Something worth smiling about.

Delta Dental of Oklahoma is committed to providing affordable dental care to the 1.5 million Oklahomans who have no access to employer-sponsored benefits!

To do this, we’ve created Delta Dental Patient Direct™—Oklahoma’s discount referral program designed specifically with you in mind.

Delta Dental of Oklahoma invites you to participate in our Patient Direct™ network. There are no maximums, no deductibles, no waiting periods, no claim forms, and EVERYONE is eligible - regardless of preexisting conditions. Patients simply pay our participating dentist a discounted rate at the time of service according to the Patient Direct fee table.

With YOUR participation and OUR non-profit business model, we can join together to provide an affordable, insurance free program that offers virtually every Oklahoman vital access to quality dental care.

Questions about enrolling in our Patient Direct(TM) network? Please contact Terri Green with our Professional Relations Department at 405-607-2142 (within the OKC metro) or 800-522-0188, ext 142 (toll free).

Patient Direct™ from Delta Dental of Oklahoma: It’s a whole new way to look at dental!
SNAPSHOTS
The ODA Council on Dental Care contracted with the ADA’s Center for Health Resource Services recently to conduct a thorough, scientific dentist workforce study for Oklahoma. The interesting findings are on page 22.

In Memoriam

Byrum E. Spiva
1916 - 2007
Oklahoma City

Michael Hudson
1963 - 2007
Edmond

Bob Dean Warrick
1929 - 2007
Enid

James Boone Jr.
1929 - 2007
Vinita

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Calendar of Events / pg. 5
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Revised ODA CE Policy / pg. 12
ODA Risk Management Seminar / pg. 14
2008 Dentist Day at the Capitol / pg. 14
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Robertson Receives Award / pg. 18
ODA News You Can Use / pg. 19

Who & What
Profile on Dr. Lisa Grimes / pg. 20
ODF Benefit Raffle / pg. 21

Features
Oklahoma Dentist Workforce Study / pg. 22
2007 Legislative Summary / pg. 26

Clinicals
Pigmented Lesion of the Palate / pg. 32

Classifieds
General Listing / pg. 34
Hello friends! I hope your summer was a good one – that you and your loved ones were able to spend some quality time together and you were able to escape some of the rain we had at the beginning of the summer and some of the heat we had towards the end!

As you know, my theme for the year is “Building Bridges” and, in that vein, I thought it would be a good idea to try to plan an event of some kind that would bring the leadership together from all of the Oklahoma dental organizations and agencies. From that original thought, the “Oklahoma Dental Leadership Summit” was born. We started by convening a conference call meeting to plan the Summit and the attendees represented all aspects of dentistry [see a list of all participating groups below]. Together, we planned a day and a half of information sharing, strategic planning, goal setting and in-depth discussion regarding the face of Oklahoma dentistry today, and where we would collectively like to see dentistry head in the near future.

The Oklahoma Dental Leadership Summit took place August 3 & 4 at the Courtyard Marriott, downtown OKC. We spent our time hearing from a nice cross-section of panelists brought together to present key areas of interest to us all:

ACCESS TO CARE
Existing Programs and Current Demographics
   Dr. Lisa Grimes
Oklahoma Health Care of the Future
   Representative Doug Cox, MD
Medicaid of the Future
   Dr. Leon Bragg
Pediatric Dentistry Issues
   Dr. James Murtaugh

MEMBERSHIP PARTICIPATION
ADA Workforce Models & Dental Team Membership
   Dr. Raymond Cohlmia
Volunteerism
   Mr. Guillermo Gallegos & Dr. Lisa Grimes
Diverse Membership & their Future Needs
   Dr. Robert Phillips
The New Dentists’ Perspective
   Dr. Lindsay Smith

LEGISLATIVE ISSUES & ADVOCACY
Small Business Issues in Oklahoma that Impact Dentistry
   Representative Ken Miller
Department of Health Services Dental Program
   Dr. Michael Morgan
OAGD Legislative Agenda
   Dr. Dennis Morehart
Oral Surgeon Issues
   Dr. Kevin Smith
Making It All Happen
   Mr. Scott Adkins

Each panel was also led by great moderators: Dr. Lisa Grimes, Dr. Tamara Berg and Ms. Dana Davis. After each presentation and thorough Q & A, we had an opportunity to break up into three small groups, flesh out the areas of interest, and set priorities within each area. This gave us a road map for topics of further discussion and additional work in the very near future. Some of the key topics discussed were: dentistry’s role during disasters, expanded duties, the ADA Community Dental Health Coordinator concept, opening ODA’s membership to the dental team, additional support for the OUCOD, and mentoring. The evaluations were glowing and indicated that this was an excellent program and should be repeated every year or two. From the evaluations, we also have ideas for future topics. The Summit truly resulted in the development of a statewide agenda that will foster collaboration and unity among the many groups represented.

Overall, the Summit was a huge success and I thank the panelists, moderators and everyone who attended for their valuable time, hard work and overwhelming support of the program. I also want to extend a special “thanks” to the Oklahoma Dental Foundation for its financial contribution to help ODA defer our costs for the Summit. And, I want to thank Dana and the rest of the ODA staff for pulling it all together in such a short time frame! We are so lucky to have such a fantastic, dedicated staff!

Here’s hoping you each have a nice Fall! Please don’t hesitate to contact me with any questions, comments or ideas – I’d love to hear from you! Please email me at president@okda.org.

Oklahoma Dental Leadership Summit
Collaborating Organizations:
Oklahoma Board of Dentistry
Oklahoma Health Care Authority
Oklahoma Department of Health
University of Oklahoma College of Dentistry
Oklahoma Academy of General Dentistry
Oklahoma Orthodontics Society
Oklahoma Association of Pediatric Dentistry
Oklahoma Association of Women Dentists
Oklahoma Society of Oral and Maxillofacial Surgeons
Oklahoma Society of Periodontics
Oklahoma Dental Foundation (financial sponsor)
ODA House of Delegates
SEPTEMBER

SEPT 3 – ODA Offices Closed

SEPT 11 – OK County Dental Society Board Meeting - 6:00 PM - ODA

SEPT 12 – Children's Oral Health Coalition Meeting - 10:00 AM - ODA

SEPT 17 – Retired Dentists' Luncheon - 11:30 AM - ODA

SEPT 18 – ODF Mobile Dental Unit - Crooked Oak Schools

SEPT 21 – Council on Technology and Electronic Communication Meeting - 8:00 AM - ODA

SEPT 21 – Endorsement Committee Meeting - 10:00 AM - ODA

SEPT 21 – Council on Budget and Finance Meeting - 12:00 PM - ODA

SEPT 21 – Academy of General Dentistry Meeting - 6:30 PM - ODA

SEPT 27 - 30 – ADA Annual Session - San Francisco

SEPT 27 – ODF Mobile Dental Unit - Ottawa County Health Department

SEPT 28 – ODF Mobile Dental Unit - Delaware County Health Department

SEPT 29 – ODF Mobile Dental Unit - Craig County Health Department

OCTOBER

OCT 1-2 – ADA Annual Session - San Francisco

OCT 9 – OK County Dental Society Board Meeting - 6:00 PM - ODA

OCT 10 – Children's Oral Health Coalition Meeting - 10:00 AM - ODA

OCT 12 – ODF Mobile Dental Unit - Iowa Tribe - Perkins

OCT 12 – NW District Meeting - Ponca City Country Club

OCT 15 – Retired Dentists’ Luncheon - 11:30 AM - ODA

OCT 17 – OUCOD Faculty Appreciation Lunch - 12:00 PM - OUCOD Rm. 540

OCT 19 – ODF Mobile Dental Unit - Durant Public Schools

OCT 19 – Council on Dental Education & Public Information Meeting - 1:00 PM - ODA

OCT 20 – ODF Mobile Dental Unit - Serve One Another Community Clinic - Ada

OCT 26 – ODA Risk Management Seminar - 8:30 AM - Tulsa - DoubleTree Warren Place

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• Customized Coaching Plans: MLC’s services are tailored to meet the needs of each practice and doctor. No cookie cutter consulting.

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ORTHODONTIC TREATMENT

Orthodontic treatment is used to correct a “bad bite.” This condition, known as a malocclusion, involves teeth that are crowded or crooked. In some cases, the upper and lower jaws may not meet properly and although the teeth may appear straight, the individual may have an uneven bite.

Protruding, crowded or irregularly spaced teeth and jaw problems may be inherited. Thumb-sucking, losing teeth prematurely and accidents can also lead to these conditions. Correcting the problem can create a nice-looking smile, but more important, orthodontic treatment results in a healthier mouth. That’s because crooked and crowded teeth make cleaning the mouth difficult. Untreated orthodontic problems may lead to tooth decay, gum disease, destruction of the bone that holds teeth in place, and chewing and digestive difficulties. Orthodontic problems can cause abnormal wear of tooth surfaces, inefficient chewing function, excessive stress on gum tissue and the bone that supports the teeth, or misalignment of the jaw joints, sometimes leading to chronic headaches or pain in the face or neck. Treatment by an orthodontist to correct a problem early may be less costly than the restorative dental care required to treat more serious problems that can develop in later years.

WHAT TO EXPECT, WHAT TO AVOID

Although treatment plans are customized for each patient, most people wear their braces for one to three years depending on the conditions that need correcting. This is followed by a period of wearing a retainer that holds the teeth in their new positions. Although a little discomfort is expected during treatment, today’s braces are more comfortable than ever before. Newer materials apply a constant, gentle force to move teeth and usually require fewer adjustments.

