INTERVIEW WITH NEW ASDA PRESIDENT
DAVID VAMMEN, DDS

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Sample semi-annual non-smoker rates for members age 20-59.*

<table>
<thead>
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<td>$172.47</td>
</tr>
</tbody>
</table>

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*Non-smoker rates are for those who have not used tobacco in any form during the last 12 months and whose lifestyle and health history meet the non-smoker underwriting guidelines. Premiums shown for each age are semiannual rates for the initial premium period and are adjusted when you reach a new age bracket. Coverage terminates at age 75. Rates for tobacco users are available from the plan administrator. Spouse or domestic partner coverage cannot exceed the member’s elected amount of coverage. If you have had a recent birthday, your rate may be higher. Rates are based on your age at the time of application. Please call us if you have questions. Rates are subject to change.

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DIL can accept files from every major digital impression scanner system on the market. DIL's LabNext case management software (provided by Henry Schein®) works seamlessly with DDX, Cerec Connect, Trios Communicate, and more – offering online case entry, online case tracking, online payment processing and online practice sign up and account management.

So boot up the Cerec, True Definition, iTero®, Planmeca®, Carestream or DWIO, send DIL a case, and we'll fabricate your crown and have it ready for delivery to your office in just 3 days.

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Certified Trios® Training Lab
Authorized iTero® Lab
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As a special thank you for partnering with Edmonds Dental Prosthetics, we are excited to give back to our outstanding clients!

We are offering you and a member of your staff a chance to win one of these four attractive prizes for doing nothing more than filling out an entry form with every new case you send to our lab. The entry period runs through August 31, 2017. Each entry includes a space for the doctor’s name and a team member’s name. Both names on the entry form will have their choice of one of these prizes! For example, if you send 4 cases in a box, you can submit 4 entries.

Every Case you send is eligible. We appreciate your business and want to wish you luck in possibly winning one of these fabulous prizes. Additional forms are available through our website. For rules and entry forms, go to!

Edmonds Dental Prosthetics’

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$1,000 Cash
DJI Phantom 4 Quadcopter
Canon EOS Rebel T7i
Apple 13” MacBook Air

Prizes: $1000 Cash / DJI Phantom 4 Quadcopter / Canon EOS Rebel T7i / Apple 13” MacBook Air

Please send entries with cases to lab. For additional forms & rules go to edmondsdentalprosthetics.com/client-appreciation-giveaway/

Edmonds Dental Prosthetics

Official Giveaway Entry

Dr. Name: ________________________________

Team Member Name: _______________________

Practice Name: ___________________________

Prizes: $1000 Cash / DJI Phantom 4 Quadcopter / Canon EOS Rebel T7i / Apple 13” MacBook Air

Please send entries with cases to lab. For additional forms & rules go to edmondsdentalprosthetics.com/client-appreciation-giveaway/

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Cover photo by Jon D. Kennedy
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Arkansas Dentistry (AD): Give our membership information about your background and your involvement in organized dentistry.

Dr. Vammen: As my dental education came to a close at University of Texas School of Dentistry in Houston, I knew I should feel fortunate to join the dental practice of my father and uncle in my hometown of Texarkana. My mentors emphasized the importance of the health and well-being of the person in the dental chair being the most responsible consideration of the dentist. Early in my entrance to dentistry, they promoted a strong need to meet my colleagues at the local level in membership with the Texarkana Dental Society. I attended my first Southwest District Dental Society meeting during my first month in private practice, and my initial impression was that I was entering an enthusiastic assembly who discussed dentistry in a very different manner than what I was accustomed to. Up to that point, dentistry was the scientific application of the art of dental care as taught to me by dental professors and researchers, and how to pass that dreaded state board examination. Membership in the SWDDS and ASDA introduced me to a new set of faces of people who worked to improve their therapeutic skills and enhanced care of the dental patient. They stressed the importance of converting my dental education into working with dental and medical colleagues to promote better health and to revere the respectful profession of dentistry. I am fortunate to be asked to serve as an officer in the Texarkana Dental Society and SWDDS, and my district asked me to serve as their representative to the Executive Council. However, I was most honored when my district nominated me as an ASDA officer, and I serve the ASDA during this humbling experience with eyes and ears wide open. I look forward to meeting with my friendly colleagues from all over the state.

AD: What do you see your role as President of ASDA?

Dr. Vammen: Hey, don’t look for me to stand up in the canoe. I don’t rock the boat unless it’s already filling with water, sinking. I began as ASDA president on St. Patrick’s Day this year at the Annual Session, so I suppose I am “Luck” following “Duck” and “Chuck” (notably Drs. Dwight Duckworth and Chuck Wood). I regard the immediate past presidents as outstanding leaders for ASDA and who guided the ship and kept us steady and afloat. We are well-served by President-Elect John Pitts, Vice President Kim Kosmitis, Secretary-Treasurer Larkin Wilson, Editor Terry Fiddler, and district representatives of a very caring and involved Executive Council.

I look forward to working with all these fine dentists this year. As president I have attended some fabulous meetings, seeing old friends and meeting young new colleagues in hopes of promoting the great experience that membership in ASDA affords. I will be attending an ADA conference in Chicago in July and the 12th District Precaucus in Texas in August with our ADA delegation. The next meeting for ASDA will be

Continues on page 14
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- PLANMECA
- Gendex
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- Air Techniques
- Gendex
- Soredex
- Acteon

Digital Sensors:
- Schick
- Progeny
- Gendex
- Acteon
- PLANMECA
- Instrumentarium
- Imaging

Digital Pans:
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- PLANMECA
- Gendex
- Progeny
- Instrumentarium
- Soredex

CAD/CAM:
- Sirona Omnicam

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- Sirona
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FROM THE EDITOR

Terry Fiddler, DDS

The Evolution of Practicing Dentistry in Arkansas

I began my practice of dentistry without any requirement to wear examination gloves. There was thorough washing of hands between patients. Hence, the term “wet fingered” dentist. It is an obsolete term now. I did quite a number of hospital surgeries when we had no local oral surgeons where I did wear gloves in the surgery setting. This made me reason that I need to wear gloves in my private practice even though there was no legal requirement. We had cold sterilization trays. They are no more. No computers, no social media, no on-line web pages or scheduling. You had a large schedule book, hand written appointment cards, and typed scheduling and charges.

By today’s standards, that is analogous to riding to work on my dinosaur and checking my schedule that was chiseled in stone. Most dental practitioners who graduated after the mid-nineties (that was in the former century) would think it unbelievable to not have a computer. Those of my colleagues who are millennials would not be able to function in the practice without the conveniences and necessities of computers and associated devices. Why would they want to do so and why would a baby boomer as myself not use such a wonderful group of electronic devices to increase my ability to treat patients.

In different aspects of your practice, some changes have jumped in small ways while some have bounded by leaps into their usage. There have been requirements to make your practice much safer to your patients by old standards—such as amalgam separators, radiographic shielding and securing patient portfolios for privacy concerns. Regulations have been good in some areas. Not so much in others. The good part or bad parts as you wish to determine, it is still the law. If you fail to follow the regulations either by ignorance of understanding or intentional, you are the law breaker! You and I can argue the benefits or the lack thereof, but it is still the law.

The Prescription Monitoring Program has become a necessity. I will not argue that the regulations fall short in many ways, but something has got to be done to address the opioid abuse problem. Granted dentistry is not the profession that has led to this overall problem, but we are prescription writers and have part of this problem to address. Your Executive director and editor sat through some very heated discussions over the final bill to be brought to the floor for vote. The final language in the bill, though not perfect, was certainly modified because of the ASDA involvement. It is not perfect, but it is a start. There was no such thing as widespread opioid abuse when I began practice. There was not a buffet line of drug choices. Your pharmacists had more involvement and could head off many problems with their customers simply by a phone call to the prescribing practitio-
Volunteer Opportunities – A Chance to Give Back

Why not volunteer your dental services once or twice a year in the community that provides your livelihood? Volunteer dentists, hygienists, assistants and staff are needed.

Some of the volunteer dental clinics in central Arkansas and their times of operation are listed below. A contact person is included to answer questions and set up a time to volunteer.

**Harmony Health Clinic**
201 East Roosevelt Road
Little Rock, AR 72206
Contact: Eddie Pannell
501-375-4400
Hours: day and evening clinics, Monday – Saturday
www.hamonyclinicar.org

**Interfaith Health Clinic**
514 West Faulkner
El Dorado, AR 71730
Contact: Charlotte Ellen,
870-864-8010
Hours: 8:00 a.m. – 5:00 p.m.,
Monday through Friday

**Northwest Arkansas Free Health Center**
10 South College Avenue
Fayetteville, AR 72701
Contact: Monika Fischer-Massie,
479-864-8010
Hours: 8:00 a.m. – 5:00 p.m.,
Monday through Friday

**Shepherd’s Hope Clinic**
2404 S. Tyler
Little Rock, AR 72204
Contact: Pam Ferguson
501-614-9523
Hours: 6:00 p.m. – 9:00 p.m. every
Tuesday
www.shepherdshopelr.org

**River City Ministries**
1321 East Washington Ave.
No. Little Rock, AR
Contact: Carol Ezell
501-376-6994
Hours: 8:30 a.m. – 4:30 p.m.,
seven days a week
www.rivercityministries.org

**Christian Community Care Clinic**
2200 W. South St., Benton, AR 72015
Contact: Kae Wissler at Dr. Richard
Phelan 501-778-7129
Hours: The 2nd and 4th Tuesday of
every month
6:00 p.m. – 8:00 p.m.
www.bentoncareclinic.com

**Arkansas Health Care Access**
Little Rock, AR

**Arkansas Donated Dental Services**
Little Rock, AR

**Eureka Christian Health Outreach, Inc. (ECHO Clinic)**
4004 East Van Buren
Eureka Springs, AR 72632
Contact: Janet Arnett
479-253-5547
Clinic offers free dental extractions
and other medical services.

---

EDITOR’S NOTE: If you know of clinics anywhere in Arkansas that need to be included please contact the editor at fiddler@conwaycorp.net or 501-327-7778.
FROM THE EXECUTIVE DIRECTOR

Dental Board Forced to Write New Rules

The members of Arkansas State Board of Dental Examiners has their work cut out for them. As a result of new legislation from the 91st General Assembly, the board is now charged with the duty of establishing new rules and regulations for dental practices. All of the proposed rules will be promulgated according to the Arkansas Administrative Procedures Act. ASDA will make sure that the proposals are communicated to the membership to allow comments at the appropriate time.

Likely at the top of the list is the necessity to establish prescribing limits relative to Act 820 of 2017, which sets requirements on all prescribers of Schedule II and III medications to check the Prescription Drug Monitoring Program website prior to prescribing. As reported earlier in ASDA’s newsletter, LegisUpdate, it was the quick action of ASDA members and others that encouraged the bill sponsors to agree to an amendment to allow providers to appeal to the Arkansas Department of Health for exemptions if the bill proves to create hardships or is ineffective for a variety of reasons. The exemptions would have to be approved by a 3/4 vote of the Arkansas Legislative Council. While the amendment was a welcome compromise, the legislation still requires the dental board and other licensing boards to set prescribing limits.

As a result of new legislation from the 91st General Assembly, the board is now charged with the duty of establishing new rules and regulations for dental practices. . . . ASDA will make sure that the proposals are communicated to the membership to allow comments. . .

Other new rules and regulations will be required to comply with Act 489 of 2017, otherwise known as the DSO bill. In addition to amending the dental practice act to reflect that dental specialists can practice general dental procedures up to 50 percent of the practice, the board must determine the specifics of the 50 percent test. Also, the board will be faced with the responsibility of establishing rules to comply with other statutory changes such as the following:

Continues on page 14
Continued from page 13

- Clarifying the role that non-dentists may play within a dental practice, and assuring that a non-dentist may not interfere with the professional judgment of a dentist.
- Establishing a 4-day provision for charitable care by dentists licensed in other states.
- Establishing a 4-day provision for DSOs and other dental practices to bring in dentists licensed in other states for working interviews provided the dentists have applied for and received approval from the Arkansas dental board.

Lastly, although not a legislature requirement, the board and ASDA have received a significant amount of input from dentists who disagree with the new provision that would require 30 hours of the mandatory two-year 50 hour licensure requirement to be obtained in-person courses. The issue has even received some legislative interest, and will likely be a topic for consideration at additional board meetings.

On the national front, the ADA has been busy representing dentistry on the congressional level. Mr. Chris Tampio, ADA Congressional Director, will be the keynote speaker at the ARDPAC Luncheon on Friday, September 15 at the Embassy Suites Hotel in Little Rock in conjunction with the ASDA Fall Seminar. Registration for the seminar is required to attend the luncheon. Register now at www.arkansasdentistry.org.

