

NYSDA

AN OFFICIAL PUBLICATION OF THE NEW YORK STATE DENTAL ASSOCIATION

news

what's inside

Eye on Ethics3
Insurance fraud is a serious crime. Don't even be tempted.

An Economic Snapshot5
There's good news for dentists and not-so-good news for dental educators in today's economic figures.

Heart Patients and Antibiotics6
New guidelines reduce the number of patients who need premedication.

Association Backs Legislation to Increase Continuing Ed Hours and Expand Scope of Practice

NYSDA IS WATCHING closely progress of its legislation now before the Senate and Assembly that if passed would increase the number of hours of continuing education dentists would have to have to renew their licenses from 45 to 60. But, it would also give them the option of securing 18 of those hours through self-instructional coursework, an increase of three hours over the current maximum of 15 hours.

The legislation includes a further proposal that a minimum of three of the required 60 hours be dedicated to completion of a one-time course in dental jurisprudence and ethics. And it would mandate that dentists maintain current certification in cardiopulmonary resuscitation, or, CPR. The CPR instruction would be included in the 60 hours of acceptable formal education if it is given by an approved provider. If the dentist is physically unable to perform CPR, he or she would be required to make arrangements for someone else in the office to administer it.

The legislation, S. 3333, is sponsored by Senators Martin Golden (R-Brooklyn), Thomas Morahan (R-Nanuet), Joseph Robach (R-Rochester) and Dale Volker (R-Depew). Its Assembly sponsor (A. 6830) is Herman Farrell Jr. (D-New York City).

ORAL SURGEONS WOULD BENEFIT

A second measure backed by NYSDA seeks to expand the definition of the scope of practice of dentistry by amending the State Education Law to allow properly trained oral surgeons to perform any procedure involving hard or soft tissues in the oral and maxillofacial area. It further stipulates that the surgeon be granted privileges for such procedures by a hospital licensed by the State Health Department.

The measure, A. 07044, is sponsored in the Assembly by Joseph Morelle (D-Rochester).

California Educator, NYSDA Past President Nominated for Association's Top Awards

The NYSDA Council on Awards has sent the nominations of Arthur A. Dugoni, D.D.S., M.S.D., and Michael W. Fallon Jr., D.D.S., to the Board of Governors for its approval. Dr. Dugoni, dean emeritus of the Arthur Dugoni School of Dental Medicine at the University of the Pacific, has been nominated to receive the 2007 Jarvie-Burkhart Award, highest honor of the New York State Dental Association. Dr. Fallon was selected to receive the Association's Distinguished Service Award for 2007.

The nominations will be considered by the Board at its Semi-Annual Meeting in June in San Juan, Puerto Rico. If their selections are approved, Dr. Dugoni and Dr. Fallon will receive their awards at the Board's Annual Meeting in November in Albany.

The Jarvie-Burkhart Award recognizes outstanding service rendered to mankind through dentistry.

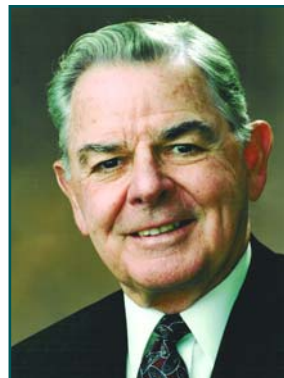
Arthur Dugoni was named dean of the School of Dentistry at the University of the Pacific in 1978 and currently holds the title of dean emeritus of the Arthur Dugoni School of Dental Medicine. He is a former president and treasurer of the American Dental Association and a past president of the American Association of Dental Schools. He currently heads the ADA Foundation.

An orthodontist from San Francisco, he was director of the American Board of Orthodontics from 1979 to 1986 and president in 1986. Since 2003, Dr. Dugoni has served as president of the American Dental Association Foundation. He also serves as honorary chairman of "Dental Education: Our Legacy—Our Future," a national effort designed to raise awareness of the challenges facing dental education in the United States and to promote a culture of philanthropy within dentistry to address these issues. And he is a founding member of the National Academies of Practice.

At the World Dental Parliament meeting of the FDI World Dental Federation in Barcelona, Spain, on October 8, 1998, Dr. Dugoni was elected to the List of Honour, the highest award the FDI can bestow on a member, an honor that is limited to 30 living members throughout the world who have made distinguished contributions to international dentistry and the World Dental Federation. At the 2001 American College of Dentists Annual Meeting in Kansas City, Missouri, Dr.



Arthur A. Dugoni



Michael W. Fallon Jr.

Dugoni received the William John Gies Award, which recognizes exceptional contributions to the profession, the community and society. This is the highest honor bestowed by the American College.

ENTHUSIASTIC CONTRIBUTOR

The Distinguished Service Award is presented to an individual who has provided outstanding service and commitment to the New York State Dental Association. Michael W. Fallon Jr. of the Fifth District was NYSDA President in 2001 and served on the Association's Board of Governors for many years.

In his 50-plus years as a member of organized dentistry, Dr. Fallon has made many contributions to the profession and oral health care as an enthusiastic contributor and volunteer. He played an integral role in initiating the landmark PGY-1 legislation, which has reformed dental licensure in New York State. And during his year as president of NYSDA, he successfully reached out to NYSDA's component districts, dedicating much of his time to expanding lines of communication between the state and local societies. He has been a member of the Executive Committee and the Council on Awards, and continues to serve on the MLMIC Underwriting/Claims Review Committee.

Dr. Fallon was recognized recently for his generous contribution to the New York State Dental Foundation. He said he was motivated to make the donation to give a "little something back" to the profession that has been so incredibly rewarding for him. ☘

NYSDA news

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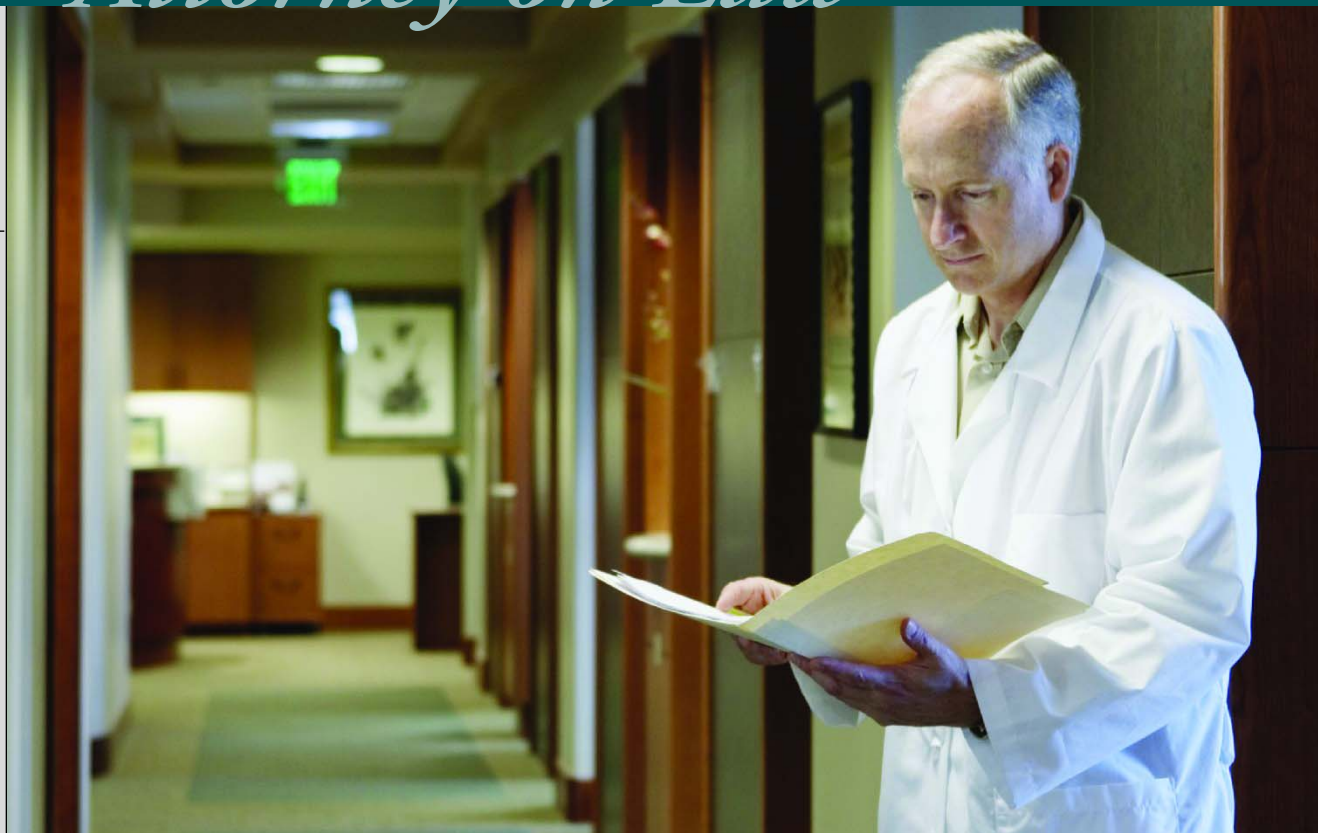
Secondhand Smoke May Cause Bone Loss In People with Periodontitis