Brushing and flossing remove plaque, a sticky film of bacteria that forms on teeth. Patients with braces should maintain a balanced diet and limit between-meal snacks. Your dentist may recommend avoiding certain foods that could interfere with braces or accidentally bend the wires. These foods may include nuts, popcorn, hard candy, ice and sticky foods like chewing gum, caramel or other chewy candy.

If you ever have a loose wire or bracket, or a wire that is poking you, you should see the orthodontist right away to get it taken care of. If your orthodontist can’t find a problem, he or she may give you some soft wax that you can stick on the bracket that’s bothering you. Then it won’t rub against your mouth.

Orthodontic treatment time varies from patient to patient. The dentist has specific treatment goals in mind, and treatment typically continues until the goals are achieved. The result will be worth the wait!
Delta Dental of Oklahoma Receives Award

On behalf of Delta Dental of Oklahoma and its Charitable Foundation, Mr. John Gladden, President & CEO of Delta Dental of Oklahoma, recently accepted the OU College of Dentistry’s 2007 Distinguished Service Award.

As part of the criteria for receiving the award, the candidate must have made significant contributions to the OU College of Dentistry (or directly to the OUCOD Alumni Association) through one or more notable activities that include the following:

- Significant support of the Alumni Association’s mission/projects;
- Active involvement in alumni affairs;
- Long-term sponsorship of College and/or Association activities; and
- Major gifts to the College (donations, scholarships, etc.).

Delta Dental of Oklahoma received a unanimous vote from OUCOD Alumni Association Executive Committee members at the selection meeting.

“When Delta Dental of Oklahoma was proposed to the Alumni Association Executive Committee as a nominee for this award, there was no need for discussion,” said Dr. Frank J. Miranda, Associate Dean for Alumni Affairs. “Every committee member knew Delta Dental of Oklahoma well and acknowledged the company’s long and storied history of support for dentistry. I was not at all surprised that the selection was unanimous. And, while this award may seem small in comparison to some, it represents heartfelt recognition for everything that Delta Dental of Oklahoma has done for the dental school and for the dental profession in Oklahoma.”

Since its inception, the Delta Dental of Oklahoma Charitable Foundation has provided more than $450,000 in funding for the OU College of Dentistry and its related initiatives. Those include:

- Establishing the Delta Dental of Oklahoma Distance Learning Center (DLC);
- Establishing the Bartlesville Clinic (in conjunction with the DLC);
- Establishing a $25,000 Delta Dental of Oklahoma Annual Scholarship Fund; and
- Supporting the Good Shepherd Dental Clinic.

Delta Dental is the second recipient of this annual award which was created last year by the OUCOD Alumni Association to recognize non-alumni for their contributions to dentistry.

Interested in paying your 2008 dues in installments?

Approximately ¼ of our members pay their dues each year in installment payments. Installment payers begin paying their dues now, paying equal payments monthly, and making their final payment in December [please note that the final payment will include any increase in your 2008 ODA/ADA/Component dues]. Installment dues payments can be made by either check or credit card. For more information, or to arrange to pay your 2008 dues in installments, please contact Norma Kesting at the ODA at 405.848.8873; or by email at nkesting@okda.org.

CORRECTIONS CORPORATION OF AMERICA

Dental Services Employment Opportunities

Corrections Corporation of America is looking for a Full-Time employed dentist at North Fork Correctional Facility in Sayre, Oklahoma. CCA is the founder of the private corrections industry. CCA has approximately 78,000 beds in 65 facilities. CCA joined the NYSE in 1994 and trades under the symbol CXW.

Comprehensive Benefits Package

- Competitive salary ($130,000 starting)
- 401K, benefits with 5% match
- Malpractice insurance provided
- Health Insurance
- Short-term and Long-term disability benefits
- Paid Time Off (27 days to start)
- Term Life Insurance (no cost)
- Accidental death and dismemberment coverage (no cost)

E-mail CV and/or Fax resume to:
Denise Cogburn, Health Services Administrator, at North Fork Correctional Facility. Phone#: 580-928-8200, Fax # 580-928-9207, denise.cogburn@correctionscorp.com or to Dr. Steve Merrill, Director of Dental Services at 850-769-1455, Fax # 850-872-8677, steve.merrill@correctionscorp.com

Please call with any questions.
The Hindley Group, L.L.C.
Practice Consultants - Brokerage, Transitions, Litigation

PRACTICES FOR SALE:

CENTRAL EAST TEXAS: Outstanding practice for sale in beautiful East Texas! Moderate FFS revenues with 3 fully equipped operatories and an excellent staff. Doctor leaving for the mission field and interested in an optimal transition.

CENTRAL EAST TEXAS: Well-established, 26 year old practice for sale in rural retirement community in beautiful East Texas! 100% FFS with opportunity for growth. 4 fully equipped operatories and loyal support staff.

SOUTH OF DALLAS: Over 20 year old practice in a very high growth area. 97% fee for service with 3 fully equipped operatories. Very strong profit margin.

HOUSTON AREA PERIODONTIC PRACTICE: Moderate revenues on four days a week. Perfect for a recent residency graduate or as a satellite for an established Houston Periodontist. Room to grow! Doctor willing to “transition” over an extended period of time as a mentor.

WEST TEXAS RURAL GENERAL DENTAL PRACTICE: If want to “escape” from the pressures of city, this practice is a must see! Very strong revenues with high profit margin! Wonderful mentor who has decided to enter a residency! Free-standing building also for sale!

EL PASO AREA GENERAL DENTAL SALE OR PARTNERSHIP: Outright purchase or pre-determined partnership buy-in terms depending purchaser desires. Strong FFS revenues and high profit margin on 3½ days per week with six weeks of annual vacation. Outstanding staff including 2 full time hygienists! Exceptional mentor- partner. If you want to complete your retirement plan, this is a must see opportunity!

ASSOCIATESHIPS:


CENTRAL TEXAS ORTHODONTIC PRACTICE: Very high revenues with pre-determined buy-in and buy-out terms. Very experienced staff and strong new patient flow. Amazing opportunity! Wonderful mentor!

SOUTH CENTRAL TEXAS PERIODONTAL: Wonderful practice completing periodontal treatment seeks long-term associate who desires to be a partner within 1-2 years. Great location with strong new patient flow! Pre-determined purchase and partnership terms! Wonderful mentor looking for an “equally-yoked” individual. Excellent staff!!

SOUTHEAST OF SAN ANTONIO PERIODONTAL: Well established practice moving into new facility within the next 12 months. Strong revenues with high profit margin. Pre-determined partnership buy-in terms! Great Mentor!

WEST TEXAS GENERAL DENTAL: Very strong revenues with a high profit margin! Pre-determined partnership buy-in terms. Low competition and great country town. Wonderful mentor looking for an “equally-yoked” individual.

SOUTHEAST NEW MEXICO ORAL SURGEON: Busy, well established practice with strong revenues and a wide referral base. Pre-determined partnership buy-in terms in rapidly growing community. Excellent staff!

CENTRAL NEW MEXICO PEDIATRIC DENTIST: Outstanding opportunity for individual who desires to practice in a total-care environment. Doctor rated as a superior practitioner in this fast-growing community. Rapidly expanding revenues with high profit margin! Pre-determined partnership buy-in terms.

Contact The Hindley Group at 800-856-1955
www.thehindleygroup.com
The Oklahoma Dental Association will join at least ten other states in hosting the 4th Annual Ski ‘n Learn Seminar at Big Sky Resort in Big Sky, Montana, March 8-15, 2008. Other state dental associations co-sponsoring the trip include Alabama, Indiana, Kentucky, Maryland, Missouri, Montana, South Dakota, Tennessee, Virginia and West Virginia.

CONTINUING EDUCATION
The Ski ‘n Learn Seminar offers 16 hours of continuing education held Monday, March 10, through Thursday, March 13. A morning session will be held from 7:30-9:30 a.m., with an afternoon session from 4:30-6:30 p.m. A full breakfast will be served to seminar attendees at the morning sessions and snacks and beverages are offered during the afternoon sessions.

LODGING
Huntley Lodge - This three-story hotel was part of the late NBC news broadcaster Chet Huntley’s original vision. With recent remodeling, it is as tasteful as it is convenient. The Huntley complex includes a fine dining room, lounge, coffee cart, concierge, shops, ski storage, meeting rooms and Solace Spa.

Shoshone - Shoshone combines the service of a hotel with the comforts of a condominium. This recently remodeled seven-story landmark is attached to the Yellowstone Conference Center and Huntley Lodge. Solace Spa, shops, espresso cart, and Kids Club are located in the lobby.

The Summit - This 10-story luxury complex combines the convenience of a hotel with the amenities of a condominium. Flexible lock-offs allow for many sleeping configurations. The Summit melds European sophistication with Western style with three high-capacity lifts within 100 yards of the entry.

Big Horn - Big Horn Condominiums are truly a home away from home. These units are spacious, well-planned and especially comfortable for groups. Enjoy views of Lake Levinsky and Lone Mountain.

TRANSPORTATION
Located just 45 miles south of Bozeman, Montana, and only 18 miles north of the Yellowstone National Park border, the resort is easily accessible via jet service into Bozeman on Northwest, Delta, United, Horizon, and Skywest Airlines. Ground Transportation is available by way of rental car or shuttle.

