discount. To sign up, call 888-988-4804 or visit www.H5ePrescribe.com/purchase.

1 DOH has not as yet published information about reporting requirements included in the regulations. It is anticipated that reports will be submitted either directly to the Health Commerce System (HCS) or the Bureau of Narcotic Enforcement (BNE).

MEDICARE PART D UPDATE

Dentistry is excluded from the Medicare benefit package with limited exceptions. The most significant change is, beginning in December 2015, when Medicare recipients purchase supplemental Medicare insurance policies (i.e. Part D drug plans), those plans will only provide benefits when the ordering doctor is “known to” Medicare – i.e. the doctor has “opted-in” or “opted-out.”

To refer or order services for a Medicare patient, it is advisable for dentists either to enroll as Medicare providers or submit affidavits indicating that they wish to “opt-out” of the program. If a dentist takes no action, patients with Part D coverage will not receive benefits when their dentist writes a prescription for them. Regardless of your decision to “opt-in” or “opt-out,” patients with Medicare Part D plans will have coverage for any covered prescriptions you write. Dentists who elect to “opt-out” are not required to provide individual notifications to patients in their practices as dentistry is not included in the Medicare program.

If you do not wish to enroll in Medicare, you must file an “opt-out” affidavit which can be found in the Member Center under Dental Office Protocols on the NYCDSD website www.nycdental.org. To enroll, form CMS-8550 can be found here: http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855o.pdf.
The Society’s 2015 officers were installed in grand fashion at the elegant and historic Harvard Club of New York City on January 29th. Distinguished guests and members witnessed the swearing-in of President Maurice L. Edwards, President Elect Irvind S. Khurana, Vice President Kenneth B. Cooperman, Secretary James E. Jacobs and Treasurer Luis J. Fujimoto, by Immediate Past ADA Trustee Steven Gounardes. Following the formal proceedings there was a lavish cocktail reception held in a lovely setting which provided a wonderful opportunity for members to enjoy the company of colleagues.

During the proceedings, outgoing president David Shipper presented Ira Titunik with a plaque for the four years of service he gave on behalf of the Society to the Organization Committee of the GNYDM. He recognized the many volunteers who have contributed to the Society.

In his moving acceptance speech, Dr. Edwards noted that the word “support” was uppermost in his mind when he agreed to serve as president. He went on to thank both Executive Director Ellen Gerber and Patricia Sukmonowski, past president, for their support in getting him started in leadership roles, as well as NYSDA Trustee Edward Miller, Jr., for his help over the years, beginning in dental school. Dr. Edwards went on to acknowledge past presidents that paved the way for him as well as past executive committee members he has worked with and the NYCDS staff: Susan Apsley, Susan Ingoglia, Darlene Belgrave, Joanne Falbo, Judy Chei and Surica Segal.

Dr. Edwards made clear his intention to increase active participation by Society members in a way that makes everyone feel represented. He noted that the Board of Directors has changed policy to foster student involvement, allowing student members to serve on committees. He also plans to build on the mentoring program he worked hard to develop.

Among the many distinguished guests were officers and trustees of the New York State Dental Association: Executive Director Mark Feldman, ADA Trustee Chad Gehani and NYSDA Trustee Michael Shreck. The leadership from local dental societies came to honor the new officers as well. President Philip Buccigrossi, Jr. and President Elect Mitchell Mindlin attended on behalf of the Second District; President Sudhakar Shetty and Executive Director Oleg Rabinovich represented Queens County and President Scott Firestone represented Suffolk County.

The Society’s Corporate Friends, Bank of America Practice Solutions, Mandelbaum Salsburg, National Employee Benefit Companies, Inc. (NEBCO), Sovereign Financial Group, Inc., and Straumann, lent their support to this special event. Representatives included: Viridiana Azarmehr, Robert Malandruccolo and Chad Widensky from Bank of America; William Barrett, Lindsey Priolo and Peter Tanella from Mandelbaum Salsburg; Charles Failla, John Kochersperger and Devon Pcolar from Sovereign Financial and Matthew Kantor from Straumann. Danielle Zimbardi, vice president, Medical Liability Mutual Insurance Company (MLMIC), was on hand representing MLMIC who helped to sponsor the event.
2015 Installation

Ira Titunik (left) outgoing co-chair of the GNYDM’s Seminars and Workshops Committee and Ian Lerner, GNYDM General Chair.

President Elect Irvin Khurana (left) with ADA Trustee Chad Gehani and Past President Jinder Khurana.

(left to right) Tina Vani, Board Alternate Mina Kim, Public and Professional Relations Committee Chair Suchie Chawla and Board Alternate Julia Sivitz.

Layne Martin, Peer Review Committee Member, (left) with Secretary Jim Jacobs and President Maurice Edwards.

William Barrett, Esq. and Lindsey Priolo with new Corporate Friend Mandelbaum Salsburg.

Board Member Ioanna Mentzelopoulos with Past President Patricia Sukmonowski (center) and Executive Director Ellen Gerber.