A STUDY PUBLISHED in the April issue of the Journal of Periodontology found that subjects with periodontitis who were exposed to secondhand smoke were more likely to develop bone loss, the number one cause of tooth loss.

Researchers studied rats that were induced with periodontal disease. One group was not exposed to cigarette smoke while the other two groups were exposed to either 30 days of smoke inhalation produced by non-light cigarettes (cigarettes containing higher tar, nicotine and carbon monoxide levels) or light cigarettes (cigarettes containing lower tar, nicotine and carbon monoxide levels). Results showed that bone loss was greater in the subjects exposed to secondhand smoke regardless of whether it was smoke from light or non-light cigarettes than those who were exposed to no smoke at all.

"Previous clinical research has proven a strong positive correlation between smoking and gum disease. However, this study is unique in that it evaluated the impact of secondhand smoke on periodontitis," explained study author Getulio da R. Nogueira-Filho, D.D.S.

"This study really drives home the fact that even if you don't smoke, the effects of secondhand smoke can be devastating. Part of maintaining a healthy lifestyle should include avoiding smoke-filled places, such as nightclubs, bars and even some restaurants," said Preston D. Miller, Jr., D.D.S., and AAP president.



To Err is Human

Beware the common errors lurking in the dental practice. Some have the potential to bring you, your license and your practice down.

Margaret Surowka Rossi, J.D., NYSDA General Counsel

There are common errors dentists make that result in complaints made against them and which may produce discipline, malpractice or other actions. As a dentist, your license and your practice can be attacked from several sides: governmental agencies, patients and employees (both current and former). Below is a list of common errors you should avoid making and ways to defend against any claim you may face.

INADEQUATE RECORDKEEPING

Unfortunately, we continue to see inadequate recordkeeping as among the most prevalent problems for dentists. Failure to properly document what was told to the patient, the proposed treatment plan, advice regarding possible options or consequences, and what treatment was performed in accurate and thorough detail is the most common cause of serious problems. A dentist may have fully informed a patient of the proposed procedure and any issues that may arise, but if this conversation is not documented, a jury or an investigator is left to wonder if it ever took place.

Some of the electronic recordkeeping software programs now available may actually assist in this regard because the prompts and forms they offer may lessen the inadvertent omission of information. It is commonly a problem, for example, if the dentist does not record pocket depth measurements. Another problem is failure to document a problem and any advice you've given a patient regarding follow-up treatment.

MISHANDLING THE PROBLEM PATIENT

At some point in your practice, you have probably wondered: "Why did I accept this patient in my practice?" Or, "Why did I continue to treat this problem patient?" You knew the signs; you had the feeling from the beginning that the patient was going to be "trouble."

Perhaps it was the fact that the patient challenged your judgment and questioned you from the beginning or that he or she never treated you or your staff with respect. Perhaps it was the fact that the patient refused to follow your advice on follow-up actions. Whatever it is, there will always be patients who are a problem.

You must deal with problem patients clearly and decisively. Lay down the law. Tell the patient what you expect, and if he or she cannot accept the way you run your office and practice dentistry, terminate the patient at the appropriate time and in writing.

FAILURE TO CLEARLY COMMUNICATE TREATMENT PLAN AND COSTS

Many complaints have as their source a fee dispute. These often occur because the patient did not clearly understand the proposed treatment, the cost of the treatment and options.

Always fully explain the proposed treatment plan and fees and have the plan written out so that the patient can review it and ask questions. Don't rush a patient into a complicated treatment plan. If the patient hesitates at all, give him or her time to think it over. If the patient is not sure he or she can afford the treatment, offer options and explain any payment arrangements that might be available.

If there is ever an issue regarding collections, you will be better served if you have everything written out and the patient has signed off on the plan.

FAILURE TO CORRECT EMPLOYEE PROBLEMS

A problem employee is the root of many problems. If you have an issue with an employee, it should be addressed immediately and corrected, or, if necessary, the employee should be terminated.

Unfortunately, often, problems are not corrected immediately and they fester. Problem employees reflect poorly on the whole office. They, along with former employees, are often the source of complaints against the office. Clear, reasonable expectations should be conveyed so that there is no misunderstanding regarding the employee's performance. A documented record of problems is your best defense against a discrimination claim. ☞

The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.

Getting Creative with Insurance Forms

Insurance fraud is a high-stakes game. Your license and your freedom are at stake.

Kevin A. Henner, D.M.D.

YOUR CLOSE FRIEND has asked you to take care of the moderate dental treatment needs of his family. Unfortunately, he just lost his job and his dental insurance benefits. He is hoping you can use his prior insurance coverage, in a creative manner, to make any billing issues disappear.

Theoretically, all claims could be backdated to when the insurance was active. Several procedures could be described inaccurately and at an inflated fee to receive a higher reimbursement. A few extra procedures could be submitted, even though they were not performed, to use any remaining insurance benefit. And after all the claims had been submitted and satisfied, any remaining balance could be adjusted to make your friend's bill disappear.

Don't do it! You could lose your license and go to jail. This is insurance fraud and a serious criminal offense, which could result in significant punitive actions, including incarceration.

GOVERNING LAW AND CODE

The ADA code contains the following:
Section 5 Principle: Veracity ("truthfulness"). *The dentist has a duty to communicate truthfully.*

Section 5A Representation of Care. *Dentists shall not represent care rendered to their patients in a false or misleading manner.*

Advisory opinions 5B-1 through 5B-6;
5B.1 Waiver of Co-payment. *A dentist who accepts a third party* payment under a co-payment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected is engaged in over billing. The essence of this ethical impropriety is deception and misrepresentation; an over billing dentist makes it appear to a third party that the charge to the patient for the services rendered is higher than it actually is.*

5B.2 Over Billing. *It is unethical for a dentist to increase a fee to a patient solely because the patient is covered under a dental benefits plan.*

5B.3 Fee Differential. *Payments accepted by a dentist under a governmentally funded program, a component or constituent dental society sponsored access program, or a participating agreement entered into under a program of a third party* shall not be considered as evidence of over billing in determining whether a charge to a patient, or to another third party in behalf of a patient not covered under any of the aforementioned program constitutes over billing under this section of the Code.*

5B.4 Treatment Dates. *A dentist who submits a claim form to a third party* reporting incorrect treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaged in making an unethical, false or mislead-*

ing representation to such third party.