RESORT AMENITIES
Located at the base of Lone Mountain, the complex includes meeting rooms, an amphitheater, a scenic Main Dining Room, Chet’s Bar, two outdoor heated pools, jacuzzis, saunas, a health facility, tennis and volleyball courts, a massage studio, and retail shops all in the same area. Next door is the Mountain Mall, providing additional restaurants/bars, shops, and services.

SKIING AND RECREATION.
The skiing at Big Sky is truly legendary. The experience is based on a huge vertical drop, tremendous elbow room and breathtaking scenery. The facts tell the story -- two mountains, 3,600 acres, seventeen lifts, 400 inches of light, dry snow annually, no lift lines and the nation’s 2nd largest vertical drop of 4,350 feet. Group ski rates will be available for registered attendees. And when you’re not skiing, the Big Sky area offers plenty of winter activities like snowmobiling and wildlife viewing in Yellowstone National Park, snowshoeing, sleigh ride dinners, ice skating, free children’s aprés ski activities, or relaxing with a spa treatment from the Solace Spa.

HOW TO REGISTER
For registration information visit www.aldaonline.org, or contact the Alabama Dental Association via phone (800) 489-2532, fax (334) 262-6218, or email greger@aldaonline.org.
The ODA Council on Dental Education and Public Information formed a CE Task Force last spring charged with updating the ODA’s Continuing Education Policy. The new policy was approved by the ODA House of Delegates on April 26, 2007. The Task Force, Drs. Thai-An Doan and Frank Miranda, also developed a questionnaire designed to serve as a continuing education needs assessment. The questionnaire was sent to the membership via broadcast fax and email. The results will help the Annual Meeting Planning Committee identify what CE the members want to see at future meetings. The Task Force’s work was all part of ODA’s ADA Continuing Education Recognition Program (CERP). The ODA is certified by CERP to provide CE programs and is up for recertification at the end of this year.

### 2007 CE Needs Assessment Results

#### Please identify the top FIVE (5) topics that would best meet your continuing education needs:

<table>
<thead>
<tr>
<th>Topic</th>
<th>FAX</th>
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<tr>
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<td>Implants</td>
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<td>33</td>
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<td>Endodontics</td>
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<td>84</td>
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<td>Materials and Equipment - Dental</td>
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<td>62</td>
<td>75</td>
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<td>Occlusion</td>
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<td>Orthodontics</td>
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#### Please identify the top THREE (3) methods for which you would like to receive your CE:

<table>
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<th>Method</th>
<th>FAX</th>
<th>INTERNET</th>
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</thead>
<tbody>
<tr>
<td>State meetings (i.e. ODA)</td>
<td>50</td>
<td>139</td>
<td>189</td>
<td>65</td>
</tr>
<tr>
<td>Local/District/County meetings</td>
<td>38</td>
<td>129</td>
<td>167</td>
<td>58</td>
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<tr>
<td>Regional meetings (i.e. Southwest Dental Conference)</td>
<td>27</td>
<td>78</td>
<td>105</td>
<td>36</td>
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<tr>
<td>Study clubs</td>
<td>15</td>
<td>56</td>
<td>71</td>
<td>24</td>
</tr>
<tr>
<td>National meetings (i.e. ADA or AGD)</td>
<td>13</td>
<td>52</td>
<td>65</td>
<td>22</td>
</tr>
<tr>
<td>Online/Internet</td>
<td>8</td>
<td>55</td>
<td>63</td>
<td>22</td>
</tr>
<tr>
<td>Print (through professional journals and other publications)</td>
<td>14</td>
<td>47</td>
<td>61</td>
<td>21</td>
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<tr>
<td>Specialty national meetings (i.e. American Prosthodontics Association)</td>
<td>8</td>
<td>35</td>
<td>43</td>
<td>19</td>
</tr>
<tr>
<td>Cruise/Resort courses</td>
<td>9</td>
<td>42</td>
<td>51</td>
<td>18</td>
</tr>
<tr>
<td>CD ROM/DVD</td>
<td>9</td>
<td>35</td>
<td>39</td>
<td>13</td>
</tr>
<tr>
<td>Audio tapes</td>
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<tr>
<td>Other</td>
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#### Please estimate the number of hours you spend on the Internet per week (7 day period):

<table>
<thead>
<tr>
<th>Hours</th>
<th>FAX</th>
<th>INTERNET</th>
<th>TOTAL</th>
<th>%</th>
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<td>10-20</td>
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<td>17</td>
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<tr>
<td>20+</td>
<td>6</td>
<td>9</td>
<td>15</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Of those hours, please estimate how many you spend specifically on continuing education:

<table>
<thead>
<tr>
<th>Hours</th>
<th>FAX</th>
<th>INTERNET</th>
<th>TOTAL</th>
<th>%</th>
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<tr>
<td>0-3</td>
<td>59</td>
<td>222</td>
<td>281</td>
<td>97</td>
</tr>
<tr>
<td>3-10</td>
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<td>20+</td>
<td>0</td>
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</table>
Oklahoma Dental Association Continuing Education Policy

MISSION
The mission of the Oklahoma Dental Association continuing education program is to provide a reputable source of timely, relevant and up-to-date continuing education for dentists and their auxiliary personnel, thereby improving the level of health care available to the public.

In general, all continuing education courses provided by the Oklahoma Dental Association shall be available to all dentists.

OBJECTIVES AND EVALUATION
The ODA will periodically appraise and revise, as necessary, the goals of the continuing education program. The goals of the ODA continuing education program should be relevant to the educational needs and interests of the ODA membership. The ODA Council on Dental Education and Public Information will conduct a periodic and objective needs assessment by surveying the membership of the ODA. This assessment will be used when planning continuing education courses and when choosing the educational methods by which continuing education courses are presented.

A set of written educational objectives for each course will be published and distributed to the ODA's intended audience as a mechanism for potential attendees to select courses. These objectives cannot conflict with or violate the ADA Ethics and Code of Professional Conduct.

The ODA will communicate specific course objectives to instructors early in the planning process.

The ODA will develop and use course evaluation mechanisms that are appropriate to the objectives and educational methods of each course. The evaluation mechanism will assess course content, instructor effectiveness, and overall administration. The evaluation mechanism will allow participants to assess their achievement of personal objectives and the mastery of the material.

The ODA Council on Dental Education and Public Information will periodically conduct a review of the ODA's continuing education program to determine:
- The extent to which the program’s goals are being achieved;
- The extent to which the evaluation methods effectively and appropriately assess the educational objectives, the quality of the instructional process, and the participants' perception of enhanced professional effectiveness;
- Whether evaluation methods are appropriate to and consistent with the scope of the educational courses; and
- How effectively the evaluation data are used in planning future continuing education courses.

COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST
The ODA assumes responsibility for taking specific steps to protect against and/or disclose any conflict of interest of the speaker(s) presenting courses. All speakers presenting an educational course to ODA members complete a Conflict of Interest Declaration declaring any interest in a product, service and/or company referenced in the program. The ODA ensures that all continuing education courses are presented by faculty or lecturers who are qualified by education and experience to provide instruction in the relevant subject matter.

Advertising matter, commercial promotion, and solicitations of any type are prohibited during any part of an education program. Furthermore, no such materials shall be distributed or made available in the meeting room in which the continuing education session takes place.

The ODA has the ultimate decision regarding funding arrangements for all ODA-sponsored continuing education courses. Any external funding of any continuing education course must be clearly indicated in all promotional materials and/or advertising for the educational course. All sponsorships must also be clearly marked at the location of the continuing education session, and attendees of the continuing education course must be verbally informed of any sponsorship both at the beginning and end of the continuing education course by the session host.

FISCAL RESPONSIBILITY
Fiscal resources will be sufficient to meet the goals of the ODA continuing education program and the objectives of all planned continuing education courses. Adequate resources will be available to fund the administrative and support services necessary to manage the ODA continuing education program. Resources for the continuing education program will be a clearly identifiable component of the ODA’s total budget and resources. The ODA will maintain a budget for the overall continuing education program to include all costs and
Successful, established practices want new dentists to join them and become owners over time.

**Associate/Partner Wanted:**

**Tulsa, OK** — Well-run family practice in professional building. Easy freeway access. Excellent reputation. Tremendous growth. 11 ops/4,800 sq. ft. All new equipment and computers. Seek associate interested in eventual partnership and full ownership.

**Tulsa, OK** — Well-established private pediatric practice in stand alone building. Fully computerized chairside stations, digital, open bay concept. 3000 sq. ft., 3800 charts, 7 ops plumbed, 2 unplumbed. Good transition plan for associate looking for equity position and eventual ownership.


For more information, visit [www.TransDent.com](http://www.TransDent.com) or call Mercer Transitions at **1.800.588.0098**.

Ask about our ASA certified appraisal service for practice valuations and appraisal reviews.

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**PUBLICITY**

All publicity of any continuing education courses offered by the ODA must include the following:

- Course title;
- Description of the course content;
- Educational objectives;
- Teaching method(s) to be used;
- Name of a contact person for more information;
- Names and qualifications of course instructors;
- Costs for the course;
- Refund policy (if applicable);
- Location, date and time of the course;
- Number of CE credits available;
- Level of prerequisite skill, knowledge, or experience required (or suggested);
- Use of the ADA CERP logo whenever feasible in conjunction with the authorized statement; and
- Names of any agencies and/or companies providing financial support.