New Corporate Friend Bank of America representatives Chad Widensky (left) with Viridiana Azarmehr and Robert Malandruccolo.

NYSDA Trustee Michael Shreck (left) with Corporate Friend Matt Kantor of Straumann.
Bringing Dental Education to NYC Communities

GKAS A Success!

Over 200 students at Democracy Prep in Harlem participated in a Give Kids A Smile (GKAS) event on February 6th and more than 60 students received dental screenings. The event was organized by Alternate Board Member Mina Kim who was joined by Public and Professional Relations Committee Chair Suchie Chawla, Board Member Ioanna Mentzelopoulou (and staff) and Robert Peracchia. The kindergarten through third grade students were enthusiastic about learning proper brushing techniques, the impact various foods can have on teeth, and the repercussions when you don’t brush properly and regularly. Dr. Kim noted afterward “I am so pleased that we were able to have our second GKAS event and hope to continue this tradition for years to come. I think the dentists, staff and students alike had a great time. I hope that we can continue to expand the program and work closely with more of the underserved community. The volunteers were able to educate the students about the importance of preventive dentistry and identify those students who required follow-up care.” At least one student said he wanted to be a dentist when he grew-up just like the volunteer he met!

Educating Parents About Oral Health

Board Member Ioanna Mentzelopoulou participated in an educational program for the Hamilton-Madison House, a non-profit that assists vulnerable populations, on January 21. The program featured four health professionals who talked about nutrition, asthma, positive discipline and dental hygiene to the parents of children in Head Start. There were close to 40 parents in attendance and a Chinese interpreter present since most attendees spoke only Chinese. The program was so well-received and the topic so essential, that the Hamilton-Madison House requested that a member of NYCDS return on February 25 to host another program solely focusing on dental care.
New Active Members
David Formosan Lee, DDS
405 Lexington Avenue
Tower Suite 6900
New York, NY 10174
General Practitioner

Kevin Lehman, DDS
154 West 14th Street
New York, NY 10012
General Practitioner

Arvind Phlomin, DDS
285 Fort Washington Avenue
New York, NY 10032
General Practitioner

Sheena Singh, DDS
Bellevue Hospital
462 1st Avenue & 27th Street
New York, NY 10016
Pedodontist

Nicoletta A. Skalina, DMD
Spencer Cox Center for Health
1111 Amsterdam Avenue
New York, NY 10025
General Practitioner

Reinstated Members
Evan S. Cohen, DDS
30 East 40th Street
New York, NY 10016
General Practitioner

Robert From, DDS
Central Dental
5 East 44th Street
New York, NY 10017
General Practitioner

David Janash, DMD
30 Central Park South
New York, NY 10019
General Practitioner

Alan M. Klein, DDS
245 East 50th Street
New York, NY 10022
Prosthodontist

Andrew V. Picon, DDS
347 5th Avenue
New York, NY 10016-5015
General Practitioner

Miriam R. Robbins, DDS
345 East 24th Street
New York, NY 10010
General Practitioner

Glenn K. Rochlen, DDS
726 Broadway
New York, NY 10003
General Practitioner

Shu Ping Rong, DDS
128 Mott Street
New York, NY 10013
General Practitioner

Suresh Vakharia, DDS
3474 Broadway
New York, NY 10031
General Practitioner

Graduate Student Members
Hector L. Sarmiento, DDS
17 West 54th Street
New York, NY 10019
Periodontics
Associate Members

Vito Brancato, DDS
26 Jericho Turnpike
New Hyde Park, NY 11040
General Practitioner

Nassau County Dental Society

Michael S. Criss, DDS
31 Newbridge Road
Hicksville, NY 11801
General Practitioner

Queens County Dental Society

Angela Lee, DDS
50 Park Avenue
New York, NY 10016
General Practitioner

New Jersey Dental Association

Transferred Members
Monika DeMonte, DDS
14 Penn Plaza
New York, NY 10122
General Practitioner

Second District Dental Society

Jordana Fleischer, DMD
23 Warren Street
New York, NY 10007
Endodontist

Suffolk County Dental Society

Sarah Goldhan, DDS
286 Madison Avenue
New York, NY 10016
General Practitioner

Bronx County Dental Society

Lauren Jain, DDS
314 East 62nd Street
New York, NY 10065
Prosthodontist

Suffolk County Dental Society

Ramin Kashani, DDS
345 East 24th Street
New York, NY 10010
Pedodontist

Ninth District Dental Society

Mellanie Kim, DMD
Yorkville Dental
1485 1st Avenue
New York, NY 10075
General Practitioner

Second District Dental Society

Barry C. Lin, DDS
110 East 40th Street
New York, NY 10016
General Practitioner

Queens County Dental Society

Marisa Patt, DMD
595 Madison Avenue
New York, NY 10022
Prosthodontist

Queens County Dental Society

Viviana Ramirez, DMD
2060 Lexington Avenue
New York, NY 10035
General Practitioner

Texas Dental Association

Geraldine S. Sevilla, DDS
572 5th Avenue
New York, NY 10036
General Practitioner

Second District Dental Society

In Memoriam

Stanley Darrow, DDS
New York University, 1953

Martin A. Forrest, DDS
University of Buffalo, 1958

The New York County Dental Society Welcomes Our Newest Members
November, December 2014, January 2015

CLASSIFIEDS

Members—Log into the Member Center at www.nycdentalsociety.org to find additional classified ads. New online ads added regularly.