Continued from page 9

September 15 & 16 in Little Rock, and I hope to see you all there. The ADA meets for America’s Dental Meeting in Atlanta, Georgia in October, another notable gathering of our professionals. By the way, if you plan to attend the ADA convention in Atlanta, please call me or the ASDA office so we might be able to gather together as a group.

AD: What are some of the programs you wish to pursue as President?

Dr. Vammen: First of all, I’d like every dentist and dental office in the state to realize the true value of membership in the ASDA and ADA. We all know that we are a diverse set of individuals operating our offices independently with our own goals and priorities. We are all so different, but our common thread is our desire for healthy patients as we follow the path of the dental profession. And that profession is unique in the healthcare world, so we need to combine our talents for our profession through organized dentistry. The ASDA and ADA represent our profession nationwide with a strong, steady voice. The association speaks for our profession whether or not you maintain membership, and you may not agree with all proceedings. However, in strength we stand together for a common good “to promote the art and science of dentistry in all its phases, and to maintain an ethical level of practice in the best interest of the public.”

Dentistry is generally regarded as an extremely honorable profession, and with membership in the ASDA you have opportunities to gather with your colleagues for continuing education, resolving business issues, and promotion of public good will. We will be gathering as a profession to give our talents to Arkansans at the Mission of Mercy event in Conway, April 22–24, 2018, to take care of needy brothers and sisters and to promote good will.

Arkansas’ Dental Medicaid changes gears this coming year in a contractual operation of the managed care program. This program will be administered by Managed Care of North America (MCNA) and Delta Dental of Arkansas (DDAR). We anticipate a good working relationship with this needed shift in operation, and we expect this to promote greater access to care for Medicaid patients.

The time has come for Arkansans to request of their state to build a state supported school of dentistry. For too long we have relied on other states to provide that education and to expect that Arkansas dentist to come home to establish their practice. We lose our best potential prospects for that brilliant mind to stay in their home state by allowing them to leave for that training and to be enticed by the shiny lights of places other than the Natural State.

AD: Every year there is more legislative crisis in Arkansas. What are your thoughts about our future?

Dr. Vammen: The nationwide crisis of opioid addiction has forced the legislature to move to stop the proliferation of that problem as they see fit. To combat opioid addiction, the law has been implemented requiring healthcare providers to monitor their patients’ purchases of class II and class III scheduled medications through the Prescription Drug Monitoring Program (PDMP). There will be adjustments to the program as we traverse this new path. I have maintained that dentists as a whole are not the problematic prescribers, and we will prove that theory to be truth by our participation in the PDMP.

There are entities in our state who believe they understand the needs of dental patients better than the dental community. They don’t consult with the wet-gloved hygienist and hard-working dentist who work daily to make a difference to improve health. As a result, different groups
Now Hiring Dentists, Hygienists and Assistants!

Positions available statewide from one day a week to supplement your income up to full-time.

Call toll free 855-821-2214 or 501-821-2214 today to speak with Kimberlee Brooks, Vice President, or visit seniorworks.com for your next career opportunity.

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attempt to create laws and regulations which impede our momentum and purpose. There have been proposals that would ultimately lead to the loss of water fluoridation programs in some communities, a situation that could alter the well-meaning intent for that dental population.

We are entering a new development of the Arkansas Dental Medicaid program, as we discussed earlier, with the entries of DDAR and MCNA into the picture, a new path for such a vital program. As the representatives of the dental profession, ASDA will need to keep checking the pulse and pressure of the Medicaid program as it rolls out. And as the program succeeds as expected we will be happy to monitor the progress, but if problems arise we may have to introduce legislative changes.

The ASDA is very well served when it comes to creating understanding of the procedures of the Arkansas Legislature. Our executive director, Mr. Billy Tarpley, is highly respected in the halls of the capitol. He keeps his foot in the door to many committee hearings and negotiations, and governmental officials understand his knowledgeable nature. He keeps a close knit message of calm and professional relationship with Mr. Don Tilton, our lobbyist. We cannot forget that ASDA member Dr. Deborah Ferguson serves in the Legislature as well, and she is relied upon to share our message and keep us better informed.

AD: Good luck as you go into the coming year. Any other thoughts?

Dr. Vammen: I want to comment on the caliber of our dental colleagues serving the public. I am amazed at the dedication of our membership working hard to promote good health for our neighbors. During the Mission of Mercy in Jonesboro, the dentists, hygienists, assistants, and others braved the imminent threat of stormy weather and flooding to provide dental care in record amounts to those in need and less fortunate than ourselves.

The good spirit of our healthcare providers is noteworthy and commendable in the face of separation from our homes. To all who offer their time and talents to aid mankind in our Mission, I extend a heart-felt “thank you” and “job well done.” To those who missed the Mission of Mercy, I hope you can see a way to help in the future, and I promise you will feel rewarded in a special way.

As I think back to the Presidential Luncheon held in March, two of our dentists were given special recognition for their dedication to their profession and outstanding mission work in the world. Dr. Danny Haynes of Hot Springs was given the Jack Logan Humanitarian Award for giving his services to promote dental health in underserved populations in our world. Dr. Thomas Isbell of Mountain View was given the Distinguished Service Award for his outstanding service to organized dentistry and his promotion of quality care to dental patients.

Both award recipients spent considerable time to relate their experiences in service to God’s children, here and abroad. They discussed their love for their profession, their families, and our God. Their dedication to the needs of others is evident, and they expounded on their missions and what was important in their lives so well that both men forgot their awards and had to be summoned to retrieve their plaques. Their missions weighed far greater in importance than their accolades. That’s the kind of people I like to associate with, and I believe Arkansas dentists reflect that type of persona.

We ask for God’s blessings for our profession, His guidance as we move forward in our daily routines in dental practice, and His shining love on the people of our beautiful state. AD

Medical Insurance Premiums

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Employer Contribution Requirements

Each Employer is required to contribute at least $179.89 per participating Employee per month. You can choose from five different contribution options ranging anywhere from $179.89 to $320.66 per participating Employee per month. Please reference the full AXPM Insurance Purchasing Group Benefit Overview for more details.

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+ Doctor and Executive Long-Term Disability pays 60% of earnings up to a max of $10,000 / mo.

Benefits Paid 100% by Employees

+ Dental
+ Vision
+ Short-Term Disability
+ Long-Term Disability
+ Life and AD&D
+ Critical Illness
LETTER
TO THE EDITOR (SPECIAL EDITION)

June 13, 2017

W. Gene Jones, D.D.S.
Director
UAMS Center for Dental Education
4101 W. Markham St., Slot 621
Little Rock, AR 72205-7199

Dear Dr. Jones:

Your recent correspondence asks the questions about reasons to support the formation of a UAMS School of Dental Medicine or for reasons to oppose that establishment. You also asked about some of the challenges faced in creating a dental school.

The citizens of Arkansas would benefit with the inclusion of a college of dental medicine, an educational facility designed to promote enhanced health conditions through dental practice and research. The students educated at this facility will provide lifetime care by staying in the state where their education was provided. So the citizen can have their oral conditions studied, researched, and treated.

The students living in Arkansas can aspire to stay in their home state for a quality dental education. The student can look forward to dental education and internship with high quality dental education from dentists statewide and from a faculty recruited from all over the country who will be attracted to teach at the newest, open minded dental center in the nation.

The state benefits from the creation of an outstanding educational facility which will come closer to completing the sphere of medical sciences to educate our students and promote quality health. The state will be able to realize that these home-grown health professionals will most likely make permanent residence here. The state will attract dental professionals serving as clinicians, research personnel, and faculty to add to our quality of life.

The time has come to build our own dental education facility. Because if we wait the costs will be even greater. We will benefit immediately as our students stay in our state spending their tuition dollars, equipment purchases, and housing funds locally, thereby stimulating the local economy. A dental school will be built in this state someday, and no establishment is better qualified to administer and maintain this school than the University of Arkansas for Medical Science. Facilities can be shared among dental, medical, nursing, and supportive education entities.

Arkansas State Dental Association
7400 Highway 107 • Sherwood, AR 72120 • Phone: (501) 834-8760 • Fax: (501) 834-7637
www.arkansasdental.org • info@arkansasdental.org
All dentists in Arkansas have received education from out of state schools, so it is time to create a home grown educational facility. The licensed practitioners will have a place for continuing education in a clinical and didactic environment better suited for that purpose than hotels or meeting halls. The dentist will have a home for advanced dental education through specialty studies. The dentist will have a facility to refer their interesting and difficult diagnostic cases for the improvement of the dental patient's health. We can look to our dental school to envision who our colleagues will be and how those education is established.

I am certain there will be questions whether Arkansas really needs to create a dental school. Rest assured there will be suggestions that we have too many dentists already and not enough patients to share. We will be faced with the high cost of construction and staffing a new educational facility as well as future funding to maintain the dental program. The reasoning that all surrounding states have dental schools promotes the facts that Arkansas needs a like facility and that there will be a continual need to educate our own dentists so they will be likely to establish dental practices in Arkansas. The argument saying there are too many dentists already has been heard recently for the last 35 years. Arkansas has a growing population, and some regions are perpetually underserved. Arkansas’ dental school will educate Arkansas doctors and attract highly qualified students and faculty from out of state. Can you imagine our state without a dental school? We cannot rely on neighboring states to do our work for us any longer, and the time to build a sound dental education facility is at present.

Sincerely,

David W. Zinn, D.D.S.

David W. Zinn, D.D.S.
ASDA President

CC: Willy Targley
Medicaid providers can defer Medicaid income on a pre-tax basis into the State of Arkansas Deferred Compensation Plan, commonly referred to as the Arkansas Diamond Plan. Providers practicing in group settings, as well as individual private practice, are eligible to participate.

Medicaid deferrals may be made in addition to any contributions you are making to your current retirement plan established by your professional group or individual practice.

Medicaid providers enrolled in the Plan can defer up to $18,000 of Medicaid income for calendar year 2017. Medicaid providers that are age 50 or older in 2017 can defer up to $24,000 of Medicaid income for calendar year 2017.

Over the past few years, hundreds of Medicaid providers have enrolled in the Arkansas Diamond Plan to take advantage of the opportunity to defer a portion of their Medicaid income. The Plan has been available for more than 30 years.

For additional information regarding participation in the Arkansas Diamond Plan contact Robert Jones of Stephens Inc. at 501-377-8112.
In 2010, Michael Douglas made news when he reported in an interview his bout with throat cancer was related to activities involving oral sex. Oral sex is not a new topic by any means. But this news story put a spotlight on oral cancer. Every year there are about 16,000 people diagnosed with oropharyngeal cancers (OPC) in the U.S. The human papillomavirus (HPV) is a known cause for about 70 percent of these cancers.

The HPV infection is very common—80 percent of all people will be infected at some point in their lives. It is easily acquired through direct skin-to-skin contact of vaginal, anal, and oropharyngeal mucosal surfaces. There are more than 200 types of HPV that have been isolated with only a few that can lead to an oncogenic potential. Most infections are asymptomatic and typically transitory resolving within the 12-20 months after contact. However, infection with one of the 13 known oncogenic HPV types is more likely to persist and progress over time to pre-cancer and cancer. Oral HPV infection rates are seen in roughly 7% of the U.S. population. Fortunately, only 1% will have the oral HPV that are found in head and neck cancers.

HPV strains 16 and 18 are the most virulent and are commonly associated with cervical cancer and other anogenital cancers. OPC have tested positive for HPV 16 and/or 18 strains. HPV-positive oropharyngeal cancers saw an increase of 225 percent in young white males between 1984 through 2004 according to a recent study. The authors theorized if this trend and pace continues, by 2020 OPCs in white males will overtake cervical cancers in females. The author goes on to claim by 2030, more than half of the head-and-neck cancers will be related to HPV.

Typical symptoms reported with OPC include enlarged lymph glands, chronic sore throat, difficulty swallowing, hoarseness, and unexplained weight loss.

Early signs of oral cancer may be noted by visible lesions of the oral cavity such as a white or red persistent lesion, an ulceration that does not heal, unusual bleeding or tooth mobility. However, OPC are located at the base one-third of the tongue and tonsil area. The signs and symptoms of OPCs are not characteristic by a visible oral lesion plus the location makes for a more challenging aspect to detect its presence during a typical oral examination. Typical symptoms reported with OPC include enlarged lymph glands, chronic sore throat, difficulty swallowing, hoarseness, and unexplained weight loss. If OPC is suspected by these symptoms that don’t abate, patients should be referred to an otolaryngologist (ENT) or a head-and-neck cancer specialist for further evaluation.

