

# The Compass

Staying the Course Through Service and Education



Volume X, Issue 2, Summer 2008

## LARRY J. MOORE, DDS, MS RUNS FOR AAOMS VICE PRESIDENT

**D**r. Larry J. Moore, our AAOMS District VI Trustee and CALAOMS member, is a candidate for Vice President of the American Association of Oral and Maxillofacial Surgeons. The election will be held at the AAOMS Annual Meeting in Seattle, Washington in September 2008. Larry has served for five years on the CALAOMS Board of Directors as both a Director and Officer and as our AAOMS District VI Trustee for the past three years.

Dr. Moore graduated Cum Laude from California State Polytechnic University with a B.S. in microbiology in 1976 and was their Alumnus of the Year in 2002. He then graduated from UCLA in 1979 with an M.S. in oral biology and from UCLA School of Dentistry in



1981 with his DDS degree. Larry completed his Oral and Maxillofacial Surgery internship and residency at Harbor-UCLA Medical Center in 1984. Dr. Moore

currently practices the full scope of oral and maxillofacial surgery in his private practice in Chino Hills, California. He is a Diplomate of the American Board of Oral and Maxillofacial Surgery and has completed six years as an examiner for the ABOMS.

Dr. Moore's experience and accomplishments in organized dentistry, oral and maxillofacial surgery, advocacy and legislation as well as education and research are extensive. Larry has served as full or part-time OMS faculty at UCLA School of Dentistry for 23 years. He is Past Program Director for OMS at Harbor-UCLA Medical Center Long Beach. Larry

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**California Association of Oral and Maxillofacial Surgeons**

**Board of Directors**

**Bruce L. Whitcher, DDS**  
President (805) 541-3220  
user501968@aol.com

**Ned L. Nix, DDS**  
President Elect (408) 225-5000  
omschiefsr@yahoo.com

**Alan H. Kaye, DDS**  
Treasurer (310) 275-1134  
bonegraft@aol.com

**A. Thomas Indresano, DMD**  
Vice President/Secretary (415) 929-6649  
atindresano@acmedctr.org

**Murray K. Jacobs, DDS**  
Past President (209) 522-5238  
mkjoms@pacbell.net

**John L. Lytle, DDS, MD**  
Director (818) 952-8183  
johnlytle@earthlink.net

**W. Frederick Stephens, DDS**  
Director (626) 440-0099  
dr.wfstephens@mac.com

**Alan S. Herford, DDS, MD**  
Director (909) 558-6471  
aherford@llu.edu

**Albert W. Lin, DDS**  
Director (858) 485-1290  
alinomfs1@yahoo.com

**Pamela Congdon, CAE**  
Executive Director (800) 500-1332  
pamela@calaoms.org

**Leonard M. Tyko, DDS, MD**  
Editor (707) 545-4625  
ltyko@hotmail.com

**Steve Krantzman**  
Newsletter Production Manager  
(800) 500-1332  
steve@calaoms.org

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**Your CALAOMS  
Central Office Staff**

Your staff is here to help you with any questions about membership, continuing education courses, certification, and events. Please do not hesitate to contact us with questions or concerns at:

950 Reserve Drive, Suite 120  
Roseville, CA 95678  
Office: (916) 783-1332  
Office: (800) 500-1332  
Fax: (916) 772-9220  
Web Site: [www.calaoms.org](http://www.calaoms.org)

**Executive Director**

*Pamela Congdon, CAE*

Phone Extension: 12

email: [pamela@calaoms.org](mailto:pamela@calaoms.org)

**Information Systems Director**

*Steve Krantzman*

Phone Extension: 11

email: [steve@calaoms.org](mailto:steve@calaoms.org)

**Administrative Assistant**

*Teri Mandella*

Phone Extension: 13

email: [teri@calaoms.org](mailto:teri@calaoms.org)

**Administrative Assistant**

*Debi Cuttler*

Phone Extension: 14

email: [debi@calaoms.org](mailto:debi@calaoms.org)

**Administrative Assistant**

*Barbara Holt*

Phone Extension: 10

email: [barbara@calaoms.org](mailto:barbara@calaoms.org)

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- \* Southern California Association of Oral and Maxillofacial Surgeons
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- \* Northern California Association of Oral and Maxillofacial Surgeons
- \* Northern California Society of Maxillofacial Surgeons
- \* California Society of Oral and Maxillofacial Surgeons
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## Editor's Corner



Leonard M. Tyko, DDS, MD  
Editor of the Compass

### What Are You Doing This Summer?

I am no mountaineer. But, my now retired, senior partner, Mike Hoey is, and he has wow-ed me for years with fascinating stories about his travels both on and off the mountain. Couple this with a deep-seeded, pseudo-macho, I'm-not-too-old-to-be-manly need to prove to myself, and you'll understand why, in June, I climbed Mount Shasta.

This climb was a first for me—my first mountain, my first backpack, my first human waste containment system. Though I was intimidated by the magnitude and altitude of what I was attempting, Mike was the perfect guide. Just as he walked me through the initial stages of mountain biking and the

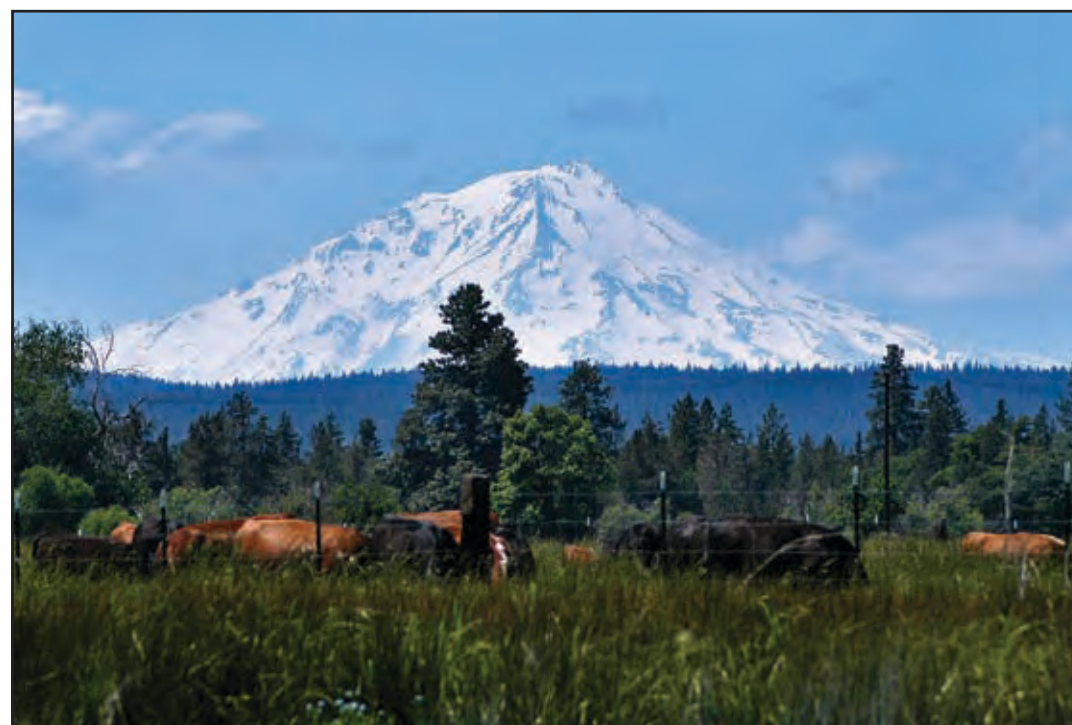
initial stages of professional practice, Mike walked me through this. And, it was great!