All publicity of continuing education courses offered by the ODA must not conflict with or violate the ADA Principles of Ethics and Code of Professional Conduct.

*Adopted by the ODA House of Delegates - April 2007*
MARK YOUR CALENDARS!

9:00 – 11:30 a.m.
Alliance members meet at the ODA building to receive legislative gift kits and disbursement instructions. Transportation to the Capitol will be available that day and is sponsored by DENPAC.

1:00-2:30 p.m.
Come-and-go educational session and lunch at the ODA building to learn about legislative issues on the docket that may affect dentistry in Oklahoma. Lunch sponsored by DENPAC.

2:30 – 5:00 p.m.
Dentists and Alliance members meet with legislators. Schedule an appointment with your legislator to meet during this time. Park at the ODA building and ride the shuttle bus to the Capitol.

5:30 – 7:30 p.m.
ODA Legislative Reception at the ODA Building - Hors d’oeuvres and drinks provided.

Your participation is imperative! Over fifty legislators attended the 2007 Dentist Day at the Capitol reception and many districts were not represented by ODA members. The first question every Legislator asked was “Is there anyone here from my district?” That answer needs to be YES!

A personal relationship with your State Representative and Senator is the most important step toward educating the legislature about our issues. Don’t sit back and assume others will be representing your district. YOU be the one!

DENTIST DAY AT THE CAPITOL – COMMITMENT FORM
Attend all the events that day, or attend only what your schedule allows.

☐ Yes! I will attend all of the day’s events
☐ Yes! I will attend only the educational session/lunch and meet with my legislators
☐ Yes! I will represent my district during the Legislative Reception, ($10/person)

Name

Phone    Fax    Email

Contact your Legislator to make an appointment:
House of Representatives 405-521-2711 or 800-522-8502
Senate 405-521-5692

Find your legislators online at www.okda.org!

Return this form to the ODA by fax 405-848-8875
Offering another way for ODA members to participate in councils and committees, the ODA has installed a state-of-the-art, web-based videoconferencing system in the building’s Presidential Board Room. The goal is to make volunteering to serve on councils/committees/task forces easier and to encourage more members to volunteer, because now members can attend meetings in person by teleconference or by videoconference. The system is a shared investment by the ODA, ODF and each of Oklahoma’s eight Component Dental Societies. The necessary equipment and software is available to ODA members from Diverse CTI at an approximate cost of $240.00. You may contact Josh Cochran at Diverse CTI by email at JoshC@DiverseCTI.com, or by phone at 405.520.0222, to order the equipment and for assistance with the installation process. For more information, please contact Norma Kesting at the ODA at 405.848.8873; or by email at nkesting@okda.org.
To volunteer please complete the short form below and return it to:

Dental Practice For Sale in Tulsa

**$200,000**

Financing Available

For more information please contact:

Kathy Burch
Phone 918-398-7900
Fax 918-398-7903
kburch@horizonpga.com

Excellent opportunity for experienced General Dentist to establish a stable, long-term investment by purchasing a thriving general dentistry practice in the Tulsa metropolis. Office is located in a professional office complex in West Tulsa, OK. The current owner is retiring and selling both the practice and building.

Fully equipped office: Five fully equipped operatories with internet access and computer monitors, reception room, sterilization room, patient consultation room, patient/staff bathroom, dark room, private office with bathroom, new computer system, new hand piece delivery system, x-ray units, AT&T phone system, Panorex x-ray machine, security system, nice office furniture and more.

Office building is also for sale separate from the practice. There are two other income producing rental spaces in the building. Building currently listed at $375,000.

Owner would consider an associate relationship during a transition period of up to two years, if desired. Owner financing is available.

If you are interested, please call or email Kathy Burch for more information. This practice can easily be purchased out of the cash flow of the business with no money down.

Information about other practices for sale is also available.

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Dental Practice For Sale in Tulsa

**$325,000**

Financing Available

For more information please contact:

Kathy Burch
Phone 918-398-7900
Fax 918-398-7903
kburch@horizonpga.com

EXCELLENT OPPORTUNITY. Located in professional office complex in South Tulsa. Prime location for general dentist or specialist in fastest growing area of Tulsa. Very large growth potential. Fully equipped office: Four fully equipped operatories with internet access, 300+ patient charts, computer system, private office with bathroom, patient and staff bathrooms, 4 new hand piece delivery systems, 2 x-ray units, consultation room, reception area, 4 computer terminals, NorTel phone system, Panorex x-ray machine, security system, nice office furniture, excellent lease in place and more.

Owner Financing is Available.

If you are interested, please call or email Kathy Burch for more information.

Information about other practices for sale is also available.

Associate positions with purchase options are also available.

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GIVE KIDS A SMILE!®

**Who:** Many dentists across Oklahoma will take time from their practices to help underserved children who aren’t getting the oral health care they need. Will you join us? **What:** Give Kids A Smile® is an annual one-day volunteer initiative to provide free educational, preventive and restorative services to children from low-income families. **When:** February 1, 2008

**Why:** To provide oral care to disadvantaged children and teach them how to take care of their teeth. It will also provide you an opportunity to educate the parents about the importance of regular visits to the dentist. **How:** You can volunteer to participate in a number of ways:

1. Offer free educational, preventive and restorative services to children from low-income families in your practice on February 1, 2008.
2. Open your practice to allow other local dentists to provide services in your practice with you on February 1, 2008. We will direct volunteers to contact you.
3. Volunteer your services in another practice on February 1, 2008. We will put you together with dentists who are looking for help that day.
4. Make a donation to Give Kids A Smile!® so other volunteer dentists will have help with the supplies they’ll need on February 1, 2008.

The ODA will have a limited number of toothbrushes and toothpaste, etc., available to help you and special Give Kids A Smile® t-shirts for the volunteers to wear that day. Return the form below by **January 10, 2008** to have priority.

To volunteer please complete the short form below and return it to:

Give Kids A Smile®/Oklahoma Dental Association
317 NE 13th Street
Oklahoma City, OK 73104
Or fax to: 405.848.8875

To learn more please visit www.okda.org or call Lynn Means at the ODA at 848.8873 or 808.876.8890; or email lmeans@okda.org.

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PLEASE TELL THE ODA WHAT YOU HAVE PLANNED!

Give Kids A Smile® Volunteer Form

List full names of all participating dentists: ____________________________________________________________

Name of your practice if different from above (for press release): __________________________________________

Address __________________________ City __________ Zip __________

Phone __________ Fax __________ E-mail address ______________________________________________________

Please mark all that apply:

☐ YES! I am planning to participate in GKAS!® in my office. Here is what I have planned:

☐ Please send me some supplies. I realize the ODA’s inventory is limited.

☐ No, I do not need any supplies from the ODA.

☐ YES! I am planning to participate in GKAS!® and would welcome a colleague from another office to participate in my office on February 1, 2008.

☐ YES! I want to participate in GKAS!® and would like to volunteer in a colleague’s office.

☐ YES! I would like to make a donation to the ODA to assist in purchasing GKAS!® supplies.

My check is enclosed. Make check payable to the ODA and send with this form.

Even if you participate in GKAS!® every year, and do not need supplies or t-shirts, the ODA still wants to know about it! The ODA will send a press release to the hometown newspaper of every participating dentist and will list the names of all participating members in a future issue of the ODA Journal. Please take pictures of the activities that day and send them to us! Thank you for volunteering for Give Kids A Smile®!
Successful Start for the Oklahoma Dental Loan Repayment Program

The Oklahoma Dental Loan Repayment Program (ODLRP), authorized by the state legislature in 2006, created a program designed to increase the number of dentists serving and caring for those dependent upon the state for dental care and to make dental care accessible to underserved metropolitan and rural areas by providing educational loan repayment assistance for up to five Oklahoma licensed dentists per year for up to a five-year period per dentist. One dentist position entering the ODLRP each year is designated for the University of Oklahoma College of Dentistry. The remaining participating dentists, up to four each year, will practice in a designated underserved area and agree that a minimum of 30% of his/her patients treated during the service obligation/contract period are Medicaid recipients.

The authorizing legislation gave the responsibility for the ODLRP to the Oklahoma State Department of Health, and the Department’s Dental Health Service is administering the program. The required start-up date was November 1, 2006. All of the necessary program materials and application forms had to be developed, emergency and permanent rules had to be written and passed, and a selection/advisory committee had to be appointed to prepare for the application and selection process. A tremendous amount of work was done in a very short period of time to get the program up and running.

The amount of the award, not to exceed $25,000 per year for each participating dentist, is determined annually by the Oklahoma State Department of Health (OSDH) based upon the amount of funds appropriated to OSDH. If the participating dentist’s eligible loans are less than the cumulative repayment assistance total available over five years, that participating dentist will only be in the ODLRP as long as required to pay off the total eligible loans and shall not receive more funding assistance than the total eligible indebtedness.

Oklahoma dental health professional shortage areas are determined annually by the Oklahoma State Department of Health and are designated by county. Data used for these designations include the number of Medicaid clients under age 21, the number of Medicaid dental providers, survey of dental practice information from the ADA, and federally recommended targets. For calendar year 2007, there are 49 Oklahoma counties receiving the shortage designation.