It seems obvious that one of the best ways to prevent OPC is to prevent infection with the oncogenic HPV types through vaccination. Researchers have found that the HPV vaccine may reduce the rate of oral HPV infections in young adults by as much as 88 percent. The HPV vaccine that is currently available in the U.S. is a 9-valent HPV vaccine called Gardasil 9. It protects against HPV types 6 and 11, which cause genital warts; HPV types 16 and 18, which cause 63 percent of all HPV-associated cancers; and against HPV types 31, 33, 45, 52, and 58, which cause an additional 10 percent of HPV-associated cancers.

Gardasil 9 contains virus-like particles of the targeted HPV types. It does not contain viral DNA so it cannot cause infection. The CDC reports that 99% of vaccinated recipients will develop antibodies. Gardasil 9 is ideally administered to pre-pubescent boys and girls when the immune response to the vaccine is highest and before they have acquired infection with any of the HPV types covered by the vaccine. This is important, because the vaccine is ineffective against any of the HPV types once infection with that
type has occurred. However, people who already have HPV-associated conditions can still get protection from other HPV types covered by the vaccine.

The Advisory Committee on Immunization Practices recommends routine vaccination for all boys and girls at age 11 or 12 years. For those not vaccinated at the routine age, females age 13 through 26 and males age 13 through 21 years should be vaccinated. For boys and girls who receive their first dose before they turn 15, only a 2-dose series is needed. Those who start their series on or after their 15th birthday will need 3 doses.

Arkansas has one of the highest incidence rates for HPV-associated OPC in the U.S. The Arkansas rate is 5.2 compared to the U.S. rate of 4.5 per 100,000. The incident is higher in males by a ratio of 4:1. So it behooves us as dental professionals to be dogged in addressing the need for HPV vaccination. Too many people in Arkansas are suffering with this disease!

How do we as dental professionals broach this subject with parents? I turn that question around and ask if you knew there was a vaccine that would protect your child from cancer, would you want to know about it? We need to look beyond the stigma associated with HPV as a sexually transmitted infection and see it rather as cancer-causing infection that could be prevented. It is the cancer-prevention message that is important.

As dentists, we are the ones who perform oral cancer screening examinations, inspecting the face, neck, and mucous membranes of the mouth for lesions or other signs of cancer. In addition, dentists are among the most frequently visited health providers.

This regular interaction with patients gives us the perfect opportunity to shift the conversation about HPV vaccination toward cancer prevention, specifically OPC prevention. It is an opportunity that is too good to miss. No other health care professional has this kind of an opportunity to encourage HPV vaccination. Let us step up to the plate.

If you would like some ideas for how to talk to parents about the HPV vaccine, there are help materials designed for primary-care providers that we could learn from. See https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf for a good example.  

The Advisory Committee on Immunization Practices recommends routine vaccination for all boys and girls at age 11 or 12 years.
SILVER DIAMINE FLUORIDE
An overview and treatment consideration

ROBERT A. MASON, D.M.D.
Vice President, Professional Relations/Dental Director, Delta Dental of Arkansas

Untreated dental caries and limited access to dental care are major public health problems for low-income children living in the United States. In 2009, about 17 million children of low-income families in the United States did not receive dental care. Dental data from the most recent National Health and Nutrition Examination Survey in 2011-2012 report showed that 22.7% of children aged 2-5 years and 55.7% aged 6-8 years had caries experience in their primary dentition. Untreated dental caries in the primary dentition was reported to be over 20% for children 6-8 years old. Caries is not limited to the primary dentition, as 58.2% of US children aged 12-19 have had some caries experience. Caries continues to be a national problem, and disproportionately affects children from lower socioeconomic backgrounds. A fundamental concept of dentistry has been prevention, but prevention continues to fail many in our vulnerable populations. Additionally, there have been minimal advances to caries treatment and the surgical approach to dentistry is still widely utilized.

Silver Diamine Fluoride (SDF), as a desensitizing and cariostatic agent, has been gaining attention in both the US dental and mainstream communities since approved by the Food and Drug Administration (FDA) in 2014. The FDA classified 38% SDF as a fluoride and cleared its use as a Class II medical device—the same as 5% sodium fluoride varnish. Its labeled approval is for the treatment of dental hypersensitivity. SDF became commercially available in the US in April 2015. SDF offers an easy and low cost application method, with high efficacy on active caries providing inexpensive nonsurgical treatment options for many Americans. This article will provide an overview of how SDF can prevent and arrest caries.

The anti-microbial properties of silver have been known around the world for centuries. The use of silver nitrate in dentistry can be traced to 1891 where the Director of the Forsyth Institute used silver nitrate as an antimicrobial for carious lesions. Though SDF is new to the US, it has been used extensively in Japan with over 2 million bottles sold in the last 80 years. Clinical evidence supports the effectiveness of SDF in arresting caries, as it has been studied across different age groups, populations, and types of dentition. Caries arrest has been described as hardening of carious dentin, which is often accompanied by darkening in color and lack of progression of the lesion. In these studies, 38% SDF has been the most used formulation, which is also available commercially.

In several clinical studies, 38% SDF has shown to be effective in arresting caries in the primary teeth in preschool children. Chu, Lo, and Lin (2012) compared SDF to sodium fluoride varnish and found that SDF produced arrest in significantly more carious tooth surfaces than did varnish. Zhi, Lo, and Lin (2012) compared SDF and glass ionomer and found that semiannual application of SDF is effective in arresting caries. A recent study of 888 kindergarten children in Hong Kong reported that 73.6% of lesions were arrested at 18 months when 38% SDF was applied biannually.

SDF has also been shown to be effective in preventing root caries in elderly population. Twice per year application has shown to be more effective than single. When looking at the preventive effect, 38% SDF has shown to prevent new caries lesions. No studies regarding SDF have been published within the United States, yet, however, several clinical trials are ongoing.

Based on clinical efficacy studies, 38% SDF applications twice a year are considered safe. No significant adverse effects or acute toxicity cases have been reported. However, studies on children have not been conducted. The University of California, San Francisco, School of Dentistry paradigm shift committee has set the recommended limit as one drop (25 μL) per 10 kg per treatment visit, with weekly intervals at most. Primary adverse effect of SDF is the staining of the arrested lesion dark and potential to stain clothes and surfaces permanently. Safety considerations are to wear safety glasses to protect eyes. Contraindications are silver allergy, ulcerative gingivitis and stomatitis.

Indications to use SDF are to reduce
hypersensitivity and prevent and arrest caries lesions. Due to SDF mechanism of action to block open dentinal tubules and kill cariogenic bacteria, it can also reduce pain and allow restorative work to be completed later. Other indications are extreme caries risk patients, those who suffer from xerostomia or early childhood caries, and patients with rampant decay. SDF can also offer great treatment options for pre-cooperative children, elderly, disabled, patients with severe dental phobia and immunocompromised patients. Patients without access to comprehensive care, children from disadvantaged families, uninsured low-income families, and immigrants served in community-based outreach programs can also benefit from SDF treatment. It must be noted that SDF is being used off-label for caries prevention and arrest as it is FDA approved as a cavity liner. While our medical colleagues have much more experience in off-label use, this is not the first in dentistry. Fluoride varnish is a good example of off-label daily use in US dental practices for caries prevention. Fluoride varnish is approved in the US as a cavity liner and desensitizer, though its clinical usefulness and safety has been proved in over 50 clinical trials.

The American Dental Association’s (ADA) Code Maintenance Committee (CMC) approved the inclusion of a code that providers can use for procedures like SDF in their CDT 2016 Dental Procedure Codes. CDT 2016 codes became effective on January 1, 2016. The new code is D1354—interim caries arresting medication application. The descriptor for the D1354 code is “conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure”.

There is ample evidence available for the inclusion of SDF into dentistry. Arresting caries through nonsurgical methods affords the opportunity to halt disease progression and preserve remaining tooth structure. The use of SDF is ideal for pediatric and public dentistry due to its easy application and low cost.

Please take a few minutes and view and listen to the below link done by Dr. Jeremy Horst about Silver Diamine Fluoride: https://www.youtube.com/results?search_query=jeremy+horst+silver+diamine+fluoride. AD

This article is reprinted in part with the permission of the original author, Dr. Jeff Chaffin, Delta Dental of Iowa Dental Director.

Meet Dr. Mel Collazo
Chairman of Delta Dental Board of Directors

Dr. Mel Collazo is a Specialist in Orthodontics and Facial Orthopedics in Little Rock and Arkadelphia, Arkansas. He received his dental degree (DDS) from the University of Missouri-Kansas City School of Dentistry (1986) where he was the President of his Class all four years of dental school. He received his Specialty Certificate in Orthodontics and Facial Orthopedics from the University of California-Los Angeles School of Dentistry (1989) and also received a Master of Science degree in Oral Biology. Dr. Collazo has served as the President of the UCLA Orthodontic Alumni Association, the Foundation for Orthodontic Research and the President of the Arkansas Association of Orthodontists. He lectures both nationally and internationally. He has been a part-time faculty member of the UCLA School of Dentistry, Department of Orthodontics and the UMKC School of Dentistry, Department of Oral Diagnosis.

Dr. Collazo joined the Board of Directors of Delta Dental of Arkansas in 2010 and was named Chairman of the Board in April 2017. He serves on the Renaissance Health Service Corporation Board of Directors and he received the Certificate of Director Professionalism from the National Association of Corporate Directors (NACD). He is a Fellow of the American College of Dentists (ACD), International College of Dentists (ICD) and the Pierre Fauchard Academy.

Dr. Collazo and his lovely wife of 35 years, Sheri, have two sons that are both dentists. Taylor is an orthodontist in Germantown, Tennessee and Austin is working in a Pediatric Dental Practice in Denver, Colorado.

In addition to his involvement in the dental profession, Dr. Collazo is an avid tennis player. He is a former world ranked tennis professional, was recently ranked #1 in the United States in Men’s Doubles in his age category and is on the U.S. Gordon Cup tennis team. AD

References:
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DR. DANNY HAYNES SELECTED FOR HUMANITARIAN AWARD

The award is presented annually to honor a dentist who places the welfare and care of others above his or her own needs. Dr. Haynes has practiced general dentistry in Hot Springs for more than 30 years, and has travelled on international mission trips many times since the early 1990’s as a volunteer dentist. Dr. Haynes is known locally as a dentist who is always there for the community, by serving as the dentist for the Horseman’s Benevolent Protective Association for over 10 years, the dentist for the Recovery Point Ministry for Men, and as a volunteer with Habitat for Humanity. When the Hot Springs area Charitable Christian Clinic was being renovated, he served on the board and was instrumental in rebuilding the dental clinic and gathering a group of dentists, hygienists and assistant volunteers who work all year taking turns serving the needy.

The namesake of the award, Dr. Jack Logan of Conway, was an example of selfless service until his untimely death during a mission trip to Nicaragua.

DISTINGUISHED SERVICE AWARD GIVEN TO DR. TOM ISBELL

Dr. Tom Isbell grew up on a cotton farm in the small, northeast Arkansas community of Bay. While at Bay, he excelled in sports. He played on a state basketball championship team in 1965. He also earned All-state honors in both basketball and baseball. After high school, he graduated from Arkansas State University with a major in Biology and a minor in Chemistry. Upon graduation from ASU, he pursued his dental education at the University of Tennessee College of Dentistry, graduating in 1973.

After dental school, he began his practice of dentistry in the rural town of Mountain View. During that time, he has been a member of several dental organizations. He also coached youth baseball and basketball for many years, as his sons were growing up. He is a past-president of the Arkansas Academy of General Dentistry, Northeast District Dental Society, Arkansas State Board of Dental Examiners, and Mountain View Chamber of Commerce. He is a Fellow of the AGD

Dr. Isbell married his high school sweetheart, JantiSue. They have two children: Stotts (and his wife Lori) and Stuart (and his wife Stacy). He has five grandchildren that are his pride and joy.
and a Fellow of the International College of Dentists. He has served as the Secretary-Treasurer for the ASDA. He has served, and is currently serving, as an examiner for SRTA. He has also volunteered at nearly every ArMOM that has taken place.

Dr. Isbell married his high school sweetheart, JantiSue. They have two children: Stotts (and his wife Lori) and Stuart (and his wife Stacy). He has five grandchildren that are his pride and joy. His hobbies include flying his Cessna 172, spending countless hours on the farm with his Angus cattle herd, and following his grandchildren to their ball games.

Dr. Isbell is also a deacon and Sunday school teacher at First Baptist Church of Mountain View.