5B.5 Dental Procedures. *A dentist who incorrectly describes on a third party* claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such claim form is engaged in making an unethical, false or misleading representation to such third party.*

5B.6 Unnecessary Services. *A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct.*

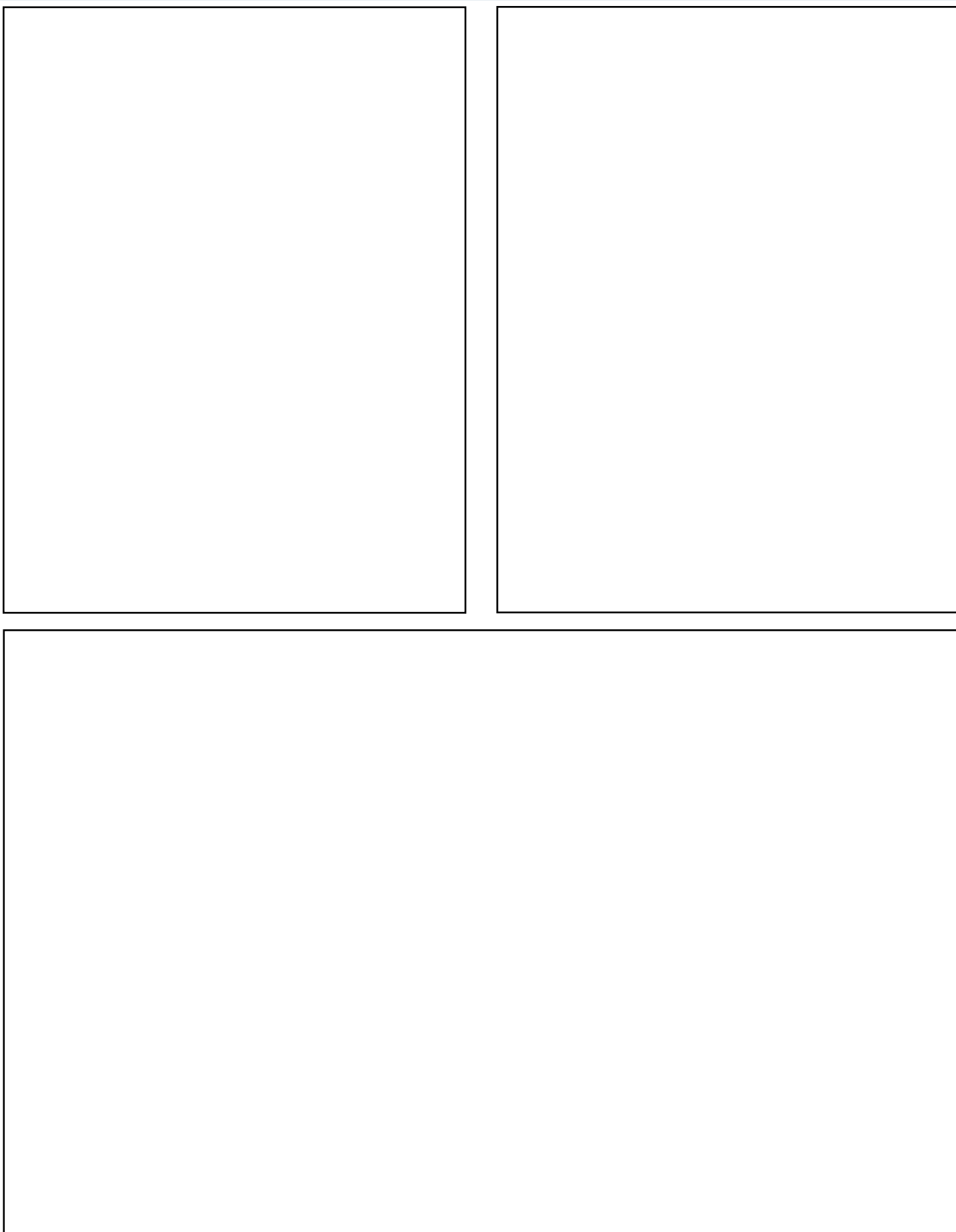
The NYSDA Code of Ethics Principle 1, Section J, and its associated advisory opinions are consistent with ADA policy.

1-J. Representation of Care and Fees. *Dentists shall not deliberately represent the care being rendered to their patients or the fees being charged in a false or misleading manner.*

ADVISORY OPINIONS

- 1. Deliberately representing treatment or fees in a false or misleading manner includes but is not limited to:
(a) performing unnecessary procedures;
(b) performing procedures unauthorized by the patient or the patient's legal representative;
(c) removing amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic sub-

continued on page 10



*A third party is a party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims and/or provide administrative services.



Managing Your Debt, *Managing Your Future*

Student loans are a boon to struggling undergraduates, but eventually they have to be paid off. Prudent steps taken before a loan is due can help ease the pain.

The average dental student graduates from college with a loan debt totaling several thousands of dollars—a sobering statistic for young people getting started in their careers. For students who are already struggling to make ends meet, all is not lost, according to financial advisors. And for students who have not yet accumulated any debt, it's never too early to start budgeting.

"If you start budgeting early, it becomes a habit," said Tracey Olsen, manager of student loan sales for Student Assistance Foundation (SAF), a nonprofit

Montana corporation that provides students with knowledge and tools to finance and pursue their postsecondary education. NYSDA has partnered with SAF to provide its members with student loan consolidation services through the New York State Dental Association Student Loan Program.

According to Ms. Olsen, a healthy financial life begins with development of a comprehensive budget. Students should begin by tracking their spending in a log book for a month or two. Later, they can draw upon the information in the book to identify their fixed expenses, such as rent and car payments, and flexible expenses, such as dining out and entertainment. At that point, they should compare their expenses with their monthly income to determine whether they need to start making adjustments to ensure a positive balance at the end of the month.

Having a positive balance at the end of the month is a step in the right direction, according to Ms. Olsen, but it's not enough. Students need to identify their goals early on—such as higher education—and begin preparing to meet them on a financial level. Given the rising cost of postsecondary education in the United States, student loans have become a popular method of funding students' investment in their future. Ms. Olsen says student loans can be useful, but, she cautions, accept financial assistance prudently. She advises that students accept grants first because they don't need to be repaid and try to supplement them with scholarships and work study programs. Only then should students begin to explore other forms of financial aid, such as loans.

Often, a student's first impulse upon securing funding for postsecondary education is to forget about it. However, Ms. Olsen says this is definitely not the time to abandon efforts to maintain a budget. She suggests that students take the opportunity to make spending and savings plans a part of their routine. Plus, she recommends that they give their loans special attention—and even pay what interest they can—so they aren't caught off guard upon graduation. "It surprises me how many borrowers we talk to who don't know how much they owe in student loans," she said.

Graduation from college is a hectic time and students' thoughts are far from focused on repaying their loans. Understandably, finding a good job, a place to live and settling in to adult life tend to take precedence. However, grace periods on loan repayments come to a halt six months after a borrower drops to less than half-time student status. All too often, making

continued on page 11

Developments in Dental Economics

Billings are up, and so are faculty openings.

H. Barry Waldman, D.D.S., M.P.H., Ph.D.

PRACTITIONER INCOME

In 2004, the average gross billing per owner dentist was \$595,340 for a general practitioner and \$829,750 for a specialist. Practice expenses accounted for 59.4% of a general practitioner's gross billings and 51.7% of a specialist's gross billings. (Practice expenses do not include shareholder salaries in incorporated practices.) The average net income for an independent private practitioner who owned all or part of his or her practice in 2004 was \$185,940 for a general practitioner and \$315,160 for a specialist. (*ADA Survey Center, personal communication, February 23, 2007.*)

CONSUMER PRICE INDEX

Developments in dental practitioner income and overhead costs of practice are reflected in consumers' costs in the purchase of dental services. In each year between 1990 and 2006, the annual percent increases in the Consumer Price Index (CPI) for dental services were greater (except for hospital services) than the annual percent increases for all other health services, including physician services, prescription drugs, nursing home services, and eye glasses and eye care.^{1,2}

The CPI is a statistical time-series measure of a weighted average of the prices of a specified set of goods and services purchased by consumers. It is a price index that tracks the prices of a specified basket of consumer goods and services, providing a measure of inflation. The index is scaled so that it is equal to 100 at a chosen point in time (the base year). All other values of the index are a percentage relative to this one. For example, a CPI value of 110 indicates that the cost of the basket of commodities is 10% higher than in the base year.