Oklahoma Dental Loan Repayment Selection/Advisory Committee Members

1. Lisa Grimes, DDS – Oklahoma Dental Association
2. Stephen Young, DDS – OU College of Dentistry
3. Leon Bragg, DDS – Oklahoma Health Care Authority
4. Linda Campbell – Oklahoma Board of Dentistry
5. Kay Floyd – Oklahoma Children’s Oral Health Coalition

Dentists selected to participate in the ODLRP program

1. Andrea Montgomery, DDS – Comanche County – Lawton
2. Jeffrey Broermann, DDS – Tulsa County – Tulsa
3. Michael Riggs, DDS – Tulsa County – Tulsa
4. Ryan Daniel, DDS – Cleveland County – Moore
5. Abbey Onan, DDS – OU College of Dentistry Faculty
6. Nathan Brown, DDS – Kingfisher County – Kingfisher
7. Amanda Hendrickson, DDS – Creek County – Bristow
8. Travis Burkett, DDS – Creek County – Drumright

All of the available dentist positions for state fiscal years 2007 and 2008 have been filled except for one faculty position for the OU College of Dentistry. This is truly a successful start for the Oklahoma Dental Loan Repayment Program.
First OK Dental Leadership Summit – HUGE Success!

The ODA recently coordinated the first ever Oklahoma Dental Leadership Summit. Held August 3-4, 2007, in Oklahoma City, and conceived by ODA President Dr. Krista Jones, the Summit was designed to bring together all the leaders in Oklahoma dentistry to create an agenda for action by all dental groups in the state. Every group concerned about dentistry was invited to attend. The planning committee for the Summit identified three strategic areas for discussion: Access to Care, Membership Participation, and Legislative Issues and Advocacy. They determined that the format should be panel discussions and they selected speakers who have expertise in the strategic areas. Each panel member was asked to describe current and future issues that relate to each strategic area. The Summit allowed the group to set goals for Oklahoma dentistry in the near future and resulted in the development of a statewide agenda that will foster collaboration and unity among the many agencies and organizations represented. The evaluations from the Summit were all extremely positive and indicate that the Oklahoma Dental Leadership Summit should be repeated every 1-2 years. A full report of the findings and discussions will be published in a future issue of the Journal. For more information regarding the Summit, please see the President’s Message on page four.

Dr. J. Dean Robertson was recently awarded the University of Oklahoma Regents’ Alumni Award honoring him for his dedication and service. The award, presented by the OU Board of Regents and the OU Alumni Association, recognizes the importance OU’s alumni and friends play in the life of the university and the community. Pictured are OU President David Boren, Dr. Robertson, OU Regent Tom Clark, and Dr. Floyd Simon, Jr., president of the OU Alumni Association and a 1982 graduate of the College of Dentistry.

On the Verge of Retirement?

Retirement and Succession Planning for Dentists

Michael B. Inderlied, Registered Principal
Timothy N. Payne, Chartered Financial Consultant

3501 N.W. 63rd Street, Suite 305, Oklahoma City, OK 73116
Telephone: 405-607-2210 • Fax: 405-286-1616

Securities offered through and supervised by Wilbanks Securities • Member NASD-SIPC MSRB

4334 NW Expressway, Suite 222 • Oklahoma City, OK 73116 • Tel 405-842-0202
Fee based through Wilbanks Securities Advisory
Since 1972, Alexander & Strunk, Inc. has been an ODA-endorsed insurance agency. Currently, the ODA endorses Alexander & Strunk for several types of insurance products. Each is essential in its own way:

- Professional Liability
- Business Property/Liability
- Worker’s Compensation
- Health Insurance
- Disability Income
- Business Overhead
- Life Insurance
- Long Term Care
- Home & Auto
- Personal Umbrella

Bob Strunk and Stan Alexander founded Alexander and Strunk in the early 70’s. They were a natural fit for the ODA since Bob’s interest was professional liability-property insurance, and Stan’s expertise was life and health-related insurance. Alexander & Strunk advises and assists ODA members on a wide range of ever-changing insurance-related issues.

Alexander & Strunk, Inc. has recently changed ownership. It is now owned and operated by brothers Joe and Guy Strunk. And, after 35 years serving the members of ODA, they continue to “advise people on insurance rather than just selling it”. In addition to the obvious necessity of professional liability, property, and workers’ compensation insurance, the following is a list of other insurance areas where there are frequent gaps and needs that are not properly addressed:

**Corporations:** A dental practice may have two or three corporations or partnerships. It is extremely important that your insurance policies reflect the correct corporation(s). For instance, the corporation owning the practice may be different from the corporation that owns the building. Even if the dentist owns both corporations, it is important that this is properly indicated on your insurance policy(s).

**Vicarious Liability:** In a multiple-dentist practice, it is important that the corporation and dentist be protected against the dentistry done by another dentist(s) in the practice. This is called vicarious liability and Alexander & Strunk has a few simple solutions that they would be happy to discuss with you.

**Employment Practices Liability:** Protects the dentist/corporation from allegations of harassment, wrongful termination, and discrimination. Most Alexander & Strunk policies have a small amount of protection. These types of claims are becoming more prevalent. Call Alexander & Strunk if you want to review this insurance.

**High Deductible Health Insurance:** Alexander & Strunk recommends any dentist or dental practice consider using this type of health insurance product. Not only will it decrease your premium, but it also allows for a tax-deductible savings account. Your accountant will love this! Alexander & Strunk sells exclusive plans offered by Aetna that are endorsed by the ODA. Call Alexander & Strunk for a quote; there are both group and individual coverage policies available.

**Employee Benefits Liability:** It is more and more common that dental practices are offering some type of benefits (health, retirement, disability, etc.) to their employees. Most dental practices do not have a full-time human resources department and offering benefits in a timely manner can be challenging. This insurance product will help protect the practice from any damages or negligence when it comes to offering these benefits. Typically, this insurance can be added to your business property policy for around $200/year. Call Alexander & Strunk and they can advise you.

In conclusion, ODA members have the best insurance products available to them which are typically less expensive than the policies available on the open market. The ODA encourages ALL members to call Alexander & Strunk today so they can review your insurance needs.
ODA: How do you think volunteer work differs between rural and city districts?

LG: Although the act of volunteering is extremely rewarding regardless of the district, I do believe that volunteers in rural districts have slightly more challenges for two reasons: First, there are less volunteers to pool from if the work to be done is in a rural area. Secondly, if the rural dentist is required to commute to a distant city district, there is usually more “away” time necessary which results in a higher opportunity cost than a volunteer who would not need to commit an entire day out of the office. However, with the involvement I have had with Access to Care at the state level, I have been very impressed with the amount of volunteerism throughout the dental profession as a whole. I am proud to be an Oklahoma dentist.

ODA: What do you most love about dentistry?

LG: I love the personal part of dentistry. The stories that people share, the silly things that kids say and do, and just how much you can impact the entire person – not just his/her mouth. The opportunity to share in my patients’ lives is very rewarding.

ODA: What goals do you have for your district in the next five years?

LG: I would like to see a higher participation of district members at local, regional, and state meetings. I would also like to see more informal, “fun”-type gatherings of dental professionals and their families. I know we have so much that we can offer each other on a more relaxed and personal level, and I would love the opportunity to share in that more often.

ODA: Who or what encouraged you to get involved in organized dentistry on the state level?

LG: My first year out of dental school I attended a Garfield County Dental Society Meeting at which the ODA Executive Officers presented. I was able to visit with several of them at that time and was very excited about the opportunities they presented. Later that year, Dr. Waugh called to ask if I would like to be part of the Search Committee for a new ODA Executive Director. I agreed. Dr. Beasley was chair of that committee and they have all been great mentors and motivators ever since.

ODA: Please list your favorite:

LG: Movie – “Love Actually”
Television Show – Any reality show
Music – I love the 70’s era music
Sport (participate) – My husband and I love to play racquetball
Sport (observe) – College football (Go Boomer Sooners!)
Professional Athlete – (retired Emmitt Smith)
US Vacation Destination – Las Vegas
International Vacation – The Caribbean
National Park – Yellowstone National Park
Sports Car – Aston Martin
Dream Ride – A helicopter ride over the Islands of Hawaii.
Meal – Nothing is better than fresh seafood, especially Tilapia
Ice Cream – Mint chocolate chip is my favorite, but ice cream is ice cream and I could eat any of it at anytime.
Dessert – No-bake cookies
Current Reads – I recently read “Football for Dummies;” I have read it before but I like to review it right before Football Season…need to know who to yell at and why!!
LAST CHANCE!

OKLAHOMA DENTAL FOUNDATION

OFFICIAL BENEFIT RAFFLE

Would you like to drive away on a 2007 Artic Cat ATV or Buddy Scooter for only $100.00? How about a 1 in 300 chance of winning it? Then enter the Oklahoma Dental Foundation’s benefit fundraising raffle.

Winner announcement at ODF Luncheon Banquet
Friday, September 21st
***Attendance requested but not required***

ODF Fall Seminar Meeting Dates September 21st- 22nd

-----CHANCES OF WINNING 1 IN 300-----

----- Artic Cat ATV or Buddy Scooter -----

To Purchase tickets by mail, please make check payable to:
Oklahoma Dental Foundation-Benefit Raffle
317 NE 13th Street
Oklahoma City, OK  73104

-OR-

Credit Card transactions:
Call the Foundation staff at 405-241-1299 / 800-876-8890 for a credit card form.

Winner responsible for all applicable income & vehicle taxes, license fees and any additional delivery costs.