“I am happy to have a man like my dad to be my mentor and guide for my life. He is the greatest father that Stu and I could ever have. He is also one of the greatest Christian men that I have ever met.”

**DR. BRYAN W. BISHOP SELECTED FOR NEW DENTIST AWARD**

Dr. Bishop is a 2008 graduate of the University of Tennessee, and is extremely active in his community and at the District level in organized dentistry. He has served as both Secretary and President of the Fort Smith Dental Association, as an officer at every level with the NWDDS, and he is presently Past President of our District.

From the very beginning stages of private practice, Bryan has determined to be an active leader in both his profession and his community as well as surrounding communities. He travels to Magazine, Arkansas, and delivers dentistry to that underserved area on a regular basis. Every Friday when school is in session, he practices in a free clinic setting in Fort Smith and serves on that enterprise's board of directors as well. Dr. Bishop occasionally works/serves on dental missions abroad. AD

**New Officers and Executive Council Members Elected for 2017-18**

- President-Elect **Dr. John Pitts**
- Executive Council for Northeast District **Dr. Brad Erney**
- Secretary-Treasurer **Dr. Larkin Wilson**
- Executive Council for Central District **Dr. Bob Carlisle**
- Vice-President **Dr. Kim Kosmitis**
Continuing Education Chairman Jordan Cooper retires from position

Outgoing President of ASBDE David Bell

New President David Vammen addresses the spring session of ASDA

Outgoing Executive Council Member Stotts Isbell

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Father and Son Tom and Stotts Isbell both received awards.
ARE YOU COMMITTING BATTERY ON YOUR PATIENTS?

ASDA Journal Coding Corner

DR. JIM PHILLIPS, MS, DDS, FICD

Battery is defined as “intentional unpermitted act causing harmful or offensive contact with the ‘person’ of another.” The lack of informed consent for any dental procedure could, in the extreme, be considered battery and be prosecuted either as a tort or a crime. The distinction is that conviction of a tort imposes civil penalties and conviction of a criminal battery results in a fine, imprisonment, or both.

The American Dental Association (ADA) states that dentists are “required to provide information to patients/parents about the dental health problems the dentist observes, the nature of any proposed treatment, the potential benefits and risks associated with that treatment, any alternatives to the treatment proposed and the potential risks and benefits of alternative treatments, including no treatment.” Most general practitioners and some specialty practices fail to obtain informed consent for common procedures and restrict this requirement to extractions only. This is incorrect and potentially a tort or malpractice issue. Any procedure that is “invasive or irreversible” requires consent. Factually, more than 90% of dental procedures are surgical in nature: procedures as small as a buccal pit restoration to removal of a complicated, fully bony, impacted third molar cause irreversible change to bodily tissue. Informed consent is basically of four types with are as follows:

1. **Implied consent**: implied consent refers to when a person passively cooperates in a process without discussion or formal consent. An example would be requesting to the patient to submit to a radiograph. Implied consent does not need to be documented in the clinical record.

2. **Verbal consent**: verbal consent is where a patient states his/her consent to a procedure verbally but does not sign any written form. This is adequate for routine diagnostic procedures and prophylaxis, provided that full records are documented.

3. **Written consent**: A written consent is necessary in case of extensive intervention involving risks where anesthesia and sedation is involved, restorative procedures, and invasive surgical procedures, administering of medication (oral sedation), and so on.

4. **Telephone consent**: In certain circumstances, consent via telephone is acceptable. However, to be valid, it must contain all elements that constitute “regular” consent and must be properly documented.

Discussing treatment alternatives and possible outcomes is a risk management function as well as the first step in managing patient expectations. Several “key” components of the informed consent dis-
The general legal standard of what risks, alternatives, benefits should be covered is “that information which a healthcare provider, practicing within the standard of care, would reasonably provide to a patient/parent in the same circumstances.” More specifically, dentists must inform patients when there is a chance of a “serious” adverse outcome. Legally, this is termed material risks which are defined as those risks which are most relevant to the patient. For example, the risks of permanent vs. transient inferior alveolar nerve (IAN) damage should be part of the informed consent process for removal of unerupted third molars. Likewise, the risks of damage to the IAN during a nerve block should be discussed with the patient even though the percentage of patients experiencing permanent paresthesia is minimal.

Persons under the age of 18 are considered children and they are not eligible to give consent. Generally, the guardian of a child or minor (this is usually a parent) has the authority to consent to treatment. Consent of one parent is usually sufficient; however, if the parents are separated or divorced, it is preferred to obtain the consent from the custodial parent. An emancipated minor may consent without a parent.

Informed consent is a process, not simply a signed piece of paper. Many dentists adequately perform the required steps of informed consent, but fail to document properly. The entire process should be viewed as an educational experience. According to experts on malpractice law, keeping the lines of communication open is a vital component in avoiding lawsuits.
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Clinical Research Associate, Department of Bioscience Research, College of Dentistry, University of Tennessee Health Science Center, Memphis, TN

Introduction:
Effectively addressing oral healthcare needs and disparities is an ongoing challenge that all states face. Even with significant developments in oral healthcare for the population as a whole, oral health disproportions remain for many racial and cultural groups by socioeconomic status, gender, age, and geographic location. The State of Arkansas recognized the prevalence of these disparities, thus have made significant improvements in addressing the oral healthcare needs of its population. One such area of concern in oral healthcare is the continued need to increase and evenly distribute highly trained new/and or young dentist practicing within the State. A suggested solution to resolve this area of constant need of recruitment and retention of new and young dentist within the State of Arkansas is by simply building a state supported dental school. Unfortunately, the construction of a state supported dental school is not as easy as one would think. Many factors play crucial and important roles in undergoing such a costly, but favorable project. Considerations are still underway as the Arkansas State Dental Association continues to effectively strive to meet the oral healthcare challenges.

An extremely promising approach in addressing the dental needs of Arkansans was the expansion of contractual agreements to support professional dental education for Arkansas residents. The implementation of the collaboration between The University of Tennessee Health Science Center College of Dentistry (UTHSC CoD) and the State of Arkansas has helped to significantly decrease the shortage of dentists and increase the access to oral healthcare. This collaboration arrangement with the UTHSC CoD was executed with the support of the Southern Regional Educational Board (SREB) and the Arkansas Health Education Grant Program (ARHEG). The relationship between the State, SREB, and ARHEG has allowed Arkansas’s college graduates to pursue a career in dentistry to receive exceptional doctoral training at UTHSC CoD in exchange for a negotiated fee that

Figure 1: DentSim Laboratory for D-1 Student Doctors

A COLLABORATIVE APPROACH
Partnership building with the University of Tennessee Health Science Center College of Dentistry to provide future dentists for Arkansans’ oral healthcare needs
pays a portion of out-of-state tuition. Furthermore, the State has benefitted from this highly effective collaborative approach by securing the opportunity to receive professional dental educational training for its State.

The purpose of this article is to: (1) educate and enlighten the general public of the collaborative partnership between the state of Arkansas and UTHSC CoD on improving access to oral healthcare, (2) describe the university’s efforts and continuous improvements within the pre-clinical and clinical dental curriculum for advancing students into the clinical settings while providing excellent patient care management, and (3) inform the general public of the post-graduate plans of current graduating Arkansan student doctors from UTHSC CoD.

Collaborative Partnership Between the State of Arkansas and UTHSC CoD

The State of Arkansas has never had a dental school. Thus, to meet the oral healthcare needs of the State, Arkansas has relied heavily on external support for providing a dental education to its Arkansan students. The State has made external contractual agreements with several dental colleges and schools. These out-of-state institutions are the following: (1) the University of Alabama (Birmingham), (2) Baylor University, (3) Louisiana State University, (4) the University of Louisville, (5) Meharry Medical College, (6) the University of Missouri at Kansas City, (7) the University of Oklahoma, and (8) the University of Tennessee (Memphis). Of these participating out-of-state dental schools, the University of Tennessee had the highest number of accepted and graduated Arkansas’ students. From 1996-2015, UTHSC CoD has graduated a total of 388 Arkansan students. As of 2012-13, the D-1 class enrollment was increased to 33 Arkansan slots, ten (10) of which are not funded by SREB leaving Twenty-three (23) funded slots. Evidently, this makes UTHSC CoD the leading recipient of Arkansas’ state dollars. The interstate agreement involves the State of Arkansas, SREB, and ARHEG which employs financial resources allocated by the General Assembly to lessen the price of out-of-state tuition for students seeking training in dentistry at the University of Tennessee. However, without this collaborative partnership, the State of Arkansas would not be able to address the need for increased access to oral healthcare for its population. There are a significant number of underserved counties in the State of Arkansas, and a much needed adequate dental workforce is an essential factor to implementing comprehensive healthcare statewide.

D-1 (First-Year) Pre-clinical Curriculum Improvements

Dental education is an ongoing practice attributable to continual evolving advancements in comprehensive patient treatment and new competencies established and endorsed by the American Dental Education Association for dental graduates. Therefore, the UTHSC CoD continues to develop its pre-clinical/clinical curriculum to assure future generations that they will have highly skilled and proficient practitioners to provide them with the best care possible. Within the first two years at most dental institutions, the dental curriculum is designed to focus on the pre-clinical sciences and the last two years are devoted to the clinical sciences. At the UTHSC CoD, the D-1
year has consisted of numerous pre-clinical didactic courses in comparison to the number of pre-clinical lab courses. The bulk of the D-1 curriculum has comprised of basic science courses except for a few dental courses. Two specific dental courses that have been a part of the latest addition to the D-1 curriculum are Tooth Preparation and Introduction to Clinical Practice I.

To raise its educational philosophy for the teaching program, the UTHSC CoD revamped its D-1 curriculum by incorporating a simulation based course to the Operative Program. Through this exciting process, the course Tooth Preparation was added to the Operative Curriculum. Tooth Preparation, which is offered in the Fall Semester, is a pre-requisite for the Operative Lab Course. Within this course, students can maximize their training on computer-assisted learning (CAL). These 36 DentSim units provide students with a workstation, a fully adjustable manikin, an electric handpiece, and a self-contained computer-based evaluation of real-time tooth preparation (Figure 1). Students benefit from this simulation course by improving on his or her cognitive and motor skills at a faster rate, enhancing the preparedness in other pre-clinical courses (operative, fixed prosthodontics), and by being introduced to evidence-based decision-making for comprehensive patient treatment. Simulation experiences in dental education are extremely useful in supporting a smoother transition from the pre-clinical setting to the clinical environment for our students at UTHSC CoD.

The need for the first-year dental students to be exposed to the clinical environment and patient care was the driving force behind the implementation of the course Introduction to Clinical Practice I. Introduction to Clinical Practice I, which is offered in the Spring Semester, is a prerequisite for Introduction to Clinical Practice II. Within this course, students can become familiar with the clinical applications of dentistry much sooner than before. The D-1 students are awarded the opportunity to minimally assist and observe clinical procedures along with experiencing other aspects of clinical life, including: (1) becoming accustomed with clinic protocol; (2) becoming acclimated to departmental paperwork/AxiUm software training; (3) understanding management aspects of a variety of patients; and (4) developing interpersonal communicative skills and working relationships with the junior and senior student doctors, faculty, and staff. This course offers five clinical rotations (approximately four hours each clinical rotation) for all D-1 students to complete. The first year dental students are divided into two groups (Group A and B) at which students in both groups are assigned to specific practice groups within the UTHSC CoD Clinical Patient Care Program. The eight practice groups comprise of approximately twenty student-doctors (ten juniors and ten seniors), two group leaders (faculty), a patient care coordinator (PCC), a portfolio analyst, and a scheduling coordinator. Operative, esthetics, prosthodontics, and endodontic dentistry are the main disciplines that the D-1 students are gaining valuable fundamental concepts from while completing their clinical rotations. Their attending faculty and the junior/senior student doctor that the D-1 student assisted on his/her scheduled rotation thoroughly evaluates their clinical participation. Each D-1 student is responsible for their attendance, actively engaging in dental assisting a junior/senior student doctor during his/her scheduled rotation, and completing and turning in their clinical activity evaluation form to the course director. “The First Year Students and the Junior and Senior Students learn the responsibility of total completion of paperwork/documentation which is tantamount in the legal ramifications of patient care”.

The D-1 students are reasonably restricted in the extent of their participation with “hands-on” procedures during their clinical rotations, yet their enthusiasm and drive to progress to the clinics has considerably expanded since the addition of Introduction to Clinical Practice I.