The CPI can be used to track changes in the prices of goods and services purchased for consumption by households. The basket of consumer goods is intended for tracking the prices of consumer goods and services. The list used for such an analysis would contain a number of the most commonly bought food and household items. The CPI is constructed to estimate the percentage by which money income would have to rise to allow a household to buy the same bundle of goods as in the base year. Therefore, if a family's income is \$10,000 in the base year (CPI=100), to maintain purchasing power, the family income would have to rise to \$11,000 for another year with a CPI value of 110.

In 2006, except for hospital services and prescription drugs, the CPI value for dental services (340.9, where the base years 1982-1984 equaled 100) was greater than that of all other health services.²

The reality is that dental costs are "felt" to a far great extent than all other major health services. Although approximately half of dental costs are covered by private insurance arrangements, compared to other health services, a far greater proportion of dental costs (44%) are required from out-of-pocket sources. By comparison, out-of-pocket spending for other major health services range from 3% for hospital services to 30% for prescription drugs.

Much of the difference in out-of-pocket spending for dental care is a reflection of the significant difference in government support for health services. Government agencies provide about 6% of the costs for dental care. By contrast, support by these agencies ranges from 24% for prescription drugs to 60% for nursing home care.³

VACANT PLACES IN DENTAL EDUCATION

The "fall-out" from the combination of increasing private practitioner incomes, decreasing dentist-to-population ratios, and increasing student educational debts has had a profound impact on efforts to attract dentists to careers in dental education.^{4,5} For example, from the second half of the 1990s through the early years of this decade, there were between 225 to 300

vacant, budgeted, full-time faculty positions in U.S. dental schools. In 2005, the number of vacancies increased to 450 budgeted full-time positions. (*American Dental Education Association, personal communication, February 23, 2007.*)

CHALLENGE

At some point, the continuing leading increases in the CPI for dental services could attract the attention of government officials with some perceived need for increased control. At some point, the inability to attract sufficient numbers of individuals for a career in dental education could have profound influence on the future of the profession. At some point, the profession will need to pay attention to these realities. ☘

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Dr. Waldman is distinguished teaching professor in the Department of General Dentistry at Stony Brook University.



Fewer Heart Patients *Need Antibiotics before Dental Procedures*

American Heart Association, American Dental Association Introduce New Guidelines

Based on a review of new and existing scientific evidence, most dental patients with heart disease do not need antibiotics before dental procedures to prevent infective endocarditis (IE).

According to revised guidelines from the American Heart Association (AHA), with input from the ADA, antibiotics are now recommended only for patients at greatest risk of negative outcomes from IE, including those with artificial heart valves or certain

congenital heart conditions, heart transplant recipients who develop cardiac valve problems, recipients of an artificial patch to repair a congenital heart defect within the past six months and patients with a history of IE.

The AHA's latest guidelines were published in its scientific journal, *Circulation*, in April. The guidelines apply to a range of medical and dental procedures. The ADA has published those portions of the new guidelines relevant to dentistry on its Web site, www.ada.org/goto/endocarditis, and in the June issue of the *Journal of the American Dental Association*.

For decades, the AHA recommended that patients with certain heart conditions take antibiotics shortly before dental treatment. This was done with the belief that antibiotics would prevent IE, previously referred to as bacterial endocarditis.

The ADA participated in development of the new guidelines and approved those portions relevant to dentistry. The guidelines are also endorsed by the Infectious Diseases Society of America and by the Pediatric Infectious Diseases Society.

The new guidelines are based on a growing body of scientific evidence that shows the risks of taking preventive antibiotics outweigh the benefits for most patients. The risks include adverse reactions to antibiotics that range from mild to potentially severe and, in rare cases, death. Inappropriate use of antibiotics can also lead to the development of drug-resistant bacteria.

Scientists also found no compelling evidence that taking antibiotics prior to a dental procedure prevents IE in patients who are at risk of developing a heart infection. Their hearts are already often exposed to bacteria from the mouth, which can enter their bloodstream during basic daily activities such as brushing or flossing. The new guidelines are based on a comprehensive review of published studies that suggests IE is more likely to occur as a result of these everyday activities than from a dental procedure.

The guidelines say patients who have taken prophylactic antibiotics routinely in the past but no longer need them include people with mitral valve prolapse, rheumatic heart disease, bicuspid valve disease, calcified aortic stenosis, or congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

The new recommendations apply to many dental procedures, including teeth cleaning and extractions.

The guidelines emphasize that maintaining optimal oral health and practicing daily oral hygiene are more important in reducing the risk of IE than taking preventive antibiotics before a dental visit. ☞

Prosites ad



NYS Dental Foundation and Henry Schein Cares *Accepting Applications for Donated Dental Supplies*

Through its ongoing partnership with the Henry Schein Cares program, the New York State Dental Foundation will be donating equipment and product supplies from Henry Schein, Inc., to help alleviate disparities in health care access and delivery across the state.

In the past, organizations such as the Whitney M. Young Jr. Health Center in Albany and the St. Charles Dental Hospital in Port Jefferson, on Long

Island, have benefited from the partnership and received product donations to support their work. More recently, the following groups have been recipients of products given through the Cares program: The Children's Health Fund, New York City; Family Health Network of Central New York, Inc., Cortland; Health Ministry of the Southern Tier, Corning; North Country Children's Clinic, Watertown; Upstate Cerebral Palsy, Utica; and St. Joseph's Neighborhood Center, Rochester.

The New York State Dental Foundation is currently seeking new applicants to benefit from the Henry Schein Cares program. While any nonprofit organization can apply, special consideration will be given to groups that work with underserved and at-risk populations, particularly children, minorities, the elderly and the developmentally disabled. The clinics that are selected will receive awards of product donations and supplies.

The creation of successful public-private partnerships between state agencies, global corporations and office-based practitioners can help empower the state's dental community and build a coalition committed to increasing access to oral health care. At the present time, just 16,000 dentists serve an estimated population of nearly 19 million in New York State. As a result, the state's oral health care community faces the daunting task of delivering effective care to a population with growing racial and socioeconomic diversity.

Still, the partnership that exists between Henry Schein Cares, NYSDA and NYSDF may help improve resource allocation to clinics that serve at-risk communities. In the past, the commitment of the Henry Schein Cares program to improving children's health care led to the company playing a leading role in the ADA Give Kids A Smile initiative. This event mobilized more than 10,000 dentists to provide free dental treatment to more than one million underserved children across the country. Henry Schein Cares assumed an even larger role in this year's event, which took place this past February.

"We have a long history as a socially responsible organization that has sponsored community-based programs throughout the world," said Stanley M. Bergman, chairman, chief executive officer and president of Henry Schein. "As a New York-based business, we believe in doing our part to not only help communities around the globe, but also to assist the people, community organizations and groups right in our backyard. Even though our business has grown from a Woodside pharmacy into a multi-billion dollar global corporation, we still hold true to our core beliefs and our philosophy that we can do well by doing good."

Henry Schein Cares activities are wide-ranging and international and are aimed at increasing access to dental care and promoting the well-being of the population at large. For

continued on page 16

Dental X-Rays of Carotid Artery Not Enough to Estimate Stroke Risk

DETECTION OF CALCIFIED TISSUE in the carotid artery by dental X-rays is not enough evidence to estimate a patient's stroke risk was the conclusion of a systematic literature review published in the April Journal of the American Dental Association.

Stroke is a leading cause of death and disability among adults in the U.S. According to the JADA article authors, a trend toward using panoramic X-rays to identify stroke-prone patients has become a much-debated health care issue over the past two decades.

In their literature review, the authors conducted an electronic search using 11 databases to evaluate evidence that links calcified carotid artery atheroma (CCAA) detection on panoramic radiographs and the precipitation of cerebrovascular accidents (CVA). The search identified 54 articles for the review. Only one study satisfied the authors' inclusion criteria and found no significant difference in the incidence of cerebrovascular diseases between subjects with CCAA and subjects without CCAA.

This issue is complicated because there are many risk factors that predispose a person to generalized atherosclerosis and plaque formation that also can promote the risk of cerebrovascular blockage and stroke, according to the article.

