THE Grapevine BULLETIN

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Volume 59, Issue 5

ACCESS TO CARE (Continued from Last Issue)

By Roger Simonian, D.D.S., FMDS Trustee

Below is CDA's scheduled plan for addressing the access to care issue that is sweeping the country and is sure to surface in California in the near future. Legislators are poised to "solve" all.

Two workgroups have been formed and over the past year have been gathering information and formulating a plan to address the access issue in California with the legislators, should it become necessary. This proactive approach is designed to keep the responsibility of dental care in the hands of the <u>dentist</u> and his team.

I ask that each member of CDA familiarize yourself with the issue. Articles have been written in the CDA Journal and the CDA Update to keep all informed. Your incoming trustee, Dr. Jerry Danielson, will be in the "thick of things" and will keep you informed in the future.

cda.org
September 2010 No. 2 in a series



Timeline Resolution 3651-2008H Directs CDA to undertake comprehensive study aimed at improving access to dental care for underserved populations 2009 Assigned to appropriate entity: Policy Development Council Workforce Research and Forecasting Task Force Access Workgroup Objectives: Analyze research and consult with experts on Conduct Research on: strategies to reduce barriers to oral health care, Capacity and efficiency of current delivery system including: Impact of workforce categories on private practice Building state oral health infrastructure Economics and sustainability of workforce Medicaid reform Categories School-based/linked oral health programs Safety of care by dental providers worldwide Dental residency programs and more Analyze research for potential to improve oral health care Develop specific and prioritized options that are to underserved populations while preserving the existing realistic and cost-effective as part of a comprehensive access to oral health care analysis. Include findings in a comprehensive access to oral health Present findings to PDC care analysis. Present findings to PDC PDC prepares interim report and submits to Executive Committee and Board of Trustees. Board of Trustees sends interim report to 2010 House of Delegates. Workforce Task Force continues work Access Workgroup continues work and evaluates entire body of research. and evaluates entire body of research. PDC prepares final report and submits to Executive Committee and Board of Trustees. Board of Trustees sends final report to 2011 House of Delegates.

WHAT OUR LEADERS ARE SAYING:

We have evidence-based reasons to believe that — while we can't make the access problem disappear — we can make it smaller. We have the professional responsibility to play a central role in finding solutions.



Dan Davidson, DMD, CDA vice president.

CONTENTS

Humor
FSU Shadow Program Page 2
Top Doc in Los Angeles Page 3
Update Your Workman's Comp Poster Page 3
Gifting Legalities Page 4
Dental Sealants in the News Page 4
Donor Spotlight Page 5
Fee Cap Bill Passed Page 5
Editorial Page 6
Team Smile Recap Page 7
CDA's Workforce Update Page 8
New 1099 Requirements Page 9
Member Milestones Page 9
Shred-A-Thon Recap Page 10



A distraught senior citizen
Phoned her doctor's office.
'Is it true,' she wanted to know,
'that the medication You pre-

scribed has to be taken For the rest of my life?' 'Yes, I'm afraid so,' the doctor told her.

There was a moment of silence before the senior lady replied, I'm wondering, then, Just how serious is my condition Because this prescription is marked 'NO REFILLS'.'

Substance Abuse help is available and held in strict confidence. Call Dr. Richard Hardt at (559) 359-5631.

2010 Meetings

November 16—Join your colleagues for wine and hors- d'oeuvres at the Downing Planetarium prior to a private showing.

2011 Meetings

Infection Control, Dental Practice Act, HIPAA Update, OSHA January 21 at the Radisson (Note Change of Location)

Dr. Scott Jett—February 15, 2011— TorNino's "Implant & Restorative Options for the Severely Deteriorating Dentition.

March 15—Staff Night, TorNino's.

Raymond Bertolotti—April 1, 2011, "Utilizing Adhesion in Prosthodontic Applications" Radisson Hotel"I (Note change of date & Location)

CDA Scientific Sessions May 12, 13, 14, 15 and 16

Dr. Okeson, September 16, 2011 "Occlusion, Joint Stability and Temporomandibular Disorders", Clovis Veteran's Memorial

California State University, Fresno's Shadow Program

By Valjean Xaiz-Jury

A few months ago I put out a call for volunteers to participate in a Shadow Program offered through the California State University Pre-Dental Program. I thought that you might like to get a report from the representative of that program, Ms. Ryann Walker. She writes:

"The Fresno State Pre-Dental Club consists of roughly thirty members, ranging from freshmen to graduate students. Every member shares a common goal, which is to get accepted into dental school. The members, along with advisors, work together in hopes of achieving this goal.