**D-2 (Second-Year) Pre-clinical Curriculum Improvements**

Advancement to the D-2 year is a pivotal period within the dental curriculum. Although this is the last pre-clinical year for the second year students, the D-2 students grow to experience a greater personal magnitude of inclusion during their matriculation at UTHSC CoD. The D-2 year curriculum incorporates more dental courses and less basic science courses,
which aids in the preparation of the second-year students for the clinical environment. Introduction to Clinical Practice II is an invaluable course that has been implemented in the Spring semester of the D-2 year curriculum. This course has been under the direction of several different course directors, modifications, and design since its origin in 2003. Part II has the same principles as Part I but concentrates on a more progressive methodology for the second-year students who are embarking closely on entering the clinical setting as third-year student doctors. The course involves a dental dam application rotation, an instrumentation segment, a series of approximately twelve clinical rotations for each group (Groups A and B), and a patient communication block segment (under the auspices of two other course directors).

Within the dental dam application section of Introduction to Clinical Practice II, second-year students are engaged in the fundamental philosophies of why the dental dam is practiced in dentistry, along with achieving how to accurately isolate the oral cavity. This course allows more student interaction among the class and each student alternates as the student doctor, the dental assistant, and the patient within their specified groups. Each group has a designated instructor to teach and oversee appropriate dental dam application and removal. The students receive “hands-on” experience performing an anterior, posterior, and cotton roll isolation on each other (Figure 2). This dental dam application rotation not only presents the students to the clinical environment but also replicates the practice of utilizing dental auxiliary/4-handed dentistry. Clinical protocols/guidelines, including OSHA compliance, are reiterated to the D-2 students during this section of Part II with the assistance of a graduate licensed dental assistant from the Office of Clinical Affairs. The functional design of the dental chairs, personal protective equipment, and placement of protective barriers within the dental operatory are also readdressed.

The instrumentation segment was a new addition to Introduction to Clinical Practice II. This component of the course was implemented in 2016 with emphasis on direct utilization of 4-handed dentistry. With the teaching efforts of our graduate licensed dental assistants from the Office of Clinical Affairs, the D-2 students are provided the opportunity to have more exposure in the practice of 4-handed dentistry. In the same fashion as the dental dam application rotation, each second-year student alternates as the student-doctor, dental assistant, and patient within their specified groups. Each D-2 student is responsible for identifying and proper handling of all restorative instruments within their dental casette (Figure 3). The guidance and instructional tutelage from the graduate licensed dental assistants not only grants the opportunity for the D-2 students to become more acclimated to a realistic clinical setting but gives the dental assistants a chance to get to know the dental students before entering the clinic as D-3 student doctors. The more interaction the D-2 students have with the dental assistants, the more they will feel comfortable in utilizing their clinical expertise during the D-3/D-4 clinical experiences.

The clinical rotations provide the D-2 student doctors’ valuable opportunities to dental assist, perform, and render limited invasive therapeutic treatment, while rotating within all general and specialty disciplines of dentistry within UTHSC CoD. In the same manner as Part I, the D-2 student doctors are qualitatively assessed by their attending faculty and receive informative feedback from the junior/senior student-doctor they assisted.
during his/her assigned rotation (Figure 4). Each D-2 student is responsible for their attendance, and completion of their clinical activity evaluation form which is turned in to the course director for grading. The second year student doctors have less restrictions in Part II, which allows for a better cognizance of how a general dentist practices in a comprehensive, diverse, and collaborative environment (Figure 5). This structured progressive rotational experience not only enhances the clinical growth of D-2 students but is the definitive phase of the pre-clinical transition to clinical student doctors.

A "Patient Communication Block" (PCB) was incorporated within Part II as an addendum to the behavioral science curriculum. This addendum is a joint effort in collaborating with the course, Human Behavior and Dental Practice (HBDP). The justification behind the modifications of the behavioral science curriculum focuses on emphasizing patient-centered dentistry before and during students’ clinical experiences. The primary objective is enhancing the development of the students’ interpersonal communicative skills. The D-2 students remain in the same Groups of A and B, which both groups have two days designated toward their simulation sessions.

During these sessions, students participated in a 10-15 minute role-play with a trained “standardized patient” (SP) (courtesy of the College of Medicine). A SP is a person trained to portray a patient scenario, or an actual patient using his/her history and physical exam findings, for the instruction, assessment, or practice of communication and/or examining skills of a health care provider. The second year student doctors are evaluated by their qualitative participation in the role-play and are provided positive feedback from the faculty observer and SP. Interaction with a SP allows the D-2 student doctors the opportunity to verbally practice explaining the UTHSC CoD procedures and address patient concerns. Not only has this innovative approach exposed D-2 students to becoming proficient with patient behavior management, but it has substantially elevated the student’s aptitude of feeling comfortable and confident with themselves as student doctors before entering the D-3 clinical year.

The primary objective is enhancing the development of the students’ interpersonal communicative skills. The D-2 students remain in the same Groups of A and B, which both groups have two days designated toward their simulation sessions.

D-3/D-4 (Third & Fourth Year) Clinical Curriculum Improvements

Advancement to the third and fourth year is an exciting period for our students at UTHSC CoD. These two years are one of the most anticipated moments within their matriculation and officially has signified the transition from pre-clinical dental students to clinical student doctors. UTHSC CoD has become unique in accomplishing a smooth, efficient, and effective pathway within our dental curriculum for our pre-clinical dental students. A gradual progression has been seen from D-1 to D-2 pre-clinical year and from D-2 to D-3 clinical year. Student doctors have less didactic classes in the third year as compared to their D-2; therefore, which has provided more clinic time for the D-3 student doctors within the D-3 curriculum.

The Third year student doctors have
many diverse clinical opportunities within all of the sponsored disciplines of dentistry including: (1) in-house clinical rotation blocks in specified departments, (2) presenting evidence-based clinical cases, (3) participating in numerous specialty elective courses, and (4) practicing dentistry in a private practice-type clinical model called the Group Leader Program. One notable improvement in the D-3 and D-4 curriculum is the Dental Auxiliary Utilization (DAU) course. This course is designed to expand on most of the fundamental concepts gained from the D-1 and D-2 courses (Introduction to Clinical Practice I and II), by which D-3 student doctors are learning at a more advanced level. This DAU course has gone through revisions over the years to comply with the demands of new technology and curriculum changes related to accreditation requirements. The DAU course is designed as a team concept whereby skilled individuals work together in an ergonomically designed environment to improve the productivity of the dental team. Under the supervision of faculty and auxiliary staff assigned to the Department of Restorative Dentistry, students deliver a broad scope of restorative dental services with the utilization of chairside dental assistants in a clinical setting (Figure 6). Through the implementation of the Group Leader Program, UTHSC CoD has significantly increased the number of licensed graduate dental assistants within the program to accommodate the increasing number of student per class size. Student doctors are provided dental assistants in the clinical DAU curriculum based upon availability/departmental and college demands. Course completion is based on a minimum of five successful clinical DAU experiences (20 clinic hours) at which each individual session is evaluated and graded by DAU personnel/faculty following the experience. This DAU course continues in their D-4 year with the same principles, requirements, and evaluation methods.

The most aspiring, engaged, and purposeful progression within the matriculation of our student doctors is seen within the D-4 clinical year. The Fourth Year is mainly a continuation of the Third Year Curriculum, but with an aggressive shift towards full clinical days and off-campus external rotations. A significant increase in clinical time is seen within the D-4 curriculum, as this is the last clinical year before the D-4 student doctors are to graduate. The D-4 student doctors have longer clinic days as compared to the D-3 year which has more half day clinic time. This necessary progression is paramount in promoting comprehensive patient-centered dental care in a realistic clinical setting that prepares the D-4 student doctors for private practice...
in enhancing their community-based learning experiences. Through these external rotation sites, the D-4 student doctors have been able to see different populations of people they would not ordinarily observe or treat in Memphis, which gives them better training and expectations for what they encounter upon graduation. UTHSC CoD has established clinical rotation sites in the following areas in Tennessee: (1) Bristol, (2) Chattanooga, (3) Jackson, and (4) Union City. The clinic in Nashville will be opening in the fall of 2017. The advancement to the D-4 year and the successful completion achieved has been truly rewarding and momentous for our student doctors at UTHSC CoD. Upon this successful completion, which signifies graduation, our D-4 student doctors will have earned the distinguished honor and title of Doctor of Dental Surgery.

Post-Graduate Plans of Current Graduating Arkansan D-4 Student Doctors

Arkansan student doctors have realized the need for increased access to oral healthcare in their home State. Several student doctors from Arkansas come from counties where the supply and distribution are in critical need of more dental healthcare professionals. Counties such as Miller, Ouachita, and Poinsett are just a few that some of our current D-4 student doctors are from that are considered underserved in Arkansas. Other Arkansan student doctors that are from counties where there is not a significant need for more dental providers, such as Pulaski, are also very concerned and willing to actively help with this cause (Figure 7). Not only is this heartfelt effort truly inspirational and one that signifies a sense of compassion and loyalty; but is an excellent way to give back to the State of Arkansas. Other student doctors from Arkansas come from that are considered underserved in Arkansas. Arkansas State Dental Association, together with UTHSC CoD, is highly committed to providing the best oral healthcare to the public by ensuring a sufficient pool of dental healthcare providers for the State of Arkansas. The collaborative efforts of both entities have made a positive impact in addressing the challenge of the shortage in the dentist healthcare professional workforce within the State of Arkansas.

Conclusion

The educational opportunities and clinical resources offered at UTHSC CoD have shown diverse, forward-thinking, and cutting-edge technologies and techniques. As a national leader in higher education, UTHSC CoD continues to meet the mission of the College by improving human oral health through education, research, clinical care, and public service. Students receiving an education at UTHSC CoD are competent and proficient to be out in the world, providing the best comprehensive dental care possible to all patients from any background. The Arkansas State Dental Association, together with UTHSC CoD, is highly committed to providing the best oral healthcare to the public by ensuring a sufficient pool of dental healthcare providers for the State of Arkansas. The collaborative efforts of both entities have made a positive impact in addressing the challenge of the shortage in the dentist healthcare professional workforce within the State of Arkansas.

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Figure 7: D-4 Student Doctor Austin Collazo (AR Student). “I am truly grateful for the opportunity to have received a dental education from UT. I feel very prepared and competent to enter the dental workforce. I do plan on returning to my home state as an experienced dental provider for the Arkansan Community in the future at some point. My state has many areas that are underserved, and I strongly believe this is an excellent opportunity for me to give back to my home, Arkansas.”

References
ARMOM IS RESOUNDING SUCCESS IN JONESBORO

April event serves 2,223 patients

Dr. Terry Fiddler expected to be greeted by a throng of toothaches when he and 112 other Arkansas Mission of Mercy dentists set up chairs and supplies on the floor of the Arkansas State University Convocation Center for two days of charity dental work in late April.

But he never dreamed what his doctors, as well as the hundreds of other volunteers who donated time, money and resources, could accomplish in two days.

In raw numbers, the statistics were astounding: 2,223 patients, 4,000 tooth extractions, 2,000 fillings, 99 partial replacements — a grand total of more than $1.33 million in dental work.

"In two days of work, it was the largest amount of dental work ever done in the United States," said Fiddler, ArMOM chairman.

Hosted by primary sponsors Delta Dental and Walmart, the event costs about $250,000 to put on. Dentists and volunteers offer their services free of charge. And their hours are extensive.

"I come in at 3:30 (a.m.), and everyone is here by 4:30," Fiddler said of the prep work required before Convocation Center doors opened to the public. "Then we go live from 6 a.m. until 4:30, Friday and Saturday."

There were stations for extractions,
fillings, X-rays and surgery. In the stands patients awaiting treatment played Bingo. Volunteers had their roles well-rehearsed, so things ran smoothly. So smoothly, in fact, Fiddler believes their performance set a record, even if Guinness fails to track mass dentistry events.

“The closest one we know of was a two-day event in Pensacola,” said Fiddler, of Conway. “They did a little less than $1.2 million worth of work, but they had 200 dentists. We had 113 do almost $1.35 million. That’s working your tail off.”

Jonesboro Mayor Harold Perrin, who served 21 years on the Delta Dental Board of Trustees, has been the biggest advocate of bringing ArMOM to the northeastern corner of the state.

“He exerts his influence in getting this in Jonesboro,” Delta Dental Foundation executive director Weldon Johnson said of the mayor. “He has quite a way of marketing Jonesboro, and he has helped raise awareness of oral health not just in Jonesboro but in the delta around it.”

Perrin, who knows many of the doctors who lead the ArMOM mission from his days on the Delta Dental board, also persuaded the group to provide some free dental hygiene supplies for the region’s homeless population. They were eager to oblige.