We spent two days on the mountain. Our first day began with a bumpy ride on a dirt road to the North Gate Trailhead. After two hours of hiking, the trail gave way to wide-open wilderness, into which Mike led the way. With 58-pound packs on our backs, we trudged through scree, scaled boulders and dispatched steep snowy inclines. When we arrived at the first of many snow banks, we anchored our heavy packs so they would not roll down the slope, and put on our crampons. Mike demonstrated how to self-arrest. Self-arresting is an important skill; it is how to stop yourself from sliding off the mountain. The maneuver is simple: When you fall, drive your ice axe into the snow and hope friction overcomes gravity. We practiced until I felt comfortable that I wouldn't careen down the mountain. Then, we hoisted our packs onto our backs and continued upward.

I spent much of this first day hunched over my ice axe, awaiting the resolution of my shortness of breath and tachycardia. We reached the site of our base camp in the mid afternoon. Our first order of business was to don more clothing to fend off the cold temperatures and biting wind. We pitched the

tent, chopped up and melted snow for water, and sat down on a large bolder for a meal of tuna fish in Ramen noodles. Mike made us "Mountain Margaritas," a blend of 151 rum and Gatorade, and we celebrated our trip thus far. The day ended with a brilliant sunset. After which, the temperature dropped even more and this sent us off to the tent for the night.

Our second day began at 03:00.



*Mt. Shasta rises majestically 10,000 feet above the surrounding area. Standing solitarily, it peaks at 14,162 feet and is the second highest mountain in the Cascade Mountain Range and the fifth highest in the state of California. This photo was taken by Steve Krantzman while fly fishing the Fall River on May 31, 2003. Heavy snow on the mountain is not uncommon this time of the year.*

Despite the early hour, it was surprisingly easy to see. The light from a night sky teaming with stars reflected off the snow and ice. We ate breakfast, drank as much hot fluids as we could hold, and then set off, up the Hotlum-Bolam glacier route. Though we now carried

smaller, lighter packs, I still found myself easily winded. Hoping that my shortness of breath was due the thin mountain air and not my lack of fitness, I did my best to keep up with Mike. The ascent was not a straight shot; the steep incline demanded walking in switch-back patterns. Hard, slick ice forced us to rock climb. The route was not easy. In fact, I had a moments of doubt, "Why aren't we there yet? Mike keeps saying we'll summit in an-

other hour, yet that was hours ago." In the midst of my most scathing mental diatribe against Mike and the mountain, we crested a steep, and may I say son-of-a-(bleep) hill, and the summit was within reach! At the site of Shasta's peak, my strength renewed. Unfortunately,

what stood between the summit and us was a giant field of ice.

Mike looked for a safe path over or around the ice. I swung my axe at the ice and attempted to penetrate the ice with my crampons, but I barely scratched the surface with my efforts. While Mike continued to explore, I sat on a snow bank and took in a magnificent view. I was amazed and proud of how far we climbed. We were in the clouds! As this reality sank in, my pride gave way to fear as I imagined falling on the ice, sliding, failing to self-arrest, gaining more and more speed, and then careening off the edge of what looked like an infinity pool. I had not let fear creep into my mind until now. Looking for reassurance, I asked Mike what we should do. He did not see a way around the ice. Then, Mike pointed to a steep, rocky area to our left and said, "that's where two local docs died."

Well, that cinched it for me. I let the primitive, let's-avoid-falling-to-an-untimely-death, part of my brain triumph over the macho bits and said, "Mike I think we should turn back." Mike agreed, and we set off to our base camp. Going down the mountain made my heart and lungs happy, but my knees and quadriceps complained bitterly. We broke camp, ate snacks, and tanked up on water and ibuprofen. We walked and walked downhill. At 9 pm, we dropped our packs into the back of my truck and drove into the beautiful town of Weed.

Thus ended a most memorable

adventure. The trip was just over a week ago; I am ready to go again. Though I did not summit, I feel proud knowing that I was beat not by altitude sickness, physical or mental weakness, but by mountain conditions. As in our group practice, Mike was an incredible teacher, friend, and leader. To the young surgeons just finishing residency, I hope you find a Mike Hoey to show you the ropes. To those of you who already have a Mike Hoey in your life, go on an adventure with him and have a great summer.

### Letter To The Editor

Dear Editor,

I recently received a phone call in my office from an Illinois-based oral surgeon. He asked if I could follow up on one of his patients now residing in my area. The patient had undergone mandibular edentulation and had 2 implants placed in the #22 and #27 positions 2 weeks prior in Chicago and was having some pain. The surgeon was polite, gave a complete history of the events and offered his sincere apology for the inconvenience. I agreed to see the patient. The patient arrived 2 weeks later and on exam I noted tenderness around one of the implants. X-rays and further inspection revealed bone loss and probable failure of fixture. The practitioner was notified of the issue and the patient decided to see if the

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## President's Message



Bruce L. Whitcer, DDS  
President, CALAOMS

**A**t this busy time of year I think we all feel extremely fortunate to be OMS's. But much like a successful OMS practice, our profession needs constant nurturing to remain viable. It seems that an ever greater effort is required every year in the area of advocacy, and this year has been no exception. To bring you up to date I have included just a few of the many issues that are being addressed by CALAOMS.

### Status of the Dental Board

The bills that re establish the Dental Board of California (DBC) as of January 1, 2009, have all passed into law and although the Board will function as a Bureau under the Department of Consumer Affairs for the next 6 months, this will make little perceptible difference to most of us. This bill package also created the Dental Hygiene Committee of California, an important aspect of last year's bill that was vetoed by the Governor. The bills also abolish the Committee on Dental Auxiliaries and transfers those functions to the Dental Board.

### Office Evaluation Program

CALAOMS works very closely with the Dental Board in the administration of the GA/CS Office

Evaluation program. Office evaluators are scheduled by CALAOMS and act as agents of the state when they perform evaluations, but they do not have enforcement responsibilities.

The actual scoring of the evaluations is done by Dental Board staff who then report the results to the Executive Officer. The DBC has indicated they would like to see expedited reporting directly to the Executive Officer in cases of exceptionally poor performance during an evaluation. The details of how this might best be done are presently the subject of discussion. As you are all aware, the Office Evaluation Program is a critical CALAOMS function and an important public safety responsibility. It is imperative that the program remain effective in this area.