Incidental findings of CCAA on panoramic radiographs, the authors wrote, should not be the only basis for estimating risk of stroke. Risk factors such as age, smoking history, total cholesterol level, systolic blood pressure and hypertension should receive close examination.

Panoramic radiography may demonstrate that CCAAs calcify over time, but there is little evidence-based information that CCAAs are risk predictors for the diagnosis of cerebrovascular disease, they concluded.

"Further research is warranted before any recommendations can be made for or clinical guidelines developed regarding CCAAs detected on panoramic radiographs to predict a cerebrovascular accident," the authors wrote. ☞



Photo courtesy ADA News ©2007 American Dental Association

NYSDA CITED FOR MEMBER RECRUITMENT EFFORTS

NYSDA walked away with prizes at annual ADA Conference on Membership Recruitment and Retention at end of March in Chicago. Accepting award for outstanding effort in converting student members to active members are, from left: Thomas Bonomo, Suffolk County; Amie Cheeney, NYSDA staff; Lynne Halik, Seventh District and chair, Council Membership and Communications; Chad Gehani, Queens County; Jeffrey Senzer, New York County; Debra Peters, chair, ADA Council on Membership. NYSDA also received award for significant number of nonmembers recruited to membership in Association.

New Members

1st QUARTER 2007 NEW MEMBERS

DIST	NAME	CITY	DENTAL SCHOOL	YR GRAD	DIST	NAME	CITY	DENTAL SCHOOL	YR GRAD
NYC	Lucia Birkenfeld	Tenafly	Hadassah Schl of Dental Medicine	1977	05	Tarambakufa Mukurazhizha	Liverpool	Case Western Reserve Sch of Dent	1979
NYC	William Han	New York	Univ of Pennsylvania Sch of Dent Med	2006	06	Mavis Ng	Ithaca	Harvard School Of Dental Medicine	2002
NYC	Kyung Lee	New York	SUNY Buffalo Schl of Dental Medicine	2006	06	Scott Noren	Ithaca	Univ of Illinois College of Dent	1990
02	Priya Abraham	Brooklyn	Univ of Maryland	2006	06	Oreida Quinones	Endicott	Univ of Puerto Rico Sch of Dentistry	2003
02	Shakeel Ahmed	Mineola	Univ of Pennsylvania Sch of Dent Med	2001	07	Filippo Cangini	Rochester	Univ of Siena, Italy	1994
02	Michael Costa	Staten Island	New Jersey Univ of Med & Dentistry	2006	07	Patricia Carlson	Honeoye Falls	Instituto De Ensino Superior Brazil	1996
02	Garmi Gaye	Ridgewood	Meharry Med College School of Dent	1997	07	Timothy Entwistle	Webster	SUNY Buffalo Schl of Dental Medicine	2003
02	Anthony Kail	Brooklyn	New York Univ College of Dentistry	2006	07	Nour Musa	Lackawanna	SUNY Buffalo Schl of Dental Medicine	2004
02	Jean Marie Sanjurjo	Summit	New York Univ College of Dentistry	2001	08	Kristen Alexander	Williamsville	SUNY Buffalo Schl of Dental Medicine	2004
02	Shina Patel	Brooklyn	Columbia Univ College of Dental Med	2005	08	Maricarmen Justiniano	Buffalo	Univ of Puerto Rico Sch of Dentistry	2005
02	Daniel Robbin	Teaneck	New Jersey Univ of Med & Dentistry	2005	08	Yuliya Nosov	Getzville	SUNY Buffalo Schl of Dental Medicine	2006
02	Monica Tiu	Brooklyn	Baltimore College of Dental Surgery	2006	08	Joseph Salamon	Buffalo	SUNY Buffalo Schl of Dental Medicine	2006
02	George Tsangaroulis	New York	New York Univ College of Dentistry	2006	09	Joshua Ilan	Bronx	Columbia Univ College of Dental Med	2002
02	Aleksandr Vasenko	Brooklyn	New York Univ College of Dentistry	2005	09	John Keene	Hartdale	Nova Southeastern Univ	2002
02	Edmund Wun	Brooklyn	Univ of Maryland	2006	09	Elsa Mammen	Fishkill	New York Univ College of Dentistry	2006
02	Ewa Zysk	Copaigue	SUNY Stony Brook Schl of Dental Med	2006	09	Ahmed Shoukry	Rego Park	New York Univ College of Dentistry	2005
03	Christopher Arena	Watervliet	New Jersey Univ of Med & Dentistry	2004	Nas	Julie DeSimone	St James	Univ of Pennsylvania Sch of Dent Med	2006
03	Matthew Hilmi	Kingston	Fairleigh Dickinson Univ Sch of Dent	1990	Nas	Manjote Dhaliwal	New York	New York Univ College of Dentistry	2005
03	Kendra Zappia	Mechanicville	SUNY Buffalo Schl of Dental Medicine	2006	Nas	Larissa Figari	Old Bethpage	SUNY Stony Brook Schl of Dental Med	2006
04	John Murray	Saranac Lake	Virginia Commonwealth Univ Sch Dent	1988	Nas	Norman Jacobskin	Oceanside	Baltimore College of Dental Surgery	1984
05	Naveed Aman	Syracuse	Boston University Sch of Grad Dent	2005	Nas	Ronit Ostad	Jericho	New York Univ College of Dentistry	2006
05	Wenzell Carter Jr	Utica	Baltimore College of Dental Surgery	1980	Nas	Douglas Palaganas	Mineola	SUNY Stony Brook Schl of Dental Med	2003
05	Yong Chang	Lowville	SUNY Buffalo Schl of Dental Medicine	2002	Nas	Jorge Peralta	New York	Columbia Univ College of Dental Med	2004
05	Cynthia Kibiuk	Barneveld	SUNY Buffalo Schl of Dental Medicine	1989	Nas	Eugene Simons	Mineola	New York Univ College of Dentistry	2002

Eye on Ethics *continued from page 3*

stances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist;

(d) increasing fees solely because the patient is covered by insurance;

(e) reporting incorrect dates on insurance forms for the purpose of obtaining benefits;

(f) incorrectly describing a procedure to receive a higher reimbursement;

(g) indicating on an insurance claim form a fee other than that actually charged the patient; and

(h) accepting payment from an insurance company or other third party payer under a co-payment plan as payment in full without disclosing to the insurance company or other third party payer that the patient's payment portions will not be collected.

- 2. This Code does not prohibit a dentist from engaging in the normal business practice of instituting lawful service charges for unpaid balances.

- 3. This Code does not prohibit the charging of a fee to cover the administrative cost for the processing of insurance or other third party payer claim forms.

BOTTOM LINE

Regardless of your motives and intentions to help your friend and patient, you have a professional obligation and duty to deliver care in a truthful manner. Furthermore, involvement in this type of activity can result in license revocation, criminal charges and possible incarceration. Ultimately, you will not be able to use your professional skills and training, resulting in a loss to all those involved. ☹

Dr. Henner is a general practitioner from Deer Park, Suffolk County, and chair of the NYSDA Council on Ethics.

"Eye on Ethics" is prepared with assistance from NYSDA General Counsel Margaret Surowka Rossi to promote awareness of the NYSDA Code of Ethics, ADA Principles of Ethics and Code of Professional Conduct and the New York State Rules of the Board of Regents relating to professional conduct.