Proceeds from the raffle will help benefit the Foundation’s programs and mission initiatives in research, education and access to care, which includes the Mobile Dental Care Program.
In the Fall of 2006, the Oklahoma Dental Association (ODA) contracted with the American Dental Association’s (ADA) Center for Health Resource Services and Jackson Brown DDS, PhD, Associate Executive Director, to conduct a study of the future of Oklahoma’s dentist workforce. The study used an economic approach that studied the demand for dental services and the supply of dental services taking into consideration factors that affect the supply and demand such as Oklahoma population characteristics, economic buying power, knowledge and appreciation of dental services, and the amount of disease. It studied the number of dentists, their demographic characteristics, their practice patterns, and their productivity. Using Oklahoma data compared to national data, the study described the past and present trends and projected manpower needs through 2035.

**POPULATION**

From 1980 to 2005, Oklahoma’s population grew at a rate of .64% per year. From 2000 to 2030, the population growth in Oklahoma will slow to .42% annually. The number of children will grow by 9.6%, while the number of working adults will remain constant. However, the number of elderly in Oklahoma will increase by 66% in the next 30 years. The number of working-age individuals will decline from 1.56 million in 2000, to 1.25 million in 2030.

**ECONOMIC GROWTH**

Except for the early 1980s, the level of per-capita income in Oklahoma has been lower than the Unites States and the Southwest region. However, since the late 1990s, growth in per-capita income has come close to matching increases for the U.S. and the Southwest region.

**DENTAL CARE IN OKLAHOMA**

Total dental expenditure in Oklahoma was $823 million compared to the U.S which was $81.5 billion in 2004. The per-capita dental expenditure was $234 in Oklahoma and $285 for the U.S. Per-capita dental expenditures in 2004 were $51 higher than in 1980. Seventy-four point six percent (74.6%) of Oklahomans live in communities with public water fluoridation compared to 67.3% for the U.S. For the population of 18 years and older, 59.4% received a prophylaxis, compared to 69% of the U.S. population. For age 65 and older, 31.2% of Oklahomans is edentulous, compared to 20.5% of the U.S. In Oklahoma as well as the U.S., the higher the level of education achieved, the more apt individuals are to seek dental care with college graduates being the highest. The Hispanic population was least likely to seek dental care. Income is directly related to dental visits with the highest income brackets visiting a dentist more often. **Oklahoma per-capita dental expenditures are lower than the U. S. average.**

**CURRENT WORKFORCE**

In 2003, the total number of professional active dentists in Oklahoma was 1,722, with 1,544 in private practice. Of the private practice dentists, 75.6% (80.6% national) were general dentists. There were 44 private practice dentists per 100,000 population, with 55.1 being the national average. Age breakdown of dentist was 12.7% age 35 and younger; 21.3% 35-44 years of age; 34.4% 45-54 years of age; 21.2% 55-64 years of age; and 10.4% were 65 plus years of age. Twelve percent (12%) of the workforce were females. Eighty-seven percent (87%) of the workforce worked full time (30+ hours.) **The average annual gross billings were $ 532,630 with a net income of $175,970.**

Based on comparisons, practitioners in Oklahoma are somewhat older than all U.S. dentists. The percentage of female dentists is lower and specialists represent a somewhat higher percentage. Net incomes of general practice dentists in the west south central region are somewhat lower than for the country as a whole. Gross billings are also somewhat lower.

There is a variation in the dental workforce in Oklahoma. Urban counties have a higher concentration of dentists than rural counties. This study did not factor in the treatment needs of the underserved areas in Oklahoma. If the dentist workforce was the size required to treat all of the untreated disease in the Oklahoma population and the requisite funds were not available, Oklahoma dentists could face difficult economic circumstances.
IN THE FUTURE

The average age of Oklahoma dentists will increase; Oklahoma dentists will become more productive as technical advances become available; and the number of female dentists will increase.

Overall, from 2005 to 2025, the number of dentists will increase by 1%. The population per dentist will increase by 7.5%. However, there will be slightly more productive capacity in relation to the population in 2025 than there is in 2005. Holding the productive capacity of the dentist workforce constant in relation to the Oklahoma population indicates that the demand for dental care will not grow at an increasing pace. It is highly unlikely that there will be a rapid increase in demand for services beyond the historical trends in Oklahoma.

**Number of Private Practice Dentists in 2000 and the Percent of those Who will be Practicing in 2015 & 2025**

<table>
<thead>
<tr>
<th>State</th>
<th>2000 PP</th>
<th>% Left 2015</th>
<th>% Left 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma</td>
<td>1,532</td>
<td>53.9%</td>
<td>36.1%</td>
</tr>
<tr>
<td>Texas</td>
<td>9,120</td>
<td>54.7%</td>
<td>37.1%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>998</td>
<td>61.2%</td>
<td>38.6%</td>
</tr>
<tr>
<td>Missouri</td>
<td>2,479</td>
<td>56.5%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Kansas</td>
<td>1,224</td>
<td>56.8%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Colorado</td>
<td>2,592</td>
<td>56.1%</td>
<td>34.9%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>749</td>
<td>49.6%</td>
<td>32.6%</td>
</tr>
<tr>
<td>U.S. Total</td>
<td>151,992</td>
<td>55.8%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>

**Future Number of Practicing Dentists – Cont.**

- Neither the adjusted nor the unadjusted estimate should be taken as perfectly precise.
- Instead, they are general indicators of a balance between the growth in the number of dentist and the growth in the population.

The baby-boomers have retained more teeth and have a record of high dental utilization. During the next 20 years will the elderly continue to demand services? Will they keep their dental insurance coverage?

**ODA MEMBERSHIP: NOW AND IN THE FUTURE**

By 2035, ODA active members will decrease to 1,052 from a high of 1,203 in 2010, and active life members will be 498 from a high of 535 in 2025. This will place a downward pressure on the active members of the ODA.

<table>
<thead>
<tr>
<th>ODA membership category of Oklahoma dentists by age, 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>&lt;35</td>
</tr>
<tr>
<td>35-39</td>
</tr>
<tr>
<td>40-44</td>
</tr>
<tr>
<td>45-49</td>
</tr>
<tr>
<td>50-54</td>
</tr>
<tr>
<td>55-59</td>
</tr>
<tr>
<td>60-64</td>
</tr>
<tr>
<td>65-69</td>
</tr>
<tr>
<td>70-74</td>
</tr>
<tr>
<td>75-79</td>
</tr>
<tr>
<td>80-84</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

* Sources of new dentists are considered in the dental education section

**Summary - Supply**

- Dentists in private practice will decrease by 1.6% between 2005 and 2015. However, between 2015 and 2025 the number of dentists will increase by 2.8%.
- Overall, from 2005 to 2025, the number of dentists will increase by 1%.
- The population per dentist will increase from 2,269 in 2005 to 2,438 in 2025, an increase of 7.5%.
- However, there will be slightly more productive capacity in relation to population in 2025 than there is in 2005.
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  - The Political Infrastructure
- Patho-physiology
  - Epidemiology of Sleep Disordered Breathing
- Current Treatment Modalities
- Oral Appliance Therapy
  - Current Appliance Options
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Official business was concluded in both the House and Senate prior to the constitutionally mandated deadline of 5:00 p.m. on the last Friday in May. The Senate concluded its business Thursday night, leaving the floor shortly before 11 p.m., and the House concluded its work and abandoned the chamber shortly after 2 p.m. Friday. But official records will show both chambers “finally adjourned sine die at five o’clock p.m. on May 25, 2007.”

The odd adjournment was necessary to accommodate the Ethics Commission. Under state law, ethics rules submitted to the legislature must either be approved by lawmakers’ majority vote or those rules are considered approved when the legislature adjourns without action. However, the commission was scheduled to meet at 1 p.m. Friday and consider withdrawing two of the rules submitted in February. One of those rules would allow the Ethics Commission to issue ethics interpretations at the request of one of its members or employees. The second rule being considered for withdrawal would prohibit a political action committee from making a contribution to another political action committee unless the recipient PAC was an affiliated or connected entity of the donor PAC. Had the House and Senate formally adjourned before the commission conducted its business, all of the ethics rules submitted would be considered approved.

Despite the Senate being evenly divided 24-24 for the first time in state history, the session went remarkably smooth even in light of the Governor’s veto pen. House and Senate leaders crafted a bi-partisan budget early in session only to have the Governor veto the spending measure. Likewise, the Governor vetoed two other significant bills – tort reform and abortion. Eventually, both the budget bill and second attempt at the anti-abortion bill became law – the abortion bill without the Governor’s signature.