### Legislation of Interest to the OMS

#### Tissue Banks

The CALAOMS Legislative Committee has been exceptionally active on your behalf this year. As most of you know, Dean Chalios of CDA has been acting as our lobbyist. We have been fortunate to have his assistance this year with a number of bills related to OMS. We were recently made aware of a little known requirement for dental practices storing allograft material to register as a tissue bank. Dean and CDA sought an exemption from this regulation for dental practices from the Department of Public Health, the entity that oversees tissue banks. Initial discussions

were not encouraging, but in the end we were successful in drafting language that was acceptable to DPH that would allow allografts to be used in individual or group dental practice settings. CDA has identified a legislative vehicle, and hopefully we will see a bill passed this session to formalize the exemption. This will save our members the substantial annual tissue bank registration fee and the inconvenience of the associated paperwork.

#### UCR Fee Disclosure

CALAOMS has been involved in negotiating amendments to SB1300, a bill that would allow managed care plans to disclose the UCR fee charged for different procedures. This could be misleading because plans set their own fees based on capitation and discounted fees. Although CDA successfully negotiated the exemption of dentistry from the provisions of the bill, OMS's that perform medical procedures would still be included. Because of this CALAOMS continues to maintain an "oppose" position on this bill.

#### Dental Credit

OMS will also be affected by SB 1633, "Dental Services - Credit".

This bill will require practices offering lines of credit from a third party such as Care Credit to provide a written treatment plan and to disclose terms of credit to the patient in writing. It would also restrict dentists from charging work not yet performed to the line of

credit without the patient's written permission. So far we have been unsuccessful in opposing the more onerous provisions of this bill.

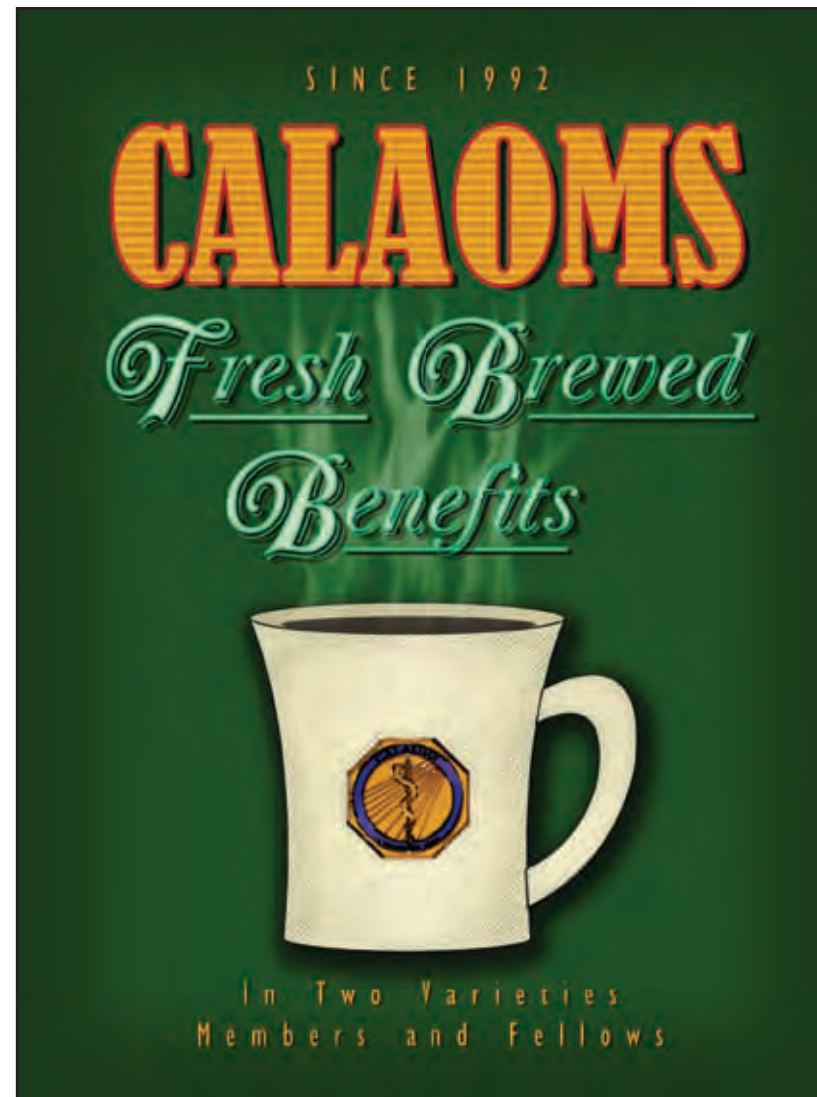
#### Anesthesia Assistants

This year, CDA sponsored legislation to reform the laws regulating dental assistants including OMS assistants. The bill creates the "dental sedation assistant" who would function as an anesthesia assistant in OMS practices. The DSA would be able to read monitors and add medications to an IV line for patients undergoing sedation in the presence of the OMS. The DSA would also be able to draw up medications and remove an IV line. Following completion of 110 hours of training the DSA would receive a specific license. Most of our discussions with stakeholders have been focused on the length of required training and how this can be provided within the OMS practice setting. The Nursing Associations recently raised objections to the bill based on concerns about patient safety. CALAOMS has indicated a willingness to accept reasonable amendments to the bill and discussions are ongoing at this time. AB 2637, the bill that would license "dental sedation assistants" is due to go into effect in January of 2010 once it is signed into law.

#### Botox and Fillers

A number of CALAOMS members have inquired about the need for a permit to perform non-surgical cosmetic procedures such as botox and fillers. The Dental Board has taken the position that these procedures are outside the scope of dentistry, but that they may be performed by OMS's who have the cosmetics permit. Procedures outside the scope of practice are not covered by professional liability insurance. We have requested additional information on this topic from The Doctor's Company and OMSNIC and this would be forthcoming. At present, CALAOMS has convened an ad hoc committee to explore ways to allow OMS's to receive training to obtain the cosmetics permit. The hope is that more OMS's will be able to receive the permit and legally perform these minor procedures.

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*Presidents Message Continued***Meetings Attended**

I was invited to the California Society of Periodontists Annual Meeting in Santa Barbara in June. The meeting featured a workshop on conscious sedation conducted by John Yagelia and included "Sim Man" exercises. A number of the periodontists I met at the meeting were quite knowledgeable about conscious sedation techniques. They also expressed a great deal of respect for OMS's and our expertise in the field of anesthesia. So far our expertise in anesthesia remains unchallenged, but of course this is nothing to take for granted.

In June I attended the Annual Meeting of the Western Society of Oral and Maxillofacial Surgeons

in Sun Valley, Idaho. Dr. Stevens and I were there to represent CALAOMS. In addition to the excellent educational program given by Mike Block and Tim Turvey, both Larry Moore and Lanny Garver gave campaign speeches outlining their vision for AAOMS. This was a great meeting and a good opportunity to meet OMS's from neighboring states. The 2009 Western meeting will be held in Carmel Valley, so I'm sure I will see many of you there.

**Our Candidate for  
AAOMS Vice President  
Larry J. Moore DDS**

By now you should have all received CALAOMS' letter supporting Larry. We are extremely fortunate to have him running as a

another practitioner. When the situation is reversed I appreciate a call and some history. Generally it is something simple, requiring little time. I always get an X-ray and document what I see and what treatment I rendered. Usually, I call the original surgeon back and give a verbal report of the event. I almost never charge for the care. This seems to work well for me.