1st QUARTER 2007 NEW MEMBERS

DIST	NAME	CITY	DENTAL SCHOOL	YR GRAD
Nas	Jennifer Stachel	Philadelphia	Temple Univ School of Dentistry	2004
Nas	David Sukoff	Dix Hills	New York Univ College of Dentistry	2003
Nas	Jillian Weinstein	New York	Temple Univ School of Dentistry	2005
Nas	Sefik Yavuz	W Hempstead	Univ of Colorado Med Ctr Sch of Den	2006
Que	Zina Gottlieb	Rego Park	New York Univ College of Dentistry	1997
Que	Selma Kaplan	New York	Univ of Pennsylvania Sch of Dent Med	2000
Que	John Kong	Flushing	SUNY Stony Brook Schl of Dental Med	2003
Que	Christopher Mihaliotis	Flushing	New York Univ College of Dentistry	2005
Que	Ivis Pena-Getz	Bronx	New Jersey Univ of Med & Dentistry	2003
Que	Diva Puerta	Jackson Hgts	New York Univ College of Dentistry	2006
Suf	Anthony Caruso	Southampton	New York Univ College of Dentistry	2006
Suf	Glenn Familant	Huntington	Howard Univ College of Dentistry	2000
Suf	David Ieni	Dix Hills	SUNY Buffalo Schl of Dental Medicine	2001
Suf	Julie Mathew	Floral Park	SUNY Buffalo Schl of Dental Medicine	2002
Suf	Kavita Naidu	Middle Island	Boston University Sch of Grad Dent	2000
Suf	Greg Ortenberg	Smithtown	New York Univ College of Dentistry	2006
Suf	Thomas Patrie	Setauket	SUNY Stony Brook Schl of Dental Med	2005
Suf	Homa Samimi	Brooklyn	Univ of Southern Calif School of Den	2004
Suf	Bernadette Sawa	Selden	SUNY Stony Brook Schl of Dental Med	2006
Brx	Porfirio Nunez	Dix Hills	New York Univ College of Dentistry	2004
Brx	Aurelia Vanderburg	New York	Univ of Michigan	2006

Managing Your Future *continued from page 4*

loan payments proves to be too much of a burden on young adults embarking on their careers. Ms. Olsen said options such as deferments and forbearances are available to give borrowers breathing room, and consolidation of student loans also is an option. Deciding which avenues best match a borrower's circumstances is the responsibility of the borrower and his or her financial advisor.

Companies across the country offer a number of consolidation packages—some better than others. Consumers should research the companies with which they are considering doing business, compare the various benefit programs and work with a financial advisor to reach the best solution possible.

For its members looking to consolidate their student loans, NYSDA has done the legwork. The New York State Dental Association Student Loan Program offers principal reductions up to 2.75 percent and interest rate reductions up to 1 percent. The program is backed by superior customer service provided by SAE. For more information about the program, visit www.NYSDAloans.org, or call (866) 869-0580 to receive a free loan assessment from an education counselor. ☘

Photodynamic Therapy Seen as Effective Alternative Therapy for Periodontal Diseases

PHOTODYNAMIC THERAPY (PDT) may be an effective way to treat the bacteria associated with periodontal diseases and could provide a better option than antibiotics or other mechanical methods for treating these diseases, according to a new study published in the March issue of the *Journal of Periodontology*.

Researchers at São Paulo State University found that using PDT was an effective method for minimizing destruction of periodontal tissue, which can accompany treatment for periodontal diseases. In a rat population, PDT did minimal damage to periodontal tissues, in comparison to other techniques, including scaling and root planing and antibiotic therapy.

"We found that PDT is significantly less invasive than other treatments for periodontal diseases," said study author Valdir Gouveia Garcia from the Department of Periodontology at São Paulo State University. "It can provide improved dentin hypersensitivity, reduced inflammation of the tissues surrounding the teeth and allows tissues to repair faster."

PDT may be an alternative to antibiotic treatment, which is becoming increasingly important as antibiotic resistance increases. PDT involves two stages. First, a light-sensitive drug is applied to the area. Second, a light or laser is shone on that area. When the light is combined with the drug, phototoxic reactions induce the destruction of bacterial cells.

PDT was first approved by the Food and Drug Administration in 1999 to treat precancerous skin lesions of the face or scalp.

A study abstract of the JOP article "Influence of photodynamic therapy on the development of ligature-induced periodontitis in rats" can be viewed online. The full text of the study may be accessed online for \$20.00 at <http://www.joponline.org/>. ☘



Capitol Members

THE NEW YORK STATE Dental Association salutes members of its Empire Dental Political Action Committee (EDPAC) Capitol Club. Each person listed here has made a voluntary contribution of \$100 or more to the committee. They are:

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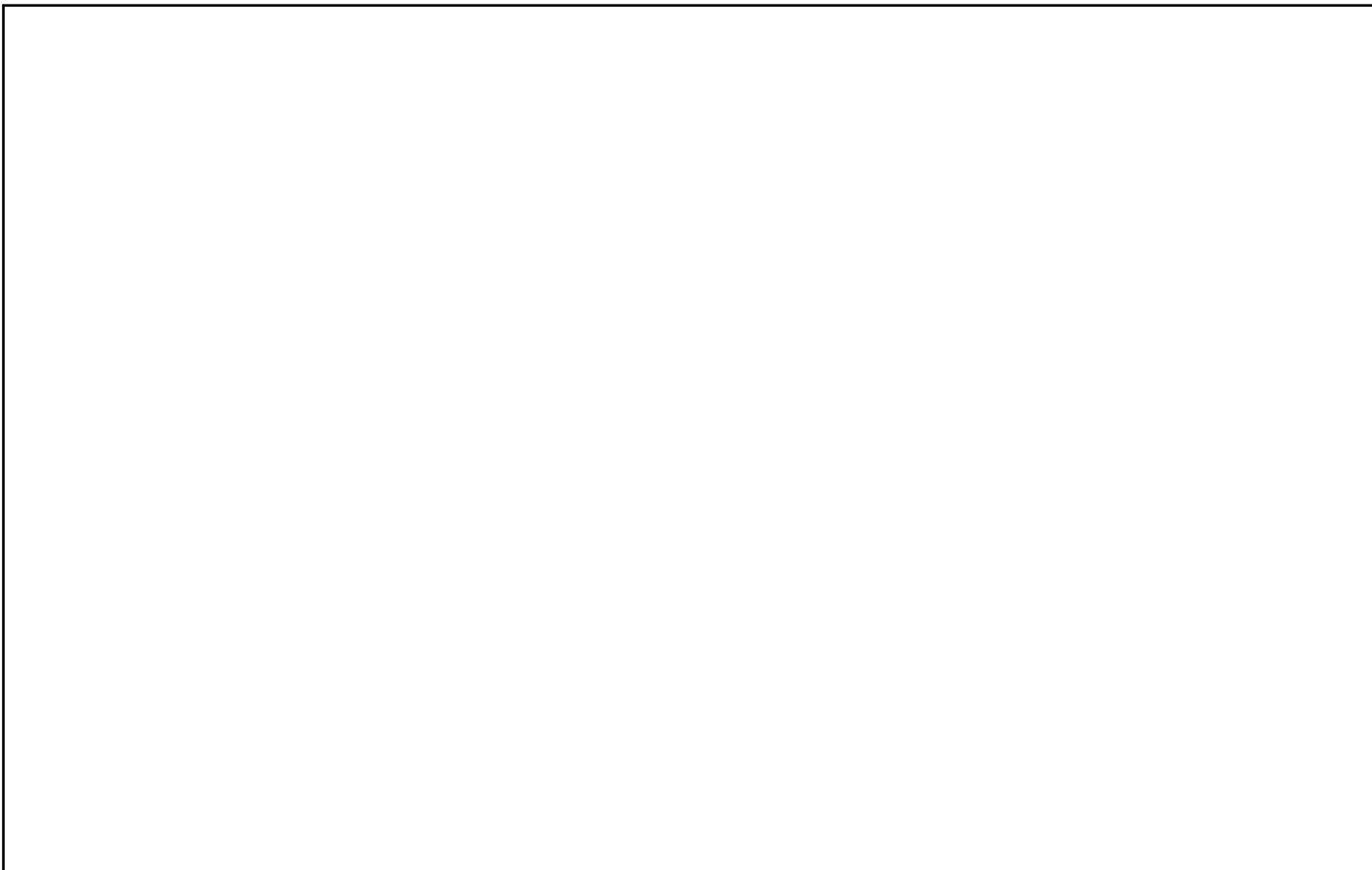
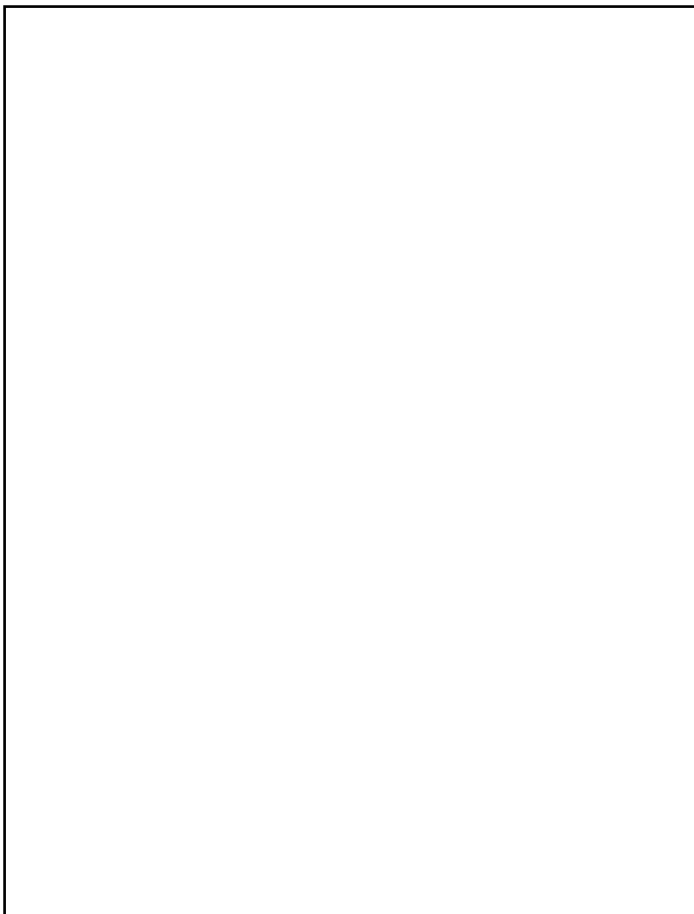
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HOME/OFFICE: Hauppauge, NY. Large 4BR Colonial in excellent condition. Corner location, good schools, low taxes. FFS, well-established (37 years) General Practice with 3 fully equipped operatories. Doctor wishes to retire. Call (631) 724-8323.