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

## The Continuing Education Program Calendar

### APRIL 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>9:00 AM – 1:00 PM</td>
<td>Infection Control: What the Dental Team Needs to Know</td>
<td>Harold Edelman, DDS</td>
</tr>
<tr>
<td>15</td>
<td>9:30 AM – 4:30 PM</td>
<td>New Materials and Technologies</td>
<td>Dan Nathanson, DMD, MSD</td>
</tr>
<tr>
<td>17</td>
<td>9:30 AM – 4:30 PM</td>
<td>The Marriage of Esthetics and Occlusion</td>
<td>Paul Epstein, DMD</td>
</tr>
<tr>
<td>22</td>
<td>9:30 AM – 3:30 PM</td>
<td>CPR and Emergency Medicine in Dentistry</td>
<td>Michael Kaliroff/HeartSavers</td>
</tr>
<tr>
<td>24</td>
<td>9:30 AM – 4:30 PM</td>
<td>Esthetic Full Coverage Restorations</td>
<td>Elliot Kronstein, DDS</td>
</tr>
<tr>
<td>29</td>
<td>9:30 AM – 12:30 PM</td>
<td>Esthetic Soft Tissue Management</td>
<td>Julie Connolly, DDS, MPH</td>
</tr>
</tbody>
</table>

### MAY 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9:30 AM – 4:30 PM</td>
<td>A Simplified Approach to Occlusion</td>
<td>Jeffrey Horowitz, DMD</td>
</tr>
<tr>
<td>6</td>
<td>9:30 AM – 4:30 PM</td>
<td>Principles of Adhesion Dentistry</td>
<td>Douglas Brown, DDS</td>
</tr>
<tr>
<td>8</td>
<td>9:30 AM – 4:30 PM</td>
<td>Clinical Periodontal Anti-Infective Therapy</td>
<td>Thomas Rams, DDS, MHS, PhD</td>
</tr>
<tr>
<td>12</td>
<td>7:00 PM – 8:00 PM</td>
<td>The Oral Systemic Connection—Online Webinar</td>
<td>Richard H. Nagelberg, DDS</td>
</tr>
<tr>
<td>13</td>
<td>9:30 AM – 4:30 PM</td>
<td>Practical Endo: Treatment Planning, Techniques &amp; Materials</td>
<td>Robert Salehrabi, DDS</td>
</tr>
<tr>
<td>15</td>
<td>9:30 AM – 12:30 PM</td>
<td>Immediate Implant Function</td>
<td>Stephen Weisglass, DMD</td>
</tr>
<tr>
<td>15</td>
<td>9:00 AM – 1:00 PM</td>
<td>Risk Management Program</td>
<td>Leslie Selden, DDS</td>
</tr>
<tr>
<td>17</td>
<td>9:30 AM – 4:30 PM</td>
<td>Advanced Dental Billing</td>
<td>Christine Taxin</td>
</tr>
</tbody>
</table>

### JUNE 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>9:30 AM – 4:30 PM</td>
<td>Restorative and Esthetic Dentistry: A to Z</td>
<td>Alan Atlas, DMD</td>
</tr>
<tr>
<td>10</td>
<td>9:30 AM – 12:30 PM</td>
<td>Advanced Methods for Insurance Collections</td>
<td>Christine Taxin</td>
</tr>
<tr>
<td>10</td>
<td>9:30 AM – 4:30 PM</td>
<td>Treatment of the Anterior Fractured Tooth</td>
<td>Robert Marus, DDS</td>
</tr>
<tr>
<td>17</td>
<td>9:30 AM – 12:30 PM</td>
<td>Evaluation and Management of Oral Lesions</td>
<td>Mahnaz Fatahzadeh, DDS</td>
</tr>
<tr>
<td>17</td>
<td>9:30 AM – 12:30 PM</td>
<td>Restoring the Difficult Class II</td>
<td>Marc Gottlieb, DDS</td>
</tr>
<tr>
<td>24</td>
<td>9:30 AM – 4:30 PM</td>
<td>Modern Endodontic Therapy: A Practical Course for the GP</td>
<td>Jarshen Lin, DDS</td>
</tr>
</tbody>
</table>

Hygienists are 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. Be sure to register soon, as space is limited. Mark your calendar to attend one or more of these excellent programs. Call 212-573-9816 for full program information, fees, and CE credit. Register online at www.nycdentalsociety.org.