“If we can raise awareness, people hopefully will take better care of their teeth,” Johnson said.

ArMOM hosts an event in an Arkansas city each year, including Springdale, Little Rock and Monticello. Fiddler said a few contributing factors have made the turnout abnormally large in Jonesboro. The last time it was held here, it brought the largest number of patients to an ArMOM event, Fiddler said. This one created the largest amount of dental work.

“Where it lies — close to three other states — attracts people from beyond Arkansas borders,” he said. “We had people from five states plus Arkansas.”

He said the Convocation Center provides the perfect layout and resources for such an event. But he also praised Jonesboro’s community commitment.

“It’s not only the facility; it’s the facilitators,” Fiddler said. “They’re just exceptional to work with. And Arkansas State paid for the use of the Convocation Center. You can’t ask for any better hosts. It’s that simple.”

Brad Pietz, who manages the Convocations Center, said hundreds of volunteers were involved, from electricians to plumbers to forklift drivers. “Not just dental volunteers,” he said, “but people who helped move and set things up. It was something the university agreed to provide because it is for the greater good of the community.”

While the dentists and their travel parties created more than $250,000 in economic impact in Jonesboro in one week, Fiddler said they were given discounts by hoteliers and other businesses all over the city. “So the business community in Jonesboro should be congratulated too,” he said.

In the end, both Fiddler and Johnson expect to see ArMOM back in Jonesboro sooner than expected.

“We plan to be here every five years,” Fiddler said. “I’d say we’re looking at four, but maybe three, right now.”
Our third class for the General Practice Residency Program includes six residents:  

**Joshua Farr, D.D.S.**,  
Graduate of University of Missouri  
Kansas City  
Hometown: Ottawa, Kansas

**Angela Frantz, D.D.S.**,  
Graduate of University of Tennessee Health Sciences Center  
College of Dentistry  
Hometown: Manchester, Tennessee

**Dorian Price, D.D.S.**  
Graduate of Texas A&M University Baylor College of Dentistry  
Hometown: East Lansing, Michigan

**Rebecca Rogers, D.D.S.**  
Graduate of University of Maryland School of Dentistry  
Hometown: East Lansing, Michigan

**Khiem Truong, D.M.D.**  
Graduate of University of Florida College of Dentistry  
Hometown: Atlanta, Georgia

**Rosa Wu, D.M.D.**  
Graduate of University of Florida College of Dentistry  
Hometown: Orlando, Florida

Orientation began for the residents on June 19, 2017, and the program will complete on June 29, 2018, for this one-year residency. The University of Arkansas for Medical Sciences (UAMS), recognizes the importance of oral health in comprehensive health care and has engaged in interprofessional education. The residents will train, work, and learn beside other residents in a variety of medical disciplines.

Providing advanced training to the residents in treating medically compromised patients offers the opportunity to attain a level of recognition in conditions that otherwise would not be cultivated. The knowledge of hospital operation and protocol is another benefit the residents will receive while completing their residency. The residents also rotate through Arkansas Children’s Hospital and work with a pediatric team of dentists and physicians treating a wide range of medical conditions not likely seen in dental school.

Each year has been a bit different from the year before in this new residency program at UAMS. Our program has been well received, and the benefits and resources of what dentistry brings to the state and UAMS is a welcome addition for oral health education.
Providing advanced training to the residents in treating medically compromised patients offers the opportunity to attain a level of recognition in conditions that otherwise would not be cultivated.
When I accepted the position of dean at the LSU School of Dentistry in 2008, it was a dream come true to return to Louisiana and to serve in a leadership position at my alma mater. Looking back over the past eight years, the accomplishments made possible due to the support of so many is remarkable. We can all look back with pride in what has been achieved. In addition to the Advanced Clinical Care and Research Building that will be completed by the end of the year, one of the most crucial accomplishments to date is the renovation of our student pre-clinical laboratories.

In 2009 we launched the fundraising campaign to completely rebuild and transform the seventh floor student pre-clinical laboratories in the E.E. Jeansonne Clinical Building. The learning that takes place in these labs is foundational to clinical practice as this is where students learn to perfect their hand skills under the watchful eyes of faculty prior to treating patients.

The labs, built in 1972, had never been renovated. Most of the fixtures and equipment were beyond repair and there were no computers, monitors, audiovisual equipment, or digital connections. The separate simulation lab units were over
15-years old and there were not enough simulators to accommodate the current class size of 65 students. The layout of the pre-clinical and simulation labs was poor as there was no audio or visual communication between the labs, resulting in an inefficient teaching environment. The initial estimate to renovate the labs was $3.5 million in 2009. The LSU Health Foundation committed a $500,000 match to help us jumpstart the effort.

By 2014, when over $3 million had been raised, the LSU Health Sciences Center (LSUHSC) administration asked its project engineers to revisit the earlier renovation plans to provide a new estimate that would not only fund the lab renovations, but would also fund gutting the entire seventh floor and adding a lobby and classroom to improve teaching efficiency.

The much improved plan had a new price tag of $8.2 million. At this point, LSUHSC supported our efforts to approach the legislature to request a capital outlay of $4.2 million to fund the project. As over $3 million had been donated from private sources and because the project was important for student learning, the legislature approved the capital outlay. LSUHSC also contributed additional funds to move the project forward.

After years of planning and raising the funds necessary to make the new labs a reality, the result is nothing short of spectacular. The renovation is open, state-of-the-art, and offers a learning environment that is second to none. That’s not just my opinion. We have toured several alumni through the space and they too are amazed at the transformation. The members of the Council of Interstate Testing Agencies (CITA) made similar comments on their last visit. One member commented that the new simulation laboratories were the best he had seen in the organization’s jurisdiction.

To those who have contributed to this important project, thank you! If you are interested in helping, we would appreciate your support. There are many more naming opportunities available and it is my hope that more contributors will step forward to support the project. All funds raised from this point forward will be deposited into an endowed fund to ensure the labs remain in excellent condition for years to come. For more information or to contribute, please call our Office of Alumni Relations at (504) 941-8120.

I would be remiss if I did not mention the overwhelming generosity of Delta Dental of Arkansas. Their lead gift launched the campaign and was instrumental to our success. Special thanks to Dr. Ed Choate, president, for his confidence in the LSU School of Dentistry.

DEAN GREMILLION NAMED HONORARY MEMBER OF HINMAN DENTAL SOCIETY

Dr. Henry Gremillion was named an honorary member of the Hinman Dental Society this spring—congratulations on this very special recognition! He also began his term as board director of the ADEA Council of Deans at the closing session of the House of Delegates in March. In addition, Dean Gremillion welcomed those who attended the Parker E. Mahan Alumni Association Annual Meeting in New Orleans this spring; over 30 members participated in the two-day meeting.

Special thanks also to 1994 dental graduate Dr. Troy Schulman who has organized an alumni reception at the Hinman Dental Meeting since 2014. We appreciate his support and commitment to the LSU School of Dentistry over the years.

CONGRATULATIONS TO LSU GRADUATES

On May 17, the day before the LSU Health Sciences Center commencement ceremony, our 2017 graduates were honored at the 46th annual LSU School of Dentistry Recognition Day. A total of 103 students graduated from our three degree programs—64 from dentistry, 37 from dental hygiene, and two from dental laboratory technology. Of those who are graduating with a DDS, three are entering the military, 34 are entering private practice, 21 are pursuing postgraduate education, and six are undecided.

Congratulations to Dr. F. Thomas Giacona, who received the 2017 Allen A. Copping Excellence in Teaching Award. Presented to one faculty member in each of the six schools of the LSU Health Sciences Center, the Copping Award is the highest teaching recognition awarded by the university. Dr. Giacona’s significant efforts in student advocacy and his support of our educational programs are appreciated.

A special thanks to Dr. Claudia Cavallino, LSUSD alumna and president of the LSU School of Dentistry Alumni Association, for delivering the keynote address. Dr. Cavallino is a 2002 graduate of the dental program and completed the school’s pediatric dentistry program in 2004. We value her many contributions to the profession.

LSU HEALTH NEW ORLEANS AWARDED $2.5 M GRANT TO DEVELOP BETTER DENTAL FILLING MATERIALS

The National Institute of Dental and Craniofacial Research of the National Institutes of Health has awarded LSU Health New Orleans’ School of Dentistry an R01 grant in the amount of $2,465,297 over five years to develop stronger, longer-lasting dental filling materials with antibacterial properties to inhibit recurrent cavities and extend the life of the restoration. Xiaoming Xu, PhD, Professor and Head of the Division of Biomaterials,
is the principal investigator on the grant. Tooth decay is the most prevalent chronic oral disease. The treatment for cavities, known medically as caries, is to remove the decayed tooth tissues and restore teeth with filling materials such as dental composites. Currently, composite restorations have a limited service life – about five to seven years -- and their replacement accounts for 60% of dental operations.

“The leading cause for the failure of composite restorations is the development of secondary caries caused by bacterial biofilms at the restoration margin,” notes Dr. Xu, who is also Director of Biomaterials Research at LSU Health New Orleans School of Dentistry. “Another cause is bulk fractures due to the weakness of the material.”

A bacterial biofilm is a slimy layer or film containing colonies of bacteria and the sticky, substance they excrete, which allows them to attach to a surface. Biofilms are more resistant than ordinary bacteria because they contain different kinds of bacteria that stick together, and the substance they excrete also forms a protective barrier around them. The biofilms on teeth are known as dental plaque. Dental plaque uses the food and drinks people consume to produce acids that break down tooth enamel leading to decay.

Although much effort has been directed towards the development of dental materials that can inhibit bacterial biofilms and reduce secondary cavities, most have had either poor mechanical properties or an unacceptable, dark shade, such as silver-containing materials.

Dr. Xu’s group has been developing a series of novel antibacterial fluoride-releasing materials (dental composites, bonding agents and sealants) that have shown enhanced fluoride-releasing and recharge capabilities, promising antibacterial effect, and good mechanical properties or bonding strength. This new grant will support further development of these promising materials. The researchers will test a combination of new technologies that will release antibacterial agents in response to the presence of acids. These materials may also be used in sealants, crowns, and cement, as well as other dental applications.

“Our long-term goal is to develop a new generation of dental materials that have a high efficacy to inhibit oral biofilm formation as well as excellent physical and mechanical properties,” says Xu. "We expect that the novel dental materials developed in this project will have significantly longer service life and will be excellent candidates for future clinical trials."

LSU Health New Orleans Co-investigators include Dr. Zezhang Wen, Dr. Thomas Lallier at the School of Dentistry and Dr. Qingzhao Yu at the School of Public Health, along with Dr. Hyun Koo at the University of Pennsylvania.

LSU Health New Orleans School of Dentistry is the only dental school in the State of Louisiana. Three out of every four dentists and dental hygienists practicing in Louisiana today are graduates of the school. From a national perspective, LSU Health New Orleans School of Dentistry is unique among the more than 65 dental schools in the United States because it offers degrees in dentistry, dental hygiene and dental laboratory technology. By training students in all aspects of dentistry, the School offers a level of training that has resulted in a reputation for outstanding clinical education.
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Central District News

DR. WERNER SCHNEIDER

The Central District Dental Society held their second meeting of 2017 at Arthur’s Steakhouse in Little Rock on May 18, and was attended by approximately 45 dentists and guests. The guest speakers, as well as sponsors, were from the Weave company which produces a phone system that connects your office phone with your cell phone and your practice management software to create an interactive phone and scheduling system for your office. The presentation was very informative, and great food and fellowship was had by all.

The stork has been busy within the Central District in recent months. Dr. David Rainwater of Little Rock and his wife Rachel are proud to announce the birth of their third child. Molly Kate was born on March 28, 2017, weighing 7 lbs. 12 ozs. and 20 inches in length. According to David, Molly’s two big sisters, Abigail (4) and Emma (2), can’t get enough of their little sister and also states that he is officially “out manned” but loves it. Dr. Tony Tortorich’s long time office manager, Brandy McIntire and her husband Seth welcomed their second child into the family. Lucy Grace was born on May 28, 2017, weighing 8lbs. and 20½ inches long. She joins older sister Chloe (4) and gets a lot of hugs and kisses from her.

Central District News

Wedding bells have been ringing within the Central District as well. Dr. Drake Hawkins of Little Rock and his wife Melissa are proud to announce the recent marriage of their daughter. Anne-Eliise Hawkins exchanged vows with Brad Parker on March 18, 2017, at Pulaski Heights United Methodist Church in Little Rock and a reception that followed at Drake and Melissa’s home. They were able to close off the block in front of their home so that there was ample room for guests and a band and, as Drake put it, to enjoy a good old Southern wedding. After a honeymoon trip to Antigua, the couple will reside in Fayetteville where he works for Anheuser–Busch Brewing Company and she is a school counselor for Creekside Middle School in Bentonville.