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 Rochester - \$650k collections, 5 ops.
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GENERAL DENTISTS: Full- or part-time to work in long-term care facilities and community clinics throughout New York State. Flexible days and hours. Call (914) 738-1144, ext. 29; fax (914) 738-6751; or see us on the Web at: www.dentserv.net.

WORK STRESS-FREE: How does this sound...Treat your own patients, set your own fees, do the dentistry you love to do and we do the rest. You won't be burdened with overhead or bills to pay. We are a well-established dental practice located in state-of-the-art Manhattan office, and we offer the opportunity for you to work as

much or as little as you want, with maximum flexibility. Leave the office early if you choose—even take time off—while we handle the billing, appointments, insurance forms, recalls, ordering of supplies, etc. Ideal situation for dentist looking to retire or work fewer hours. Our staff includes hygienists, prosthodontists, general practitioner and massage therapist. For more information, contact our office at (212) 697-1122. All inquiries will be held in strict confidence.

UPSTATE, NY: Beautiful, two-college town, home of Soccer Hall of Fame and 30 minutes from Baseball Hall of Fame. Seeking Associate/Partner/future buy-out. This well-established \$1M+ practice is fast paced, state-of-the-art, newly remodeled office with high tech equipment and fully computerized. Exciting opportunity for dentist to work up to potential and great area to raise a family. Experience preferred. Send or fax resume to Richard Polgar, DMD, PC., 7 Dietz St., Oneonta, NY 13820; fax (607) 432-1786; phone (607) 432-5444.

ORTHODONTIST, P/T: Westchester Co., NY. Well established, 23-year Pediatric Dental Practice needs Orthodontist with minimum 2 years experience. One day a week (10-7 or 1-7) and two Saturdays (9-3) a month. Orthodontic practice existing for 5 years. Fax resume to (914) 524-9021; or e-mail: bjmistry@optonline.net.

NASSAU COUNTY: General Dentist seeks periodontist to work in fee-for-service office, 1-2 days per month. Duties include implant placement, crown lengthening procedures, periodontal surgery, etc. Minimum 3 years experience. Call days (516) 799-1844.

ROCHESTER, NY: Pediatric associate dentist needed in growing suburban practice. Large existing patient base makes this a tremendous opportunity. Guaranteed salary to start; full benefit package, including malpractice, medical, life and disability insurance. Flexible spending account, CE allowance, 401k plan with employer match. Future ownership possible and encouraged. Please call (716) 983-3671 (cell); or e-mail twbiondo@gmail.com.

GREATER ALBANY AREA: First Advantage Dental needs full- and part-time dentists for growing practice. Generous compensation and benefits package available, and potential for ownership. Please call (781) 213-0209; or e-mail arobinson201@hotmail.com.

ROCHESTER, NY: Progressive Group Dental Practice looking for part- or full-time general dentists and specialists. Compensation based on percentage, up to \$7,000 per week potential. Call Rosemary, (585) 520-5205; or rzaepfel@rochester.rr.com.

DENTIST-UPSTATE, NY: Tired of hassles of running a business or getting runaround when its bonus time? Immediate opening for qualified dentist in growing practice. No paperwork, onsite denture lab, well trained staff! Profit sharing, 401k, paid holidays & vacations, BCBS medical. Continuing education and malpractice paid. Earn in excess of \$150k/year working for reputable family company and no extended hours. Call Jeff, (315) 281-0050; or fax (315) 336-0577.

LIVERPOOL, NY: Excellent opportunity for motivated general dentist to join established dental group. Located within full-service medical facility in scenic Central New York. We offer competitive salary plus bonus. Excellent benefits, which include CDE allowance and up to four weeks paid vacation per year. Applicants with outstanding clinical and interpersonal skills or recent grads, please forward CV to: NMC General Dentistry, 5100 Taft Rd., Ste. 3K, Liverpool, NY 13088; call (315) 452-2700; fax (315) 452-2705.

NYC: Want to slow down, retire, or losing your lease? Please consider moving to my newly renovated office with floor-to-ceiling views of Manhattan. Corner 55th St. and 6th Ave. If you have nucleus of patients and just want to concentrate on practice of dentistry without any administrative headaches, an agreement can be made to fit your needs. Front desk, assistants, hygienists and supplies will be available to you. Please call (212) 246-4420.

NEW YORK: Midtown Manhattan/ Brooklyn/Queens & Nassau Co. offices. Seeking FT or PT General Dentists/ Specialists for active, hi-volume, well-established group practice. Experience a plus. Call (888) 610-0200, ext. 238, 201, 277; or fax resume to (516) 822-2396.

NORWICH, NY: Personable general dentist needed for associate-ship/partnership opportunity in small town where people value your opinion and you can provide quality care while being well compensated. Join our modern facility with well-trained supportive staff. Live in area surrounded by natural beauty, outdoor activities and community spirit. Buy-in opportunity for right person. Call Dr. Sonny Spera, (607) 624-2962; or e-mail sspera@stny.rr.com.

FIVE BOROUGHES: Dentists needed for non-clinical administrative positions in multi-specialty dental offices located in five boroughs. Oversee all operations. Familiar with treatment planning, patient scheduling, submission of insurance claims, personnel issues, etc. Retirees welcome. Fax resume to Mrs. Munter, (516) 822-2396.

ASSOCIATESHIPS AVAILABLE

BINGHAMTON, NY AREA: Due to retirement, excellent opportunity for general dentist to join well-established, fun group with 3 GP's, 4 hygienists and great staff. Potential for partnership. Contact Ms. Butler, (607) 754-3080; or e-mail: mkjbutler@yahoo.com.

NEWBURGH, NY: Well-established, busy, quality, solo general practice seeking full-time associate who desires purchase. Owner looking forward to retirement. Experience a must. Call (845) 561-7575 evenings.

ROCHESTER, NY: Dental associate wanted 2-3 days/week with option to buy for established general and cosmetic practice. Brand new facility. Please call (585) 671-6781.