Occasionally, I hear oral surgeons upset about seeing another surgeon's patients on follow-up. Some feel overburdened when they become repeat visitors. I submit this is the wrong viewpoint to take. In reality, this is a win-win situation. We all gain when this happens.

candidate for AAOMS office. He has served with great distinction as our AAOMS Trustee. The election of the AAOMS Vice President will be Friday morning, September 19, at the House of Delegates in Seattle. If any of you know delegates to the AAOMS House please take a moment, call them, and ask for their support.

**Conclusion**

These are just the highlights of what CALAOMS does on behalf of our profession. This is all made possible by our great staff at the CALAOMS Central Office. I could never have handled all the letters, emails and requests for information without their help. They are truly there for the members of CALAOMS.

Our brethren are protected, more people in our communities know what we are all about and the karma is positive. The problems seem to occur, in my opinion, when the lines of communication are not maintained. So when you find yourself in this situation I encourage you to put your best foot forward. Communicate with the other surgeon and care for their patient as if they were your own. Call your comrade in the other city and let them know the ins and outs on your patient now in their catchment zone. Your rewards will be substantial.

Sincerely yours,  
John L. Lytle MD, DDS

*Continued From Cover Page*

served as a UCLA research assistant in tissue transplantation prior to and during his dental school years at UCLA. For his research efforts he received the Edward H. Hatton Award for Scientific Excellence in 1978. Dr. Moore is currently the President of the American Society of Temporomandibular Joint Surgeons. He has served on or chaired multiple CALAOMS and AAOMS committees over the years with distinction. For his efforts, he was named the 2003 CALAOMS Committee Person of the Year. Larry served as a primary spokesperson before the California State Legislature for CALAOMS and the California Dental Association in our successful struggle to obtain elective cosmetic surgery privileges for Oral and Maxillofacial Surgeons in California. For these efforts he was awarded the California Dental Association's Distinguished Service Award in 2004 and was again honored in 2006 by CDA. Larry has served as a Delegate to the CDA and ADA House of Delegates and has recently been appointed to the American Dental Association's legislative team for grass roots activities in his congressional district.

Dr. Moore has identified four areas which he believes face immediate and persistent challenges to the ongoing success of our specialty: research, education, advocacy and legislation. He has developed strategies for dealing with these challenges which are sound and attainable by support of existing entities such as the OMS Foundation,

the Faculty Education Development Award (FEDA), OMSPAC and CALAOMSPAC. He also has proposals to support and protect our ability to maintain our operator anesthesia team model through education of legislators and State Boards. Other issues that Dr. Moore feels require attention are problems with health insurance companies and their sometimes abusive tactics and guidance for younger members in negotiating and contracting with insurance companies and HMOs. Last but not least, Larry advocates proactively developing carefully crafted guidelines to assure the health of the public is protected while preserving the private practice of OMS as we know it. The goal is to accomplish this in the wake of what seems to be an industry moving toward universal health care in whatever final form it may take.

So why does Dr. Moore want to serve as AAOMS Vice President? Because he wants to sustain and improve the specialty he has spent his adult life promoting and defending. Larry's background and understanding of the issues which face our specialty now and in the future along with his level headed, thoughtful, pleasant and calm nature make him the ideal candidate to lead our specialty and to represent us on the national and international level.

P. Thomas Hiser, DDS, MS  
CALAOMS Past President  
CALAOMS Long Term Delegate to  
the AAOMS House of Delegates

## Please Update Your Records!

Wow how time flies. Believe it or not CALAOMS' Central Office has been at its new location 950 Reserve Drive, Suite 120 Roseville CA, 95678 for over 16 months now.

Unfortunately, mail and packages from our members are still being sent to the old address. While we have managed to receive a few packages sent via UPS (due to the good rapport we had with our driver) the US Postal Service will no longer forward our mail.

We would hate not to receive an important communication from you! So please take a minute to make sure your paper and electronic address books are updated with the above address.

Also make sure your accounting software such as QuickBooks and/or practice management software has been updated as well, so that checks generated from these software packages will be addressed correctly.

The CALAOMS Staff  
Thanks you

## SCPIE's Risk Management Corner

### WHO IS THE DOCTOR?

The doctor-patient relationship is at the heart of healthcare delivery. But in the 21<sup>st</sup> century, this relationship is at a crossroads. The patient today is no longer simply a passive recipient of a provider's care. Although some patients still have an "I'll do whatever you say, doctor" attitude, they are in the minority. After dealing with a frustrating patient, have you ever asked yourself the question "Who is the doctor here?"

While patients have the right to make their own healthcare decisions, the doctor must never lose sight of the duty to exercise reasonable care in managing a patient's condition and course of treatment. You can never assume that things you know to be true are obvious to the patient. Although a patient may make requests for specific treatments, medications, etc. and state "I'll sign any informed consent form you want—just do it," this doesn't eliminate your liability when patient injury results.

The medical provider must always keep in mind that medical

information is not medical knowledge. Patients have access to a plethora of health information today, but they do not have the means to interpret it. Although seemingly obvious, doctors should be aware that their patients do not have the same knowledge as they do. Consider the following liability scenario:

A 25-year-old male patient was referred to Dr. A by the patient's

by *Barbara Worsley*  
*SCPIE Insurance/The Doctors Company*

general dentist for evaluation of a wisdom tooth extraction. There was a request that Dr. A perform an extraction of tooth #16, but in discussing this extraction with the patient and reviewing the patient's Panorex taken at Dr. A's office, it was apparent that the other wisdom teeth were also impacted. The decision was made by the patient to have all four wisdom teeth extracted that very day.



Dr. A obtained a detailed history from the patient, which revealed no contraindications to proceeding with the extractions. The patient suffered from no allergies, no asthma, no bleeding problems, no heart murmur, was not diabetic, and suffered no other chronic illnesses. Dr. A's notes reflected that the patient was informed of alternative treatments, including no treatment at all or treatment involving removal of less than four wisdom teeth at one time.

As the roots were curved, Dr. A recommended that surgery be performed under general anesthetic. The patient rejected the idea. He did not wish to defer the surgery to another date when he could be prepared for general anesthesia. Evidently, the patient had recently eaten and general anesthesia was not possible at that time. Dr. A later acknowledged that had the procedure been done under general anesthesia, it was likely that a nurse would have assisted and there would have been less risk of the patient inadvertently moving his head during the extractions.

The first tooth to be extracted was tooth #32. Four carpules of lidocaine, two on each side, were injected and approximately 15 minutes elapsed to achieve an adequate anesthetic result. Dr. A was halfway through the procedure going in a lingual direction when the patient suddenly jerked his head causing the drill bur to perforate the lingual plate thereby causing injury to the lingual nerve. Immediately

upon recognizing that the drill had gone deeper than anticipated, Dr. A informed the patient of what had happened and advised the patient that he must remain still. The remainder of the procedure on tooth #32 as well as the extractions of teeth #1, #16 and #17 proceeded without complication.

The dental assistant at the time of the patient's extractions testified that Dr. A tried to convince the patient to undergo general anesthesia for quite some time, but the patient refused. She stated that Dr. A preferred utilizing general anesthesia for wisdom teeth extractions especially in cases where there were four wisdom teeth and they were impacted.