"In order to get accepted into dental school, it is generally recommended to complete thirty hours of shadowing experience, while some schools require over 100 hours. Because of the importance of shadowing, the Fresno State Pre-Dental Club solicited dentists throughout the Fresno/Madera Dental Society to open their practices to Fresno State Pre-Dental Club members. The club received an overwhelming response of dentists through the Fresno/Madera Dental Society, and many Pre-Dental Club members were able to connect with and shadow these dentists.

On behalf of Fresno State and the Fresno-Madera Dental Society, a big thanks to the following members who volunteered. Your efforts will be re-

Cory Costanzo Jason Keledjian K. O. Crosby

Robert Apuy John Lee Dennis Nishimine

Dee Nishimine Scott Goishi Treva Lee

Greg Nalchajian Doug Halloran Brad Tsutsui

The Mission of the Fresno-Madera Dental Society is to Serve the Professional Needs of Its Members and Assist Them in Enhancing the Oral Health of The Community.

THE GRAPEVINE BULLETIN PAGE 3



CDA has heard from several members in the Los Angeles area who have been contacted by a company called Top Doc Los Angeles. The dentists are told that they have been chosen as a candidate for "The 2011 Los Angeles Top Doctors & Dentists Award" and that they will be featured in a TV segment premiering on Fox Los Angeles inside the Doctor Oz Show. This segment is to start January 2011 and to run throughout the 2011 season. In addition, the dentists are to receive a profile listing on the company's web site (**www.topdocla.com**) for the purpose of generating new patient referrals. The dentists are requested to schedule an interview with the company to receive the award. CDA has discovered similar marketing arrangements (and related web sites) in the San Diego, New York, Chicago, and Boston areas.

CDA encourages members to exercise caution in responding to solicitations such as this one. CDA received information from the Los Angeles and San Diego Fox stations and the Doctor Oz Show that they do not have specific affiliations with the Top Doc organizations. CDA later learned that the Top Doc organizations purchased commercial time during the Doctor Oz Show in certain television markets. CDA will continue to monitor and report on any developments about the company's claims. In the meantime, if you have any questions or concerns about the company, please contact the CDA Contact Center at **1.800.232.7645**.

Updated Workers' Comp Poster

All California employers must post an updated "Notice to Employees Injuries Caused by Work" poster before October 8, 2010. This poster is dated June 2010 and can be downloaded from this Division of Workers' Compensation Web site, click on downloads on left side of website. DWCForm7. (Copy is included in this Newsletter for your convenience). Changes to the poster include information on Medical Provider Networks and an employee's right to predesignate a personal physician.

If an employer utilizes a Medical Provider Network (MPN) for workers' compensation claims, a separate "MPN Notice" must be posted near the "Notice to Employees." Most dental practices will get the MPN Notice from their respective workers' compensation insurance carrier. The state also provides a sample MPN Notice here, (Click on Downloads on left side of website) Material Modification. A copy of the same MPN Notice must be provided to any employee injured at work on or after October 8, 2010. If an employer changes, terminates, or implements an MPN, notice of the action must be provided to employees and a new MPN Notice, if applicable, should be posted.

Employers also must distribute to each new employee starting work on or after October 8, 2010 a new pamphlet, "Your Rights to Workers' Compensation Benefits."

The poster, MPN Notice, and pamphlet also are available from respective workers' compensation insurance carriers. For a complete list of all new required posters for your dental office go to: www.cdacompass.com/Home-Inner/ Article.aspx?topic=Required_Postings_in_a_Dental_Office Copy and paste into your browser.

. **IRS ISSUES FORM TO CLAIM HEALTH CARE TAX CREDIT:** The IRS on Sept. 7 released a draft version of the form that small businesses and tax-exempt organizations will use to calculate the small business health care tax credit when they file returns next year.