SUBURBAN SYRACUSE: Associate dentist aspiring for partnership needed. Solo practice, 2500+ patients, five computerized ops, digital X-rays. Low overhead. Fax resume to (315) 487-1639.

PEDIATRIC DENTIST: For nationally recognized Pediatric/Orthodontic office. High-quality, fee-for-service practice in Fayetteville, Syracuse area. Excellent partnership opportunity. Phone (315) 637-0169.

ROCKLAND COUNTY: Personable, talented, ethical generalist to assume 35-year practice in 3-5 years. Professional building, specialists affiliated with practice, unique opportunity. Call (845) 634-2847 evenings.

KINGSTON, NY, AREA: Associate needed to take over existing 30-year-old general dental practice. Dentist leaving state in July '07. Great potential for growth. Little money down for eventual ownership. Call (845) 594-9274.

CAPITAL DISTRICT: Seeking General and/or Specialist for well-established, progressive full-scope, multi-doctor practice. Cultural and recreational activities, excellent school districts and reasonable cost of living. Incredible compensation. Call (518) 526-0177; or fax (518) 377-0415.

MIDTOWN MANHATTAN: Quality General Practice seeking associate PT to start. Future partnership possible for right person. Three years experience preferred. Please e-mail resumes to MKlein6632@aol.com.

ENDODONTIST: Established endodontic practice in northeast Queens seeks endodontist for associateship leading to partnership or buy-out. Call (718) 224-4000.

SYRACUSE: Well-established (47 years), FFS general practice. 10 ops., modern facility. Seeking highly motivated professional for associateship leading to partnership. Candidate should be enthusiastic/highly skilled. Excellent compensation/benefits. Dr. Matthew Fiorentino, (315) 463-5627; mjfiore@tcwnc.rr.com.

BROOLYN, NY: Oral surgery practice seeks oral surgeon (BC/BE) for office practice. Call (718) 272-8300.

ALBANY, NY, AREA: Dentist/Associate, part time leading to full time in busy General Practice. Opportunity for fast-track partnership. Please contact Debra, (518) 286-3500; or fax (518) 286-3600.

QUEENS, NY: Quality practice with wonderful opportunity for hardworking, FT associate to replace retiring dentist. Eventual partnership. Send resume to (718) 229-9616.

ORAL SURGEON: Part-time associate needed for dynamic, growing, oral surgery practice in central Long Island. Competitive compensation/partnership track position. E-mail CV and contact information in confidence to: mgrace@optonline.net.

ROCHESTER, NY: Perform plenty of high-quality dentistry for high-quality patients using high-quality staff in fee-for-service office! PT or FT. The choice is yours. Contact mvdwork@rochester.rr.com.

ASSOCIATE/PARTNER: Mid-Suffolk County. General Dentist, PT. Excellent partnership opportunity. Multi-dentist office. Saturdays a must. Please call (631) 744-0202.

SUFFOLK CO.: Full- or part-time endodontist needed to join high-quality, well-established endodontic practice. Office equipped with digital radiography, paperless charting and microscopes. Reply to NYSDJ, Box #MY-502.

ONEONTA, NY: Group practice seeking full-time General Dentist. Recent grads ok. Up-to-date office with steady new patient flow. Send resume to baaronson@stny.rr.com; or call (607) 432-4621

MIDDLETOWN, NY: Established, 25-year family practice looking for associate. Join us in move to brand new office with new equipment. Excellent remuneration and opportunities. Fax CV, (904) 220-4002; or e-mail CV to peter697@bellsouth.net.

RIVERDALE: Associate wanted for Riverdale office and possible work in upper East Side office. We require quality work. You create your following and your income. Please call (718) 884-0400 or leave message.

WESTERN SUFFOLK: GP needed for new, hi-tech office. Quality, FFS, established, solo practitioner looking for PT associate. Residency or private practice experience preferred. Call (631) 462-1470.

ASSOCIATE DENTIST: Beautiful, multi-doctor office needs full- and part-time dentists. Excellent income potential. Located just 20 minutes from Saratoga, in Queensbury, NY. Call (518) 798-9561.

SARATOGA AREA: Upstate, modern, multi-doctor practice with four offices is seeking associate to complete their team. Salary \$195K, with much higher potential and buy-in possibilities. Fax confidential resume to (518) 584-8751.

FLORAL PARK, QUEENS: Dentist wanted for busy general practice. One month to fill in 3 days/week and continue part-time thereafter as an associate. Call (718) 343-3300; or e-mail: all-brightdental1@verizon.net.

PEDIATRIC DENTIST: For high-quality downtown Manhattan office in fast growing neighborhood. Excellent opportunity for growth and partnership. Please call (212) 371-2930.

ASSOCIATESHIPS WANTED

PERIODONTIST: New York Metro area. Experienced and productive with excellent skills seeking position in your GP or Periodontal office. Caring professional with outstanding chairside manner. Call (516)626-1331.

GENERAL DENTIST: 10+ years private practice experience seeks opportunity for partnership or practice purchase in Saratoga County. Excellent people skills. Please reply to NYSDJ, Box #MY-501.

Index To Advertisers

AFTCO	9
Asher, Robert	10
Bank of America	5
Blaustein & Gillen	3
Clemens Group	15
The Dental Record	9
DOCS	4
Ecker, Ecker & Assoc.	12
Endorsed Administrators	8
Epstein Practice Brokerage	3
E-Vac, Inc.	6
Great Expressions Dtl. Ctrs	13
I.C. System	3
Jacobson Goldberg & Kulb	6
Jaffe, Louis	10
Kasper, Jim	11
MLMIC	16
METASYS	11
Monroe Comm. College	5
Paragon	12
Prosites, Inc.	7
Siegelman, Louis	6
Small Smiles Dentistry	10
SUNY	12

NYSDA Council to Consider Nominees for Hallmarks of Excellence Award



Award recognizes best component effort to recruit and retain members.

The NYSDA Council on Membership and Communications is seeking nominations for the NYSDA Hallmarks of Excellence Award, which recognizes outstanding local district programs.

Program areas considered include:

- **Membership Enhancement:** Outreach programs coordinated by component districts that recruit or help retain existing members.
- **Education/Information:** Courses and publications that enhance membership and encourage

an exchange of information among members.

- **Community Service:** Programs that put a “public face” on dentistry by providing education and/or services at schools, health fairs, libraries and other community locations.
 - **New Dentist Outreach:** Initiatives that address the needs of dental students, residents and new dentists.
- All entries must be typed and include commentary and supporting documents that cover the following areas:
- Need for the program.

- How the program was implemented.
- Groups/individuals involved in developing and conducting the program.
- Budget.
- Results and how they were measured.
- Reasons why the program is considered innovative.
- Obstacles faced.
- Recommendations for improvements.

Components are responsible for nominating their own programs. A separate nomination form must accompany each entry. Do not staple or bind materials in a way that will hinder duplication.

Nominations must be post-marked by August 1, 2007, and mailed to: NYSDA, Hallmarks of Excellence, 121 State Street, 4th Floor, Albany, NY 12207. The 2007 award will be presented in November during the Annual Meeting of the NYSDA Board in Albany. ☞

NYS Dental Foundation and Henry Schein Cares continued from page 8

instance, The Charles B. Rangel Community Health Center, a public clinic that provides health care services to residents of New York's Harlem, received thousands of free flu vaccinations from Henry Schein Cares at the start of the flu season. The company also supported efforts of the Centers for Disease Control to raise awareness about the importance of providing flu vaccinations to at-risk populations. And the company donated vaccine to local health departments around the country. Two of Henry Schein's vendor partners, Becton-Dickinson Co. and Microflex Corp., also contributed immunization supplies to assist with vaccination efforts.

To receive an application for the Henry Schein Cares program, contact Laura Leon, executive director of the New York State Dental Foundation, at lbleon@nysdental.org; or call her at (518) 465-0044.

Completed applications should be mailed to Ms. Leon at the foundation, 121 State Street, 4th Floor, Albany, NY 12207. ☞