SOME OF THE MAJOR ISSUES ADDRESSED THIS SESSION INCLUDE:

Budget
Prospects for an orderly adjournment looked glum in March when Governor Henry vetoed a $6.9 billion budget package approved by legislative leaders. The governor nixed the deal because he and House Democrats were left out of the discussions and he felt not enough money was appropriated for prisons, higher education and common education. House Speaker Lance Cargill, R-Harrah, flexed his muscle by insisting Henry submit another budget. Henry refused and no significant movement on the budget occurred until nearly two months later when Henry walked up the two flights of stairs from his office for his first face-to-face talk on the budget with Speaker Cargill. Hours later Henry signed the Cargill-backed tax cuts into law, 15 minutes before a midnight deadline. The budget signed by the Governor includes:

- CareerTech received a total appropriation of $154,864,391. This is an increase of $7,577,033 (5.1%) over the original FY’07 appropriation of $147,287,358. CareerTech also received an additional $1.2 million in excess revenue from the Constitutional Reserve Fund for Metro Tech.
- The Department of Public Safety (DPS) was appropriated $98,370,391 for FY’08. From Rainy Day spillover money, DPS received an additional $5.5 million for the statewide interoperable communications system. DPS also received $1 million to replace high mileage OHP vehicles.
- The Oklahoma Health Care Authority (OHCA) received $771,709,298. This is a 9.9 percent increase over the agency’s FY’07 appropriation. This budget assumes the Health Care Authority will have $57.5 million in carryover for FY’08. Major funding items include: $12.4 million for a 7% rate increase for nursing homes.
- The appropriation for the Department of Health is $73,786,143. This is 3.6 percent more than the agency received in FY’07. The Department received $100,000 to help fund costs associated with the Oklahoma Dental Foundation mobile dental units and $125,000 to fund year two of the Dental Student Loan Repayment Program. The Department was also provided $310,308 to provide for 16 newborn screening machines throughout the State. The Ryan White Drug Program received $300,000 to help pay for medications for FY’08. The residency programs at OU and OSU also received funding in the Department’s
appropriation. OU’s residency program received $400,000 for its indigent care program in the Tulsa area. OSU’s residency program received $500,000 for five (5) new residents. Finally, $300,000 was provided to be put into the uncompensated care formula for services provided at the State’s Federally Qualified Health Centers (FQHC).

- For FY’08, the Department of Corrections (DOC) received $477,543,364 in state appropriations. The appropriation included annualization of the FY’07 supplemental, as well as funding for projected inmate growth. DOC also received $5 million to fund per diem increases for private prisons and halfway houses.

Tax Cuts

Just one year after the largest tax cut in state history, the 2007 tax relief package is estimated to result in an additional $11.5 million certification decrease ($12.5 million total tax savings) during FY’08 and a $75 million total tax savings in FY’09. The three-part proposal addresses the income tax rate, tax credits and the franchise tax.

The four-year income tax rate reduction put into place during the last legislative session reduces the top marginal income tax rate each year until 2010, when the rate falls to 5.25%. Under this session’s tax agreement, the reduction is accelerated with the 5.25% top rate beginning a year earlier:

<table>
<thead>
<tr>
<th>Tax Year</th>
<th>Proposed Top Tax Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>6.55%</td>
</tr>
<tr>
<td>2008</td>
<td>5.50%</td>
</tr>
<tr>
<td>2009</td>
<td>5.25%</td>
</tr>
</tbody>
</table>

By FY’10, Oklahomans will have saved an additional $68.3 million on top of the tax relief from last year.

Oklahoma parents will also benefit by being able to claim a new income tax credit. Under the tax agreement, a taxpayer with minor children may claim the greater of an existing child care expense tax credit or a new credit equal to 5% of the federal income tax child credit. This new credit, which will benefit those parents who do not claim child care expenses, is expected to save taxpayers with minor children an estimated $14.5 million in FY’09.

Most companies doing business in this state are subject to a franchise tax of $1.25 on every $1,000 of capital. Last session, companies with franchise tax liability of $10 or less were exempted from the tax. Under this year’s tax relief proposal, those with a tax liability of $250 or less would be exempt, relieving an additional 24,000 companies of the requirement to pay the franchise tax. This change is expected to save taxpayers nearly $230,000 in FY’08 and $2 million in FY’09.

Health Care

There were several measures passed this session that are intended to address the uninsured and the rising costs of health care:

- Changes made to the law on health savings accounts to encourage the utilization of such accounts. The same bill requires the State & Education Employees Group Insurance plan to develop a high deductible product. (HB 1928)
- Expansion of the O-EPIC premium assistance voucher program to include individuals with income up to 250% of the federal poverty level and employee groups of up to 250. (HB 1225)
- Creation of the “All Kids” program which provides a premium assistance voucher system for children in families with income up to 300% of the federal poverty level. (SB 424)
- Creation of a health care price transparency task force to look at ways of helping consumers with information about the cost of health care services. (HB 1884)
- Increasing Medicaid payment rates to doctors, hospitals, and nursing homes to ensure greater participation in the program.
- HCR 1010 creates a 13-member Core Health Benefit Task Force to develop recommendations concerning minimum standards for a core benefit plan. The task force’s report is due to the Legislature, Insurance Department and governor by Dec. 31, 2007.
- Creation of a task force to explore methods of long-term financing to double the number of health care workers, including medical and osteopathic residents, in Oklahoma, and invest in research through the University Hospitals Trust and the Oklahoma State University Medical Authority. (SB 903)

Tort Reform

The Governor vetoed the comprehensive tort reform measure sent to his desk April 20th citing concerns with the cap on noneconomic damages and the changes to the law governing class actions.

On May 23rd – just two days before the legislative session was due to end -- Republican leaders submitted a proposed tort reform compromise to Gov. Henry, hoping to break a stalemate on the issue. The governor’s office, however, rejected the plan.

According to a joint statement from Senate Co-President Pro Tempore Glenn Coffee, R-Oklahoma City, and House Speaker Lance Cargill, R-Harrah, the proposal was developed by physicians and business groups and was designed to address the governor’s concerns about the earlier tort reform measure.

As late as the last day of session, the Governor continued to say tort reform was possible. At this point, he would have to call a special session for the purpose of addressing tort reform which does not appear likely unless all sides could reach an agreement.

Note: The Governor did sign SB 930 which provides protection for health care providers who do charity work.

Immigration

House Bill 1804, an immigration reform law authored by Rep. Randy Terrill (R-Moore), has been called the most meaningful in the nation by two national reform groups. Opponents believe it to be overreaching and unfair. The provisions of the immigration measure are as follows:

- Makes it unlawful to transport, move or attempt to transport any illegal immigrant knowing that the person has entered or remained in the United States illegally. The bill makes it unlawful to conceal, harbor or shelter from detection any illegal immigrant in any place, including any building or means of transportation. Violation would be a felony with prison time of no less than one year and/or a fine not less than $1,000. It ensures that Section 3 shall not prohibit or restrict the provision of any
State or local public benefit or public health services provided by a private charity using private funds;
• Institutes a “lawful presence” test for driver’s license and ID card applicants. The bill declares that all identification documents would be issued only to U.S. citizens, legal permanent resident aliens or nationals. The measure also provides a list of valid identification documents a person may present. If the Department of Public Safety is notified by a local, state or federal government agency of information indicating reasonable suspicion that the individual is in the U.S. illegally, the documentation requirements shall apply to applications for renewal, duplication or re-issuance. The requirements of Section 4 do not apply to identification documents that are only valid for use on a campus or educational institution;
• Directs authorities to determine the citizenship of persons charged with a felony or with driving under the influence. The bill provides guidelines for verification of foreign nationals;
• Requires every public employer to register and participate in a Status Verification System, meaning the Basic Pilot Program (BPP), any other equivalent federal program, any other independent system or Social Security number verification service to verify the work authorization of all new employees. Beginning July 1, 2008, the bill requires public employer contractors to participate in a status verification system. After July 1, 2008, the bill designates the discharge of a U.S. citizen or permanent resident alien by an employer who employs an unauthorized alien worker after July 1, 2008, a “discriminatory practice” if the employees had equal responsibilities and skills. If the employing entity was enrolled in and using a status verification system at the time of the discharge, the employer is exempt from liability, investigation or suit arising from any action under Section 7;
• Requires all state and local agencies to verify the lawful presence of applicants 14 and older for state or local public benefits, except for provided exemptions. If an applicant is required to execute an affidavit regarding verification of lawful presence, the agency must verify eligibility for benefits using the federal Systematic Alien Verification for Entitlements (SAVE) system. Each state agency or department administering public benefits must provide an annual report to the governor, Senate president pro tempore and the House speaker on the agency’s compliance to Section 8 of the bill;
• Requires withholding of state income tax for independent contractors without valid employment authorization documentation. The bill requires employers withhold income tax at the top marginal income tax rate;
• Directs the attorney general to negotiate the terms of a Memorandum of Understanding between the state and the U.S. Department of Justice or the U.S. Department of Homeland Security concerning the enforcement of federal immigration and custom laws, detention and removals and investigations in Oklahoma. The bill requires the state to enter into a cooperative agreement with the Department of Homeland Security to allow designated trained state or local law enforcement officers to perform immigration officer functions. It prohibits a person or agency from stopping or restricting a public employee from sending, requesting, receiving, maintaining or exchanging information on an individual’s immigration status, lawful or unlawful. Section 10 allows for a private right of action of any natural or legal person in the state to file for writ of mandamus to compel any non-cooperating local or state agency to comply with such reporting laws;
• Prohibits the provision of postsecondary education benefits, including resident tuition or financial aid, to illegal aliens;
• Directs the Department of Public Safety to establish a Fraudulent Documents Identification (FDI) unit, subject to the availability of funds, to investigate and apprehend individuals or entities participating in the sale or distribution of fraudulent documents for identification purposes; and
• Modifies requirements for eligibility for resident tuition. It removes language allowing eligibility upon completion of the General Educational Development test. If a student cannot present valid documentation of U.S. nationality or immigration status permitting study in the United States, the student must provide a copy of an application or petition filed with the U.S. Citizenship and Immigration Services to legalize status or file an affidavit stating that the student will file such an application. If an affidavit is filed, the bill establishes that an application for legalization must be filed within one year of enrollment.