The patient, a life insurance salesman, suffered complete severance of the lingual nerve resulting in severe numbness. This litigated claim settled for \$110,000.

Every day you are faced with situations in which patient expectations or demands are possibly contrary to your opinions. Have you experienced the following?

- A 52-year-old male patient wants to have his asymptomatic wisdom teeth extracted because "It's something I should have done long ago." Do you proceed?
- Upon examination of a 54-year-old morbidly obese female with very large lingual tori, you suggest that they be

removed in a hospital due to concerns about potential airway problems. Because of insurance/financial concerns, the patient insists the surgery be performed in the office. What would you do?

- A 12-year-old shows up for a scheduled extraction of tooth #22, but you discover that he has been suffering from a cold for five days. Do you reschedule the procedure per your office protocol or proceed with the extraction due to the mother's insistence that this be done because the child is going off to camp in a couple of weeks and she wants to get this done now?

- A family dentist refers a patient for a wisdom tooth extraction although the tooth is causing no pain. Cone imaging indicates the extraction to be a high-risk procedure because of the placement of the root and adjacent nerves. Do you go ahead with the procedure or, despite the dentist's recommendation and patient's wishes, advise that you "will watch" for an indefinite period of time?

All doctors are faced with the difficulties of trying to adhere to patient or patient-family directives and are many times unduly swayed into making judgments that increase their risks of trouble. Such influences cannot get in the way of sound medical judgment. In the end, keep asking yourself the question, "Who is the Doctor?"

## The Inside Track

### PAMELA CONGDON, CAE, CALAOMS EXECUTIVE DIRECTOR CELEBRATES 15 YEARS OF SERVICE



**T**alk about dedication, your Executive Director, Pamela Congdon has been with CALAOMS for 15 years as of March this year. Nine out of the fifteen years she has held the title of Executive Director.

Pam graduated from the California State University at Chico, with a degree in Fashion Merchandising and Business in 1985. Soon after she married and started a family with her husband Paul Congdon. She has two beautiful and well mannered children, Samantha, and Cameron. As her children grew, Pam came to work for NCSOMS as a part-time employee. Her abilities, talents and work ethic were soon recognized by the managing staff.

In 1999, the CALAOMS and NCSOMS Executive Director positions became vacant. Pam offered to step in and help until they could find someone to fill the positions. Although the job was offered to her, Pam was reluctant to take on the positions as her children were still young and she was unsure about working full time. She worked with then CALAOMS President Lee Heldt, DDS, MD, MS, and NCSOMS President Newton Gordon, DDS, MS. At the time, the unification of SCSOMS, NCSOMS and CALAOMS was underway, and as Pam became entrenched in this process, it became apparent that she would transition from Executive Director Pro Tem into the full-time position.

Since then under her direction, the CALAOMS central office has grown from a fledgling office into the extremely professional, well organized machine that it is today. Many of you have witnessed this change. It can be seen by her professional and well qualified staff, the increased quality of its publications/mailings, and the well run meetings hosted by CALAOMS, just to name a few of the changes. Pam and her staff are constantly looking for ways to improve the quality of services that CALAOMS offers to its members,

while decreasing expenses. More and more, items that were being farmed out to subcontractors are being brought in-house to control both quality and expense.

Those of you that have visited the old central office location, and now the new offices clearly see that CALAOMS is no longer that fledgling association. Under Pam's urging and diligence, we now have a central office that both match the appearance and prestige of the profession of Oral and Maxillofacial Surgery. Every one of you should be proud that you are part owner of these facilities, and if you have not visited them, you should.

Never one to be satisfied with the status-quo Pam not only continues to look for ways to improve the central office, she continues to improve herself. For two years Pam has taken courses and studied hard to take the Certified Association Executive (CAE) exam given through the American Society of Association Executives (ASAE). This is not an easy exam and has a significant failure rate for first time examinees. On January 22, 2008 Pam received her CAE credentials after her first exam attempt. We should all be very proud of her for obtaining this goal and representing CALAOMS in the best possible

light. She has also completed her second year of a four year program at the Institute on Management.

Her kindness, compassion, and fairness has garnished her the loyalty of both members and staff alike. The fact that staff turn over is almost non-existent can be directly contributed to Pam and is reflected by the fact that Debi Cuttler, OMSA Coordinator has 8 ½ years (part-time), Steve Krantzman, Director of IS has 8 years, Barbara Holt, Membership and GA/CS Coordinator has 6 years, and Teri Mandella, CE Coordinator has 4 years under their belts. Those members that have their own staff realize how important it is to have a competent staff that knows their job duties and do not have to have their hands held.

If you think the above mention traits make Pam a push-over, think again! Pam will fight hard and stands up for what she believes to be in the best interest of CALAOMS, its members and its staff. I for one am glad that she is on our side.

As you can imagine, she gets plenty of calls when things go wrong, but why not give her a call and thank her for everything that goes right. "Why should I thank someone for doing a job I am paying them for?", might be a question you are asking yourself. Normally, I would agree with you; but when someone puts in the extra effort, and goes well above and beyond their job duties, that call is deserved, and is one that should be made.

by Steve Krantzman

## Technology Corner

### Bits, Bytes and Other Computer Babble

**M**y Name is Steve, and I am your Director of Information Systems. I am responsible for everything computer related in the CALAOMS offices. This includes such items as our extensive database, network, website, and even publications. I take the articles that are provided to me by our Editor and compile this newsletter. I even create the graphics that accompany many of the articles. So as you can see my computer knowledge is quite diverse.

Prior to coming to CALAOMS, I taught advanced technical training classes at the adult level. Certified Netware Engineer (CNE) as well as Microsoft Office User Specialist (MOUS) Master Instructor are a few of my credentials.

Over the last several years, I have been assisting many of our members with computer related questions (from simple to complex) that arise in their office.

With the urging of Vince Farhood, DDS, I have agreed to write a series of articles, as many of you may have the same questions.

Over the next several issues, I will attempt to demystify for you some of the computer terms and jargon that you hear bantered around such as RAID, WAN, LAN, Client, Server, Backup, and why these terms should be important to you and your practice. This is even more crucial as more and more offices are moving toward practice management software. Even our x-rays, a technology that fundamentally has not change much since its inception, are moving into the digital realm.

Some of our members are fairly computer literate and know their way around a keyboard quite well. However many of you find that just staying educated on the advancements of the OMS profession leaves very little time to learn new computer technologies and skills.

My goal will be to lift some of that burden and present concepts that are clear, concise, to the point, and how your office can benefit by them.

If you have a question that you would like to see answered here, even if it is as simple as what is the difference between the photo file formats gif, jpeg, tiff, png and which is the best one to use, please email me at [steve@calaoms.org](mailto:steve@calaoms.org). I look forward to hearing from you.



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## CALAOMS Health Foundation Closes - Balance of Funds Gifted to California OMS Training Programs

In its final act of benevolence, the CALAOMS Health Foundation bequeathed its monies to the seven California OMS training programs this spring. CALAOMS Board members and committee members personally presented the checks to each training center. The gift given to each program was \$42,403.93. I was able to present the check to Dr. Anthony Pogrel, Professor and Chair of the University of California San Francisco and Dr. Brian L. Schmidt, Residency Training Director and their residents. The programs were incredibly grateful for the gifts.