Dr. Bill Harris of Little Rock and his wife Debbie are proud to announce the marriage of their daughter. Emily Harris exchanged vows with Dr. Anthony Rooney on April 29, 2017, at Christ the King Catholic Church in Little Rock. After a honeymoon trip to St. John’s Island, the couple moved to Charlottesville, Virginia, where Anthony starts an Internal Medicine Residency and Emily is employed as a speech/language therapist.

Dr. Richard Lewis of Maumelle and his wife Emily are also proud to announce the recent marriage of their daughter. Miriam Lewis exchanged vows with Daniel Wolf on May 28, 2017, at Temple B’nai Israel in Little Rock. After a honeymoon trip to Puerto Rico, the couple will reside in Cambridge, Massachusetts, where he is a neighborhood planner for the city of Cambridge and she is a geriatric social worker at Hebrew Senior Life, a Harvard Medical affiliate in Cambridge.

Dr. Blake Weber of Little Rock is proud to announce the high school graduation of his daughter. Jessica Weber graduated with high honors from the New Mexico School for the Arts in Santa Fe, New Mexico, on May 30, 2017. Among her honors was being awarded an academic scholarship from the University of New Mexico where she will be attending college this coming fall and will pursue a degree in psychology.

Dr. Laurence Howe of North Little Rock is proud to announce the graduation of his son. Thomas Anthony Howe graduated as the class salutatorian and with honors from Catholic High School in Little Rock on May 26, 2017. Among his honors was being one of eight high school students from the Little Rock area (as well as five teachers) to be recipients of the 2017 Stephens Awards that are made possible annually by The City Education Trust. The awards (funded by donations from Jackson T. and W.R. Stephens) are $5,000 scholarships to outstanding students and $8,000 cash awards to selected instructors. Thomas will be attending the University of Notre Dame this fall and is planning a degree in civil engineering.

Drs. John and Nayla Hatley are proud to announce the graduation of their twin daughters. Caroline and Maya graduated as co-valedictorians and with honors from Pulaski Academy in Little Rock on May 21, 2017. Among their honors, both were awarded Jefferson Scholars
Foundation scholarships to the University of Virginia and the first twins to ever do so. The twins were among 36 recipients out of 2,000 students nominated for the scholarships this year and the scholarships will pay for four years at the University of Virginia and are valued at $240,000 apiece for non-Virginia residents. They were also National Merit Scholarship semi-finalists and finalists and both will start in August with Maya taking a pre-medicine track and Caroline pursuing a governmental studies degree.

The five residents of the 2016/17 Graduate Practice Residency Program at UAMS themselves graduated on June 30, 2017, in Little Rock. Drs. Chad Adams and John Scott accepted positions as dental staff at Arkansas Children’s Hospital, Drs. Jack Pardo and Will Wilson are both going to Northwest Arkansas to enter into a private practice and group practice, respectively, and Dr. Alyssa Brailsford is deciding about the options she has.

A few dentists with ties to the Central District recently received some national awards. Dr. Brian Platt, son of Dr. George Platt and wife Dinah of Little Rock, who graduated from the University of Tennessee Dental School in 2016, was a recipient of the USA Section of the International College of Dentists 2016 Student Leadership Award. The award, in its 45th year of presentation, is given to a deserving senior dental student from each dental school across the country. Brian recently completed his first year and is beginning his second year of Pedodontic Residency at Baylor Dental School in Dallas, Texas.

Dr. Stephen Beestra of Little Rock and on the dental staff at Arkansas Children’s Hospital was awarded the Lawrence Chasko Award from the Special Care Dentistry Association. Stephen was nominated by a group of SCDA leaders who presented it to him at their awards ceremony in Charlotte, North Carolina, on March 10, 2017. The purpose of the award is to recognize one individual who demonstrates service to SCDA in the area of hospital dentistry that is far beyond the customary expectations of the elected or appointed positions the individual has held. This person is an individual who embodies the finest qualities of character, dedication and ethical standards exemplified by Lawrence J. Chasko.

Congratulations to both of these dentists.

Drs. Jim Penney, Rick Gore, and Richard Meyer all of Little Rock along with Jim’s son Jake and father-in-law Robert Bryant all traveled to Cordoba, Argentina, in the last week of May. They enjoyed a four-day dove shoot and the weather cooperated nicely! The food and wine were excellent as was the hunt itself. The group also went on a sight-seeing trip to one of the Eight Wonders of the World, Iguazu Falls. There were over 140 gorgeous waterfalls in the National Park where Argentina, Brazil, and Paraguay come together.

Dr. Bob Anderson of Little Rock and his wife Gaye co-hosted an Artsy Dinner Party at the Hillcrest home of chef, Paul Bash on April 8, 2017. A tour and remarks about his art collection was given by Bash as well as a four-course dinner prepared by himself and chef, Paul McGee. The dinner was purchased at the Miracle League of Arkansas Double Header fundraiser in October 2016. The dinner event was given in honor and memory of Bob’s son Chris who worked for the Miracle League and passed away approximately a year and a half ago.

Northeast District News

DR. BRETT BURRIS

The Northeast District summer business meeting will be held at the 501 Steakhouse in Jonesboro on July 27 at 6:30 pm. We would love for you to attend. Please RSVP to Heather at office@mydentalsolutions.net.

A huge thank you to all who helped make the Mission of Mercy in Jonesboro a great success. The dedication and generosity of all the volunteers and sponsors from around the state allowed us to provide the largest amount of free dental work ever done in a two-day period. A special thanks to Dr. Terry Fiddler and Dr. Thad Brown for everything they put into this event.

Congratulations to Dr. Hunter Smith and his wife Nan on the birth of their first child. Brady Allen Smith was born on May 17 at St. Bernard Hospital in Jonesboro. He was 7 pounds 2 ounces and 20 inches. Hunter, hope you guys are getting some sleep.

After practicing for 37 years, Dr. Bill Panneck sold his practice to Dr. Sarah Yarnell. Bill has joined the staff at Central Baptist Church, one of the largest churches in the Southern Baptist

Drs. Rick Gore and Richard Meyer
Convention, as The Executive Pastor. “This was the last thing I ever thought would happen,” Dr. Bill says. “But through a series of events over several months, it became clear that God was calling me to full time ministry. It was no coincidence that Dr. Yarnell just suddenly appeared and was ready to buy a dental practice. It all just quickly came together perfectly.” Dr. Bill said after serving for several weeks at his church that this is not even close to retirement. “I am more tired at the end of the day now than when I was practicing.” Dr. Bill said that the thing he will miss the most about dentistry is the great staff team he worked with to meet the dental needs of their patients. “But,” he said, “I have been really busy with the church, which has a staff of 60, and that keeps me focused on the task at hand. I was blessed to work alongside some of the best dental colleagues in the country, and I wish the very best for all of you!”

Welcome home to Dr. Sarah Phillips Yarnell. Sarah was born and raised in Lake City, Arkansas, and graduated from Riverside High School in 2001. After graduating from UT-Memphis in 2010 with her DDS, Sarah relocated to Virginia Beach, Virginia, where she gained experience in general, pediatric, and sedation dentistry in seven years of practice.

Sarah recently decided she was ready to return to NE Arkansas to settle and raise a family. Sarah met her husband Tim in Virginia Beach, where he is currently serving in the U.S. Navy. They were married in 2014, and have one daughter, Anna Grace, and two Chihuahuas, Elvis and Coco. This year, Tim will separate from the Navy after ten years of service, and the whole family is excited to come back home to Northeast Arkansas.

Dr. Brett Burris recently traveled to Emporia, Kansas, to compete in the Dirty Kanza 200. Dirty Kanza is the world’s toughest gravel bike race and consists of 207 miles of cycling the flint hills of Kansas. Brett finished the race in 14 hours and 31 minutes and finished 360th overall of 1200 competitors.

Austin Phillips celebrates his fifth year as a captain on a charter catamaran based in Tortola, British Virgin Islands. The designation of “Captain” is a recognized U.S. Coast Guard certification that requires classwork, testing, and 100 hours of on-the-job training. Austin is licensed to command a sailboat (or motor yacht) of up to 80 feet and 20 tons. His current boat is a 50-foot catamaran that sleeps eight in four separate, air conditioned staterooms! SeaTrek BVI is his employer and takes charters for one, two, or three weeks of sailing (barefoot or catered) throughout the British Virgin Islands, Tortola, Virgin Gorda, Angadaan, Jost Van Dyke as well as 50 other smaller islands and cays. Austin is a recent Hendrix graduate and can be found, when not at his summer job, waiting tables at J-Town Grill in Jonesboro.

Northwest District News

Dr. Jeremy Smith and Dr. David Baker played in the member guest golf tournament at Pinnacle Country Club on June 2.

Dwight and Dena Duckworth (Springdale) attended the AGD meeting in Las Vegas. This ended Dwight’s 15 years on the examination teams and 6 years as chair of the Examinations Council. Many are thankful for term limits! The Duckworths are going with Dwight’s folks on an Alaskan cruise on July 28, so we are possibly still on the boat as you read this! The next outing is to view the eclipse with the team in Missouri on August 21. The Duckworths wrote, “We are a very blessed family as our missionary, Alyssa, has returned to US soil from Greece and working with Syrian refugees.”
Congratulations to Dr. Broomfield on her recent wedding. On February 26 Dr. Broomfield had a beautiful beach side wedding at sunset in Costa Rica, where she wed Mr. Richie Lamb.

Dr. Will Tompkins of Fayetteville killed a 12’ 4” alligator in September, 2016, during Arkansas alligator season at Cypress Bayou Hunting Club near Millwood Lake in southwest Arkansas. He tied for longest gator of the 2016 season. It was a blast. His hunting partner is a kindergarten teacher in Springdale. He’s killed two and I’ve killed two. We always hunt together. It’s a BLAST! If you search wtompkins7 on YouTube all the videos are on there.

Southeast District News

DR. JIM MOORE

The Southeast District has had a busy spring with graduations, weddings and mission trips.

Dr. Jim Moore of Pine Bluff and his wife Connie are proud to announce the recent marriage of his son. Jim Moore III and Kristine Fugett exchanged vows on May 20, 2017, at the Inn at Carnall Hall and celebrated with a reception at the UARK Bowl in Fayetteville. The couple will reside in...
Fayetteville. Jim is an AVP/Commercial Loan Officer for Centennial Bank and Kristine is a dental hygienist for the office of Wisener, Cooper and Fergus, DDS, PA.

Dr. Susan Wamble traveled to Guatemala in May to be a part of a medical mission team from South Mississippi. The team traveled to a different remote village each day providing medical and dental care as well as giving out food, clothing, and hygiene supplies to families. As always, Dr. Wamble received a huge blessing from being able to serve such grateful and hospitable folks. She encourages everyone to go on a dental mission trip at least once in their life. It will change you for sure!

Dr. George Morrisey’s daughter Allison recently graduated with honors from Ridgway Christian High School. She plans on attending UALR this fall and plans to take prerequisites for dental hygiene school at UAMS.

Dr. Morrisey welcomes Beth Rippy and Amy Dancer as dental hygienists at his office.

Dr. Michael Clark’s daughter Samantha is in her second year of pediatric dentistry in Missoula, Montana. She recently ran a relay marathon over the Galena Summit in Idaho where the temperature was 23 degrees with three inches of snow on the ground and snowflakes the size of your hand falling continuously. This was on June 10!

Dr. Clark’s son Chris is enjoying his second year of practice in general dentistry in Cookeville and Woodbury, Tennessee. He resides in Murfreesboro, Tennessee, continuing the saga of his father, commuting over 120 miles each day!

Dr. Clark and his wife Selena just returned from a trip to New York where they enjoyed shows, way too much great food, and Dr. Clark’s favorite pass time, people watching.

Southwest District News

DR. WENDELL GARRETT

The Annual SWDDS Meeting was held June 2 at the Hot Springs Country Club. SWDDS President Dr. David Bell had invited dentists from the Hot Springs area the opportunity to attend. There was a good turnout for such a beautiful Friday.

Dr. Lary George spoke on Myth Busting Zirconia Restorations. He gave us information on how to avoid Zirconia failures. As always, Dr. George had a lot of great “take home” information. We deeply appreciate his devotion to our profession.