State Government Reforms
• SB 1, the Taxpayer Transparency Act, places the state budget online in a searchable database.
• Nearly 20 state boards, commissions and task forces will be eliminated this year as a new law takes effect as part of the House Republican majority’s focus on government accountability, fiscal responsibility and efficiency.
• Another reform type measure was not heard before adjournment last week. HB 2100 would have created the Commission on Accountability and Review of State Agencies (CARSA). The stated purpose of CARSA was to identify and eliminate waste, duplication and inefficiency in state agencies. The measure would have authorized the commission to review the policies and procedures of all state agencies once every eight years.

Abortion
The Governor vetoed a bill that would have prohibited abortions at any state-owned facility with the only exceptions being for situations involving a threat to the life of the mother. A second bill was sent to the Governor which provided additional exceptions for pregnancies resulting from rape or incest. The Governor allowed the second bill to become law without his signature.

Ethics
A fairly comprehensive ethics bill was sent to the Governor. The measure contains the provisions outlined below. It does not address the concerns raised in the Ethics Commission rule that relates to expenditures by lobbyist and will become effective July 1, 2007.
• Limits the exemption for gratuities provided at conferences to items available to all registrants and exempts items under $10
for up to one year from the definition of “anything of value;”
- Requires contributor to state whether the contribution is for a campaign in Oklahoma;
- Allows candidates to have only one active candidate committee at any time;
- Prohibits making or accepting contributions in the state Capitol building. It also provides for the return of contributions delivered in the mail to a Capitol address;
- Requires out-of-state committees and persons to make independent expenditures and electioneering communications from a segregated account that contains only contributions made in compliance with Oklahoma law;
- Requires itemization of contributors making contributions over $200 for out-of-state and federal committees;
- Limits honoraria in the form of cash, checks or cash equivalents for elective officers to those not related to holding public office; and
- Requires the Ethics Commission to conduct annual ethics training for members of the Legislature.

Following recent talks between the Ethics Commission and lawmakers, the watchdog agency voted to withdraw proposed changes to rules that would restrict the ability of political action committees to make contributions to other PACs and let the Ethics Commission interpret its own rules. The Commission also plans to create a new committee that will serve as a liaison between the agency and the Legislature to discuss constitutional concerns about possible rules changes. Members of the committee would not be authorized to negotiate with lawmakers, merely to listen, discuss and then report to the agency, which would take action in regularly scheduled meetings.

While the regular session of the Legislature has adjourned, the Governor can take up to fifteen days following adjournment (including Sundays) to either sign a measure or exercise the “pocket veto” provision allowed in the constitution. This power to “pocket veto” bills at the end of session enables those measures that the Governor objects to becoming law to be vetoed by simply refusing to sign them. No reasons for the veto are required, and no override is possible.

The Governor acted Thursday, June 7th, on the last of the measures passed by the legislature during the 2007 regular session. This year, Henry signed a total of 366 bills into law, signed two bills with line-item vetoes, vetoed 12 bills and allowed one bill to become law without his signature.
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PROVIDED BY DAVID M. LEWIS, DDS, MS, UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY

CASE HISTORY:
A 65-year old female has a chief complaint of a blue area of the upper left gum. The patient was not sure of the duration, but thinks it occurred after extraction of all remaining teeth three years ago. The area is not painful, does not bleed, and has not changed in size. (Fig. 1) Her past medical history is significant for hypertension, arthritis, and breast cancer. She is currently on chemotherapy (Arimidex). Other medications include: Lipitor, Benicar, Effexor, and Boniva. Her neck exam was negative.

Question #1:
Your differential diagnosis based on the clinical appearance might include (multiple answers):

a. Vascular lesions
b. Melanotic lesions
c. Foreign body tattoo
d. Drug reaction

Answer:
Your differential diagnosis should include all of the entities, since all may present as pigmented lesions.

Vascular lesions (a) include varicocities, submucosal hemorrhage, hemangioma, and Kaposi’s sarcoma. Varicocities are abnormally dilated and tortuous veins that appear to be an age-related degeneration. The most common location is the sublingual region. Solitary varices occur in other areas of the mouth, especially the lips and buccal mucosa. Most are first noticed after they have become thrombosed. Clinically, they present as firm, non-tender, bluish-purple nodules that feel like a piece of “buckshot” beneath the mucosa. With significant thrombus formation, these lesions will not blanch with pressure.

Submucosal hemorrhage occurs when minor trauma results in hemorrhage and entrapment of blood within the tissue. This condition is classified by size as petechiae when the hemorrhage is minute, purpura when slightly larger, and ecchymosis when over two cms. If blood accumulates within the tissue to form a mass it is termed a hematoma. Petechiae and purpura may arise from systemic causes such as increased thoracic pressure (Valsalva maneuver) associated with repeated coughing, vomiting, convulsions, and giving birth. Non-traumatic causes include: thrombocytopenia, disseminated intravascular coagulation (DIC), and some viral infections (i.e. mononucleosis and measles). All of these require no treatment and are self-resolving when not involved with other systemic diseases. Hemangiomas are a benign proliferation of blood vessels. The most common location is the head and neck area, which accounts for one-third of all cases. Hemangiomas are primarily tumors of childhood, but cases have been observed in adults.

Kaposi’s sarcoma (KS) is the only malignancy in this group. It is a multifocal neoplasm of endothelial cell origin. Prior to the advent of the acquired immunodeficiency syndrome (AIDS) epidemic, KS was a rare tumor, usually in men, presenting as bluish-purple macules or plaques on the lower extremities. However, with AIDS, it is quite common and the most common oral location is the palate. It progresses from a patch, to a plaque, to a nodule, and is usually multifocal.

The current lesion is irregular and large, but has no nodular or proliferative component. It does not blanch with pressure and has not resolved clinically or shown an increase in size. It is not likely to be of vascular origin.

Melanotic lesions (b) include racial pigmentation, melanotic macules, melanocytic nevi, oral melanoacanthoma, and malignant melanoma. Racial (physiologic) pigmentation may be seen in patients of any age or gender. It may be found in any location but favors the gingiva. The areas are usually multiple, symmetrical, and do not change with age.

Melanotic macules are flat, brown areas of mucosal discoloration produced by a focal increase in melanin deposition of unknown etiology. Unlike the cutaneous ephelis (freckle), they are not dependent on sun exposure. Melanotic macules can occur at any age; have a 2:1 female predilection; and favor the buccal mucosa, gingiva, and palate. The lesions are usually solitary, well demarcated, uniformly tan to dark brown, asymptomatic, and round to oval. Rarely do they exceed 7 mms in diameter.

Oral melanocytic nevi are restricted to 4 types in the oral cavity: junctional, compound, intramucosal and blue. Oral melanocytic nevi are distinctly uncommon; most arise on the palate or gingiva, although any oral site may be involved with the exception of the dorsal surface of the tongue. With the exception of the junctional nevus, which is flat (macular), all may show slight elevation. Rarely do they exceed 7 mm in diameter. They have uniform brown to black color and are well demarcated.

Melanocytic nevi, oral melanoacanthoma, and malignant melanoma. Oral melanoacanthoma is an uncommon acquired pigmentation of the oral mucosa. The lesion appears to be a reactive process and is unrelated to melanoacanthoma of the skin. Oral melanoacanthoma is seen almost exclusively in blacks, has a female predilection, and occurs in the third and fourth decades of life. The lesion has an abrupt onset, may be several centimeters in diameter, and may undergo spontaneous resolution after biopsy.

Malignant melanoma is the only malignant neoplasm in this group. It usually occurs on sun-damaged skin. However, it may arise at any location where melanocytes are present, including the oral cavity. While malignant melanoma is the third most common skin cancer, it is rare in the oral cavity. Oral malignant melanoma is usually found on the hard palate, maxillary gingiva, or alveolar mucosa. It typically begins as a brown to black area of pigmentation with irregular borders. It is usually greater than 6mm in diameter, has an irregular, asymmetrical margin, and varies in color (black, brown, red, white, and blue).

Foreign body tattoo (c) includes amalgam, pencil graphite, coal dust, and fragments of carbon and graphite that can cause discoloration of the oral mucosa. Implantation of dental amalgam occurs more frequently than these other materials. Amalgam tattoo appears as a macule or papule and may be blue, brown, gray, or black. The border may be diffuse, irregular, or well defined. Any mucosal surface may be involved, with the buccal mucosa, gingiva, and alveolar mucosa being the favored sites.

Drug reaction (d) has been implicated as a cause of oral mucosal discoloration. While many medications stimulate melanin production by melanocytes, deposition of drug metabolites is responsible for color changes in others. Pigmentation changes have been associated with phenolphthalein, minocycline, tranquillizers, anti-malarial medications, estrogen, and chemotherapeutic agents. Most agents produce a diffuse melanosis limited to the hard palate.
Microscopic examinations of amalgam tattoos reveal an elastophilic granular metallic foreign body. The silver salts of dental amalgam favor reticulin fibers around nerves and vascular channels. The biologic response to amalgam appears related to particle size and the elemental composition of the amalgam. Larger particles often become surrounded by dense fibrous connective tissue with mild inflammation. Smaller particles are typically associated with a more significant inflammatory response that may be granulomatous or a mixture of lymphocytes and plasma cells.

Fig. 1 Diffuse pigmentation of maxillary tuberosity

Fig. 2: Fine brown granular material in connective tissue and vascular wall

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