The Univ. of SF stated that they will use the gift to fund resident research carried out within the department, as well as pay travel expenses for residents and purchase text books. Dr. Pogrel stated that in these days of diminishing state support, any support that the Residency Program can obtain from other sources is even more appreciated. Dr. No-Hee Park, Dean and Distinguished Professor of the UCLA School of Dentistry said that the contribution will have a profound impact on their ability to further advance our mission of excellence in teaching, research and patient care. The Community



Left to Right : W. Frederick Stephens, DDS, CALAOMS Director, presents a check to Richard D. Leathers, DDS, Los Angeles Biomedical Research Institute MLK/Drew Medical Center OMS Residency Training Director.



Left to Right : Ned Nix, DDS, CALAOMS President Elect presents a check to A. Thomas Indresano, DMD, CALAOMS Vice President/Secretary and UOP/Highland Residency Training Director and Patrick J. Ferrillo Jr., DDS, Dean Dugoni School of Dentistry.



Left to Right : CALAOMS member Mark G. Womack, DDS, presents a check to Charles J. Goodacre, DDS, MSD, Dean of Loma Linda University School of Dentistry, Alan S. Herford, DDS, MD, Director of OMS Residency training, and W. Patrick Naylor, DDS, MPH, MS, Associate Dean of Advanced Education.

Medical Center, Fresno and University of the Pacific/Highland will use the monies to support residents to attend conferences, purchase educational equipment and to hire consultants to provide CE seminars. Dr. Thomas Indresano, Professor and Chair, Department of OMS at Highland stated they will additionally use the gift to supplement the salary for a full time junior faculty in order to keep them in an academic position. Dr. Dennis "Duke" Yamashita, Director of the Advance Program in Oral and Maxillofacial Surgery at USC and Dr. Alan Herford, Chair and Program Director at Loma

Linda University both stated that the funds would be earmarked for the advancement of educational programs. Drew University, Department of Oral and Maxillofacial Surgery will use their gift to conduct education and research in the context of community service in order to train physicians and allied health professional to provide care with excellence and compassion, especially to underserved populations. All programs stated that with yearly cuts, the gift would allow them more flexibility and continuation of valuable training and educational programs.

By Leonard Tyko, DDS,MD & Pam Congdon, CAE



Front Left to Right : CALAOMS Member John M. Scaramella, DDS, presents a check to Dennis "Duke" R. Yamashita, DDS, University of Southern California OMS Residency Training Director, with members of the training program in attendance.



3rd from Right to Left : Leonard M. Tyko, DDS, MD, CALAOMS Health Foundation President and Compass Editor, presents a check to Tony Pogrel, DDS, MD, University of California San Francisco OMS Professor and Chair, Brian L. Schmidt, DDS, MD, PhD, FACS, Residency Training Director, with members of the training program in attendance.



3rd from Left to Right : CALAOMS Past President Gerald Gelfand, DMD, presents a check to Earl Freymüller, DMD, MD, University of California Los Angeles OMS Residency Training Chair, with members of the training program in attendance.



Right to Left : CALAOMS Immediate Past President Murray K. Jacobs, DDS, presents a check to Robert Julian III, DDS, MD, Community Medical Center - Fresno OMS Residency Training Director, with faculty, staff and members of the training program in attendance.

## The Paperless Office - Or should that be rather "paper less" ?



By Daniel E. Levin, DDS

So what's so special about 1984? There was a book written about it. We had our first female vice president candidate. And in and around that time (+ or -) AAOMS came out with their very first office computer program. I personally did not purchase it but from what I understand, it had a few bugs, to say the least. Of course most software programs at the time had a few bugs and it really was a buyer beware environment.

I started out in the early 1980s with an AlphaMicro program that believe it or not still exists as AlphaDent. It was run by their branded operating system (alpha micro) and for the most part did what it was supposed to do. A few years later I started with a small company running Unix known as MicroDesigns. This was more oral surgical oriented rather than a general dental program. This company eventually morphed to a Windows based graphic systems and has subsequently been sold and resold, named and renamed to Practice Works. Over the last 15-20 years I have had the opportunity to see the evolution of these computer wonders which finally brings us to the topic of the paperless office, or better "paper less".

Prior to computers, record keeping was a mishmash of index cards and peg board receipts. Today's modern computer programs totally organize the accounts, while for the most part minimize the repetitive, boring parts of

our businesses. The digital record is just a natural evolution to what can be done.

My experience is entirely with Practice Works and I suspect other companies offer similar products. I converted my office in January 2007 to the digital record. It did require Microsoft Office 2003 and to be most efficient, a tablet PC. Office 2003 allows standard Word documents to be converted to a digital form (don't ask me what this involves). All I know for sure is that this allows you to create a template with multiple variables (drop downs selections, radio buttons, check boxes, etc.) and well as a digital signature. This template generation requires time to do but after you do one or two of them, the process goes fairly well. The goal is to have a variety of templates that can include multiple types of consents, encounter forms, patient instructions and general forms that can be viewed on your tablet and filled in with the stylus. These forms are saved on the server and can be reviewed at any time and on any connected computer without the need of a patient's written chart. In addition, in my office all important correspondence is scanned into the patient's chart as well. Some of the documents can have links for graphics such as panorex and photos. Of course the downside is time. The more complete the document, the more time it takes to download to your wireless tablet. But the upside is near instant patient information, even when your front desk tells you that they can't find the chart!

In my practice, our patients are given the opportunity to complete their registration/past medical history online which is then magically integrated to their chart. At the consultation, I click and send forms wireless into cyberspace somewhere and they just show up again in the patient's chart. These consultation forms typically include the encounter (e.g. pathology), consent for a procedure and coding. After an office procedure, a short-op note form is completed and if necessary, an operative report. All forms are signed either directly on the tablet PC or via a signature pad. The patients also signs forms digitally through the

signature pad. One very cool program Practice Works offers is their digital anesthesia module. Through a serial connection from my Criticare monitor, all patient vitals are sent to this form and the result is a graphic presentation of BPs, pO2, CO2, and pulse. EKG tracing snapshots can also be taken. The anesthesia module also includes pre and post-op templates that can complete the form.

One major advantage of using a tablet PC over a standard PC is the ability to actually handwrite onto the chart/form when necessary. The tablet is also fairly convenient to hold and the patients really think it is high tech!

The digital record is not without its problems. As I mentioned before, it takes a fair amount of time to actually create your templates. There is a time factor to load the template wirelessly to your computer, sometimes in excess of 1 minute. You need to learn to trust the technology. We are all very comfortable with the written chart and this is something very different. There is a cost investment. It is not huge but it is something. And finally, if the server ever goes down, you are, lets say somewhat delayed. To mitigate this problem, be sure to have good back ups. You can also, if you don't tell anyone, actually print your forms as they are completed and put them in a standard chart. That's why they call it "paper less".