The draft of Form 8941 is posted on the IRS website. Both small businesses and tax-exempt organizations will use the form to calculate their credit. Small businesses will then include the amount of the credit on their income tax returns. Tax-exempt organizations will claim the small business health care tax credit on a revised Form 990-T, currently used by tax-exempt groups to report and pay taxes on unrelated business income. Form 990-T will be revised for the 2011 filing season to enable eligible tax-exempt organizations to also claim the health care tax credit.

The final version of Form 8941 and instructions will be available later this year. For tax years 2010 to 2013, the maximum credit is 35 percent of premiums paid by eligible small business employers and 25 percent of premiums paid by eligible tax-exempt organizations. Beginning in 2014, the maximum tax credit will go up to 50 percent of premiums paid by eligible small business employers and 35 percent of premiums paid by eligible tax-exempt employers. The maximum credit goes to smaller employers – those with 10 or fewer full-time employees paying average annual wages of \$25,000 or less. The credit is completely phased out for employers that have 25 employees or more or that pay average wages of \$50,000 per year or more.

Gifting Legalities

A rewards program that offers incentives tied to the number of patients referred may present both legal and ethical issues.

Compensation for referrals is prohibited by the Business and Professions Code Section 650:

"the offer, delivery, receipt, or acceptance by any person licensed under this division... of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person... is unlawful."

Simply put: A dentist cannot advertise to patients or the public that he or she will compensate them – in the form of money, discounts or otherwise – for a patient referral. Similarly, a dentist cannot offer or accept <u>any-thing</u> of value to or from another dentist for a referral or compensate his or her staff on the number of patients they have referred to the dental practice.

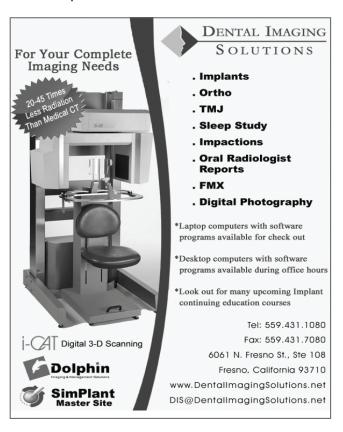
Ethically speaking, offering compensation for referrals interferes with the principle of patient autonomy; the dentist is inducing patients to make a referral based on

the compensation they will receive instead of a non-biased opinion of the care that will be rendered. In the same regard, the giving and exchanging of compensation among providers risks the possibility that referrals to and from those providers will be based on the value of the compensation arrangement rather than the provider's professional determination of the most appropriate treatment for the patient. Additionally, compensating providers for a patient referral, without revealing the compensation arrangement to the patient, is considered unethical because it violates the principle of veracity – the patient relies on the dentist to be truthful so that truly informed decision-making can occur.

Some aspects of a patient rewards program are completely fine. Rewarding patients for good oral health and compliance with treatment instructions is not only allowed, but is probably a good marketing strategy. It's also absolutely acceptable for a dentist to ask patients to refer their friends, or to "like" their Facebook page, or to write a positive review on Yelp, as long as there is no compensation involved. Most people are happy to help just because they were asked. And there are permissible ways to thank patients for referrals. A thank you note is perfectly acceptable, and patients would probably really appreciate that their dentist took the time to handwrite a note to them. Dentists can also send patients a small gift or card on their birthday, but they cannot limit such activity only to patients who have referred other patients.

Dental sealants in the news

Member dentists may be receiving calls from concerned parents in the wake of a recent article in the October *Journal of* Pediatrics, which published a study assessing Bisphenol A (BPA) exposures from dental materials. While BPA is rarely used as an ingredient in dental materials, it may be present as a transient by-product of the application process. Dentists can reassure patients that any exposure to BPA from sealants is about 200 times lower than the level considered safe by the Environmental Protection Agency. The study authors concluded that BPA exposure may be minimized by cleaning and rinsing surfaces of sealants immediately after placement. To learn more, CDA's October Journal is devoted to evidence-based recommendations, the public health benefits, and a review of the materials and utilization of sealants. You can also find more information on sealants on CDA's website: cda.org/page/dental_sealants.





Reprinted from the CDA Foundation e-Newsletter—Donor Spotlight

So far a total of 12 out of 32 dental societies are giving annually to the CDA Foundation at the Friends level.

These components are linking arms with the CDA Foundation to address barriers to access by becoming Friends of the CDA Foundation and joining the annual gift club. "The