For the first time in my memory, Dwight Callahan was not at our meeting. He has retired leaving Regions Insurance activities to Chad Parker. Dr. Bob Mason gave an update on Delta Dental’s participation as a future Medicaid Provider. The legal portions of the program were discussed by DDAR lawyers Jim Couch and Jimmy Anthony. More definitive information will be presented by DDAR at workshops around the state in the coming months.

ADA Alternate Delegate Dr. Kristi Golden requested those attending the ADA Annual Meeting in Atlanta to contact the ASDA Office. Dr. Gene Jines gave an ARDPAC Report and its influence as well as a report on the UAMS Center for Dental Education activities. He included a discussion on the possibility of initiating a dental school in Arkansas. Dr. George Morledge followed with FFDL’s activities this past year at the dental schools and especially during the legislative session. Dr. Carl Plyler discussed the ASBDE activities in his report.

Our SWDDS President Dr. David Vammen and ASDA Executive Director Mr. Billy Tarpley covered the state and federal regulations we will be facing. We realize our ADA/ASDA dues are used wisely and serve us far better collectively than we could ever accomplish individually. Please try to attend the Fall Seminar at the Little Rock Embassy Suites. Also, take time thank your Executive Council Members, ASDA Officers and our staff. They perform a tremendous amount of activities behind the scenes to make the ASDA efficient and functional.

During the business session, Dr. Airelle Schulman from Mena was accepted into SWDDS Membership. Welcome Dr. Schulman! Also, Dr. David Alford volunteered to be President Elect as Dr. David Cole did for Secretary/Treasurer. Surprisingly there were no objections to them becoming the sacrificial lambs! Our new President Dr. Larkin Wilson will hold the whips to them.

Once again, I am fortunate to be able to contribute another article to the ASDA Journal. I want to thank each of you who have provided assistance and prayers during and for my recovery. You have no idea how many tears I cried knowing my
friends and comrades had me in your thoughts. A very special “Thank You” to Drs. Gene Jines and Dean Weddle for their hospital visits even when I don’t remember them being there.

Please remember to be thankful for our veterans and those military personnel fighting for our country, our values, and our freedom. Let’s pray God will keep them and our homeland first responders out of harm’s way. And to those who hold a special place in your heart, make certain you tell them every chance you have how much you love and care about them. There will come a day when there won’t be an opportunity. AD

Dr. Weddle served in the Army from 1971 to 1997 in Desert Shield/Desert Storm receiving the Army Service Ribbon, NTL-DES-SVC-NDL-1 Ribbon, DS-SVC-RON (1) Ribbon, Armed-SC5-RES-MDL-2 Ribbon and numerous others which I would probably mess up the numbers. (Photo by Janice McIntyre of El Dorado News Times)

Drs. Larkin Wilson, ASDA President David Vammen, and Dean Weddle present David Bell his SWDDS President Plaque.

“The Last Arkansans” at the end of the day (Front row left to right) Drs. David Alford, Ryan Hanry, Miranda Childs, Larkin Wilson, Jonathan Carington, David Vammen, Lester Sitzes, and David Bell (Back row left to right) Drs. Fred Dietrich, Carl Plyler, Billy Tarpley, Dean Weddle, Trevor Coffee, and David Cole

Dr. Dean Weddle (seated fourth from left) was one of nine veterans recognized for his military service with a Quilt of Valor from the Freedom Quilters of El Dorado (Photo by Janice McIntyre of El Dorado News Times)

Dr. Carl Plyler, Dr. Lary George, Chris Forgy of Hayes Handpiece Repair, and Joe Swartz of Green Dental Lab discuss Zirconia problems
Greetings from the Arkansas Dental Hygienists’ Association! I hope that everyone is having a wonderful summer so far!

The Arkansas Dental Hygienists’ Association has been staying busy as always and over the last few months have been a part of several wonderful community projects that you have heard me mention in previous articles.

ArDHA proudly supported the Arkansas Mission of Mercy and our members generously joined with other dental professionals who volunteered their time and dental skills to make this wonderful event a success again this year!

We were also able to participate in “Special Smiles” with Special Olympics, and provide oral health education to the Special Olympic Athletes during their summer games. This is a great opportunity to get involved in your community and there will be many other upcoming events that will greatly benefit from ArDHA members volunteering.

Our association was invited to participate in the Hero’s for Hope 5K in Conway. The race benefited CASA who has greatly helped our association with our Foster-A-Smile program. I enjoyed participating in this event with a group of the UAMS dental hygiene students. We thank our lovely “Tooth-Fairy” Leah Harrison who graced us with her presence at Heroes for Hope! We had a great time meeting all the other super heroes while handing out oral health educational materials to the children in the Conway community. This event is a great cause that has become close to my heart! Our association is so appreciative of CASA and their partnership with ArDHA!

Over the last few months I have visited both the UAFS and UAMS Dental Hygiene schools and given presentations to the students. This has been one of my overall favorite things to do and I have really enjoyed the relationships that I have made with the students over my term as president. The students are the future of our profession and I hope that they understand the great importance of staying involved and up to date on what is going on in their profession. ArDHA was honored to give the ArDHA Future Leader Award to one student from each school. This award was chosen from an essay competition and I am so proud of the two recipients Dinah Baker, UAFS, and Tiffany Myers, UAMS. They both have shown outstanding leadership qualities among their fellow classmates and I hope they continue to utilize their talents in working with our association.

Congratulations to all of the recent gradu-
ates, way to go Dental Hygiene Class of 2017! I look forward to working with all of you in the years to come!

ADHA held its annual conference in Jacksonville, Florida, June 14–19. I enjoyed attending and had a great time traveling with our vice president, Olivia Lieblong. Our delegates, Claire Vann and Shannon Turley, will be giving their official association updates at our next business meeting in September. ADHA has adopted new policies to specifically advocate for the use of lasers and telehealth in dental hygiene. ADHA will also be helping raise more awareness of childhood obesity and the harm of artificial and sugar sweetened beverages. These are topics all practicing hygienists can utilize daily to properly educate our patients. ADHA is working for us and all members should take advantage and appreciate the work our association is doing to promote and protect our profession!

ArDHA will be hosting our Annual Fall Session, Friday, September 15 and Saturday, September 16 at UAMS. I want to encourage everyone to attend. We are honored to have Shannon Turley, RDH, BS, who is one of our ArDHA Delegates, presenting a very interesting CE Biofilm Removal with Airflow by Hu-Friedy which will educate us all on the new air-polisher that has been introduced into dental hygiene practice. We will have at great line up and more speaker announcements to come so stay in touch with the ArDHA website and Facebook page.

I am nearing the end of my two-year term serving as president and can put into words what an honor this has been for me. I have enjoyed every bit of it! Thanks to all of the ArDHA Board of Trustee members for your support. I am so proud of all the ArDHA members who have gotten involved and helped accomplish so much over the last two years! I personally want to thank one very special long-term member, Donna Bailey, for the endless support she has given me from the very beginning of my term and encouraging the ArDHA to become more active. It has been an honor to work with her and I can’t thank her enough. It has been a privilege to work with her as well as every single one of our Board of Trustees members who are so dedicated to serving our profession. We are so blessed to have Lea Ann Moore as our Executive director and I appreciate all her help and direction. As always, I encourage everyone to stay active as members of your association!

UAMS Department of Dental Hygiene

MITZI EFURD, RDH, ED.D.
UAMS Department of Dental Hygiene

Graduation was held on May 20, 2017, in Verizon Arena. Thirty one students graduated with a Bachelor of Science Degree in Dental Hygiene with four students receiving an Associate of Science in Dental Hygiene. Interviews will be conducted during the month of June. Thirty four students will be selected for the fall 2017 incoming cohort. Classes for the fall semester will begin on August 17. Students will continue to participate in the interprofessional activities at the 12th Street Health and Wellness Clinic on Monday and Wednesday evenings.

The senior luncheon was held on May 11. Those receiving awards were as follows:

SIGMA PHI ALPHA HONORARY DENTAL HYGIENE SOCIETY

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JUNIOR STUDENT AWARDS

| American College of Dentists’ Award | Consuelo Cisneros |
| Arkansas Implant Study Group        | Rachel Freyaldenhoven |
| Patterson Clinical Performance      | Stephanie Kight |
| Patterson Clinical Performance      | Mikala Feemster |
| ASDHA Table Clinic Award: Alzheimer’s and Periodontal Disease | Bridget Fitzhugh, Logan Kelley, Tiffany Myers, & Makenzi Stuckwisch |
Dr. Monty C. Clark
MAY 8, 1952–MAY 9, 2017

Dr. Monty C. Clark, son of R. Randolph “Doc” Clark and Betty J. Clark, died peacefully in his sleep on May 9, 2017. He is survived by his mother, Betty J. Clark; brother, Baron C. Clark; aunt, Nancy Jane Richardson; uncle, John Robert Fewell; and various cousins.

Dr. Clark was born in Memphis, Tennessee, on May 8, 1952, graduated from Joyland Kindergarten in 1957, Overton High School in 1970, Memphis State University in 1974, University of Tennessee College of Dentistry in 1977, and was licensed to practice dentistry in 1978.

His dental career began by serving a year in the Public Health Department of Monticello, Arkansas, then buying an existing practice in Arkadelphia, and later moving to Conway in 1981 where he continued to practice dentistry until selling his practice in 2015.

Dr. Clark was a well-respected and loved dentist in Conway for the past 34 years. Dr. Clark committed many philanthropic acts including anonymously sponsoring underprivileged families at Christmas. He was a member of the Central District Dental Society, the Arkansas State Dental Association, and the American Dental Association.

Dr. Clark was an early member of the Faulkner Country Dental Study Club where he served as Secretary/Program Chairman. He also served on the Board of Trustees of the University of Tennessee Dental Alumni Association beginning in 1982 and assisted with the Mid South Dental Congress, now known as the William F. Slagle Dental Meeting, and was a member of the Conway Rotary Club.

Dr. Clark was a member of the Second Baptist Church in Conway where he taught Sunday school from time to time.

Donations in memory of Dr. Monty C. Clark may be made to the Frontaltemporal Dementia Division of Alzheimer’s Tennessee at WWW.ALZTennessee.org or by mailing to Frontaltemporal Dementia Division of Alzheimer’s Tennessee at 5801 Kingston Pike, Knoxville, TN 37919.

Dr. Joseph “J. D.” Daniel Patterson
APRIL 24, 1926–MARCH 26, 2017

J. D. Patterson, a dentist in Searcy for over 63 years, died March 26, 2017. He was a month short of his 91st birthday. Dr. Patterson moved from Heber Springs to Searcy as a child graduating from Searcy High School, from Ouachita Baptist College in 1947, and from Washington University School of Dentistry in 1952. He was drafted to the Korean War in spite of being almost deaf in his left ear. The United States Army was short of dentists and he left his young practice and new bride to serve 22 months as a 1st Lieutenant Dental Officer at Sukarain Hospital in Okinawa, Japan. He returned to Searcy in 1955 and practiced until ill health caused an early retirement at age 89 ½.

Dr. Patterson made 22 mission trips to conduct clinics for emergency pain relief in Brazil, Dominican Republic, Haiti, Panama, Chile, Guatemala, Tanzania, and Kenya. At age 82, he decided he was too old to sleep on the ground and climb riversbanks! Dr. Patterson took a total of 15 students on trips, furnishing all expenses. Four are now practicing dentists. Dr. Patterson said “Education is the best investment of all,” and paid tuition for students at 12 colleges and universities, funded scholarships at H.U. and O. B. U. and endowed biology, chemistry and the Summer Research Program at O. B. U. He was proud of his proteges’ successes including the South Vietnamese Bui Family of 12 he sponsored in 1975. In turn, the Buís sponsored over 400 immigrants to the United States. He often spoke of Dr. Paul Bao, then an undergraduate student at H. U., who he encouraged and assisted in achieving higher degrees.

Dr. Patterson is predeceased by his wife of 51 years Nancy Miller, his sister Wandasue Stiles, and his parents Dr. Jesse and Elizabeth Patterson. He is survived by his daughters, Beth (Phillip) Pemberton, Amy Patterson and Jo (Loren) DeGroat; sisters-in-law, Alice (Palmer) Terrell, Martha and Marge Miller; brothers-in-law, Richard Gatlin and Frank (Bonnie) Miller; 12 nephews, 11 nieces, and a few cousins hangin’ in there.

Funeral services were held at Valley Baptist Church in Searcy with interment at Gum Springs Cemetery. Arrangements were by Roller-Daniel Funeral Home, Searcy. The family requested donations to a favorite charity or to perform a random act of kindness. Following internment the family invited friends to join them in a huge party at Dr. Patterson’s beloved Angus farm, Southwest 40 Farms.
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