At about the same time I started to convert to the "paper less" office, I was recertifying my office accreditation with the AAAHC. I had done this recertification 3 times previously but this time I got a letter from the AAAHC wanting to know about a written action plan I had to correct my poor penmanship. To say that my handwriting is poor is actually an understatement. There are times that even I can't read it. Fortunately, I advised them about the digital record where most everything is a legible printed and filled out form. This more than satisfied their inquiry. The ability to easily read and be able to follow your thought pattern is probably the most important consideration. Not only is this professional but it enhances your risk management in the event of a lawsuit.

It's my hope that some day soon I will 100% completely trust the technology (I am very close) and truly become the paperless office.

## Alert Regarding General Anesthesia Permits and Licensing

It has come to the attention of CALAOMS that applications for Dental Licenses and General Anesthesia Permits, as well as renewals, are taking an extremely long time to be processed by the Dental Bureau. First the Dental Board was sunsetted and moved its offices to its parent agency, The Department of Consumer Affairs, and became the Dental Bureau. Second the Bureau had a turnover of staff personnel. Lastly the Bureau has been greatly affected by the recent state budget crisis which initiated the layoff of several staff members and eliminated all overtime.

CALAOMS highly recommends that if you are applying for a new license or permit, or if you are renewing a license or permit, you send your documents by certified mail with a return signature required. We also recommend that you keep copies of what you send and make a note of when you mailed the forms. You may also want to let CALAOMS know when and what you have sent to the Dental Bureau so we may monitor the and possibly assist with expediting the process.

If you have any questions, comments or concerns please contact Barbara Holt at the CALAOMS Central Office, 800 500-1332.

## CALAOMS NEWS RELEASE: "Smiles of Ukraine"

**C**ALAOMS Member, Dr. Jeff Moses and past Assemblywoman, Hon. Patricia Hunter R.N. led team members, Dr. David Hoffman, Dr. Paul Hertzberg, Dr. Igor Tarlo, Mrs. Maribel Moses, and Nurses Myrna Allen and Barbara Mullen in a revisit to the Mechnikov Regional Medical Hospital in Dnepropetrovsk, Ukraine this past May, 2008. The "Smiles of Ukraine" mission clinic, established in September of 2005 with biannual visits, treats orphan and underprivileged children afflicted with Cleft Facial Deformities and works with host surgeons and nurses to enhance their surgical techniques for complete and longitudinal care for the children of the regions.

In addition to providing diagnosis and treatment plans for the 45 children added to the previous 150 previous cases from previous missions to this location, over 40 surgical reconstructive procedures were performed on 17 children. \$50,000 worth of new surgical instrumentation was donated to the host clinic site made possible through generous matching grant monies of \$25,000 raised by the Rotary Clubs of Carlsbad and Mission Bay, in San Diego, California.

Gratitude is given to the KLS Martin and the Stryker Leibinger Cranio-maxillofacial corporations for their charitable reduction in purchase prices. Additional recognition is given to the Variety Children's Lifeline and the Smiles International Foundation as well as the Smile Train for financial assistance for the team logistics.

A valuable by-product of television and news-press coverage involving the local Ukrainian Rotary Club's receiving the USA Rotary club's matching grant equipment and then awarding it to the local hospital, was the increase in the region's population's awareness of the upgraded facility and the availability of pediatric cleft surgical treatments. The Ukraine's Regional Deputy of Medical Services verbally urged the press media to spread the news in order to reduce the frequency of parental placement of their children suffering with these facial clefts into the state orphanage system.

Several success stories of children restored to their original families followed the conference in subsequent interviews.



*Orphan Patient #1 Preop*



*Post-op*

The Smiles International Foundation hosted a C.M.E. conference featuring Dr. Hoffman for further education of the host surgeons at the Mechnikov Hospital Grand Rounds on the topic of local facial flap reconstructions following Mohs surgical excision of facial carcinoma.

Persons interested in Surgical Mission care abroad should contact Dr. Jeff Moses at [www.SmilesInternationalFoundation.org](http://www.SmilesInternationalFoundation.org) and register as a volunteer, or email directly to: [DrJeffMoses@yahoo.com](mailto:DrJeffMoses@yahoo.com)



*Cleft Patient #2 Preop*



*Post-op*



*Dr. Igor Tarlo, Dr. Alexei Komok, Dr. David Hoffman, Dr. Anatoly Komok, Dr. Jeffrey Moses, Dr. Oleg Maleyovich*

## CALAOMS Goes Green

Over the next several months, CALAOMS will be developing and implementing a green eco friendly plan in its strides to help conserve our planets natural resources. One of those steps is to minimize faxes sent to the membership. In a recent survey of the membership, a vast majority of the respondents indicated that they would prefer to be contacted by Email as opposed to Fax. The benefits are obvious. By sending emails, members can choose to print, delete, or archive the emails (no lost faxes). This both cuts down on paper use and frees up your fax machine for more business critical transmittals. Another step is that CALAOMS has purchased a CD/DVD publisher so that CE presentation handouts can be delivered in PDF format both on CD/DVD disc, as well as on-line for meeting attendees. We hope that you will both encourage and support our goals in obtaining a greener central office. *The CALAOMS Board of Directors and Central Office Staff*



### American Board of Oral and Maxillofacial Surgery

Congratulations to the following OMS from California who are new 2008 Diplomates to the American Board of Oral and Maxillofacial Surgery. The list includes:

*Craig X. Alpha, DDS*  
*Moris Aynchi, DMD, MD*  
*Sarah D. Davies, DDS, MD*  
*Matthew Dudziak,*  
*David C. Hall, DDS*  
*Victor Ho, DMD*

*Ali Iranmanesh, DDS, MD*  
*Nora Kahenasa, DDS*  
*David Montes, DDS*  
*Marlice Patam, DDS, MD*  
*Rick J. Rawson, DDS, MS*  
*Anthony J. Rega, DDS*

*Gregory R. Urfrig, DMD*  
*An H. Vuong, DDS, MD*  
*Eric M. Wallace, DDS*  
*Thomas Ying, DDS*

*Certification by the ABOMS is the "crowning achievement in the educational process because it indicates that an individual who has attained this recognition cares about defining and improving their level of knowledge," stated ABOMS Past President Dr. Edward Ellis III.*

## Upcoming Events For Fall 2008

<b>AAOMS Annual Meeting</b> September 16-20, 2008	Seattle, WA	<b>Medical Emergencies</b> October 22, 2008	Southern, CA
<b>Residents' Presentations</b> September 24, 2008	Santa Ana	<b>ACLS</b> November 1, 2008	Solano
<b>Medical Emergencies</b> October 8, 2008	Northern, CA	<b>Anesthesia</b> November 5, 2008	Orange County



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## In Memoriam

*Philip Boyne, DMD, MS, DSc  
emeritus professor: 1924-2008*

Loma Linda University School of Dentistry is mourning the loss of a world famous oral and maxillofacial surgeon, dental implantologist, biological innovator, and bone physiologist—and incidentally a notable marathon runner.

Not every researcher is a recluse. Dr. Philip Boyne's office door typically remained open. You could find him in conversation with a colleague, student, or drop-in guest, the topics ranging from research to baseball, history, ballistics, cooking, running, and traveling—all in one session. Yet Dr. Boyne was one of the School's most prolific researchers, remaining active long after he became emeritus professor. He modified and improved nearly every osseous surgical protocol ever developed within the scope of oral and maxillofacial surgery. In addition to textbooks, he published over 230 scientific papers, including a manuscript for which he received the prestigious Laskin Award for the most outstanding paper appearing in the OMFS Journal during 2006.

His widely diverse research projects took him into shark-infested waters and into extended relationships with monkeys, affectionately named by him, that supported his research in bone grafting.

His interest in maxillofacial surgery received impetus during service in Vietnam, site of the last of three wars in which Dr. Boyne served. He was caring for bomb attack victims dropped on an aircraft carrier minutes after being wounded. Severely wounded patients awakened his passion

for reconstruction research. With his colleague Dr. Peter Geistlich of Switzerland, he developed BMP (a protein) as a substitute for bone grafts and certified its viability for placement of dental implants, a breakthrough in improved methods for jaw reconstruction.



Other remarkable firsts in dental treatment are attributed to Dr. Boyne: He was studying the use of xenograft, freeze-dried bone, and autograft for bone defect treatment more than 50 years ago. He advocated the use of autogenous bone marrow aspirate in dental reconstruction and reported the first verified technique for secondary bone grafting of alveolar clefts; he was the first to describe use of sinus elevation to augment alveolar bone mass for implants; In 1987 he reported the use of socket preservation grafts. He is credited with initial use of human bone morphogenetic protein-2 for mandibular discontinuity treatment, for sinus grafting, for cleft repair, and as part of dental implant surfaces.

Dr. Boyne's office walls abound with pictures of smiling children, restored patients and inspired residents. The pictures are interspersed with tributes bestowed by professional groups, among them an award accorded only to him and the highest honor ever bestowed by the American Cleft Palate-Craniofacial Association. His undergraduate school, Colby College of Maine, named him its Distinguished Alumnus; Loma Linda School of Dentistry bestowed upon him its Distinguished Faculty Award.

Among the many plaques on his office walls according Dr. Boyne honor appears a framed

collage of pictures with the inscription, Thank you on behalf of the Norwegian children you helped without even knowing them, from the Oslo Cleft Palate team, October 1994. A happy (and attractive) patient smiles from one of the pictures, being beneficiary of Dr. Boyne's pioneering method of cleft-palate bone grafting, which is now used internationally.

Philip Boyne was born May 1, 1924, in Houlton, Maine. He completed pre dental studies at Colby College in his home state, which subsequently presented him with the Distinguished Alumnus Award. After he completed his dental education at Tufts School of Dental Medicine, he pursued a master's degree in bone grafting at Georgetown University; for his research in bone grafting, he earned a doctor's degree from the University Medicine and Dentistry of New Jersey.

Notable among his accomplishments is his influence on students and colleagues.

Dr. Alan Herford, who has participated with Dr. Boyne in research, says,

"Dr. Boyne was the reason I chose to pursue a career in oral and maxillofacial surgery. When I completed a residency program in 2000, I chose to return to Loma Linda—a big reason was to work with Dr. Boyne, whom I first got to know as a dental student working on various research projects with him. He has been a mentor, colleague, and friend, but mostly an inspiration. I first got to know Dr. Boyne in 1992 as a dental student. I worked with him on various research projects. We have discussed topics ranging from surgery to baseball. I have many fond memories of spending time with both him and Mrs. Boyne. I have continually asked for his advice and guidance. I owe much of what I have become as an OMF surgeon to him."

Dr. Franco Audia, who graduated from the School of Dentistry seven years ago, suggests that Dr. Boyne's life could be made into a major motion

picture documentary. Another colleague, Larry F deJulien, DDS, who taught with him, comments that some of the "home movies" taken of Dr. Boyne's bone grafting, reconstruction, periodontology and implantology are classics deserving wide viewing by the profession. Dr. Audia's most memorable times with Dr. Boyne came in the bone research lab, where he might launch into a discussion of science, history, ballistics, cooking, running, and traveling—all in one conversation. He came across as a person who could carry on a conversation with people in any walk of life at a high level.

Dr. Timothy Welch recalls first meeting Dr. Boyne in 1988. Dr. Boyne was running the Boston Marathon, barefooted no less. He had started the race, as he always did, with feet wrapped in athletic tape, which by now was in shreds. Now at the 20-mile mark, Dr. Boyne was visibly hypothermic and wet. Asked if he wanted to stop, Dr. Boyne looked at Dr. Welch as if he was crazy. Later joining Dr. Boyne in a junior faculty position, Dr. Welch says, "I am the surgeon I am today because of those four incredibly busy years I spent on staff under his direction."

Dr. deJulien's long-time relationship with Dr. Boyne began when he was on the receiving end of Korean casualties at Oak Knoll Naval Hospital. Coming direct from Japan, these patients had received fine reconstructive procedures performed by Dr. Boyne on the hospital ship.

In addition to his scholarly and skillful pursuits, Dr. Boyne has endowed programs at Loma Linda and Colby College to fund resident support and student tuition. The School of Dentistry lost a treasure on June 9, 2008, when this man of incredible talent, great humility, and an abiding level of empathy and tolerance, died.

*Reprinted from "Dentalgram" July 2008 Vol. 22  
Number 7, Courtesy of Loma Linda University  
Adventist Health Sciences Center*

## CALAOMS CONTRIBUTES \$10,000 TO THE OMSF REAP CAMPAIGN

The Oral and Maxillofacial Surgery Foundation is pleased to announce that CALAOMS made a \$10,000 gift to the 2007 – 2008 OMSF REAP Annual Campaign. CALAOMS has been a partner with OMSF for many years. The Society has made research and education a priority not only with the \$10,000 gift to REAP this year, but also with a \$25,000 REAP gift in 2007, and \$10,000 support of the Major Gifts Campaign a few years ago.

You should be proud of CALAOMS, and you should be proud of your district. Last year, District VI came in third place of all the Districts with the third-highest percentage of AAOMS member REAP giving. We expect great things from District VI in the 2007 – 2008 REAP year, and you can be a part of its success! Make your gift to REAP and help your District be #1 in the country for REAP giving!

Since its inception in 2005, REAP has raised more than \$850,000 to directly support research and education in our specialty. Gifts to REAP support research awards, fellowships and projects in oral and maxillofacial surgery. OMSF has funded pivotal research projects like the third molar study and has provided seed money to OMS researchers that has resulted in millions of dollars in additional funds from grants that otherwise would have been unattainable. OMSF has given more than \$8 million back to the specialty since 1985 in research awards, fellowships, and specialty-related projects.

The research we support now will be integral to our practices in a few years. That is why we must support research and education through the REAP Annual Campaign. If you have made a REAP gift this year, thank you! If not, support our specialty's future! Make a gift to REAP by August 31 to be included in this year's campaign!

by *Markell W. Kohn, DDS*

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#### OREGON-SOUTHERN

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\*The only papers at Dr. Huynh's office are occasional personal notes between staff, insurance forms that come into his office (and are shredded after being entered into the Windent system), and patient walk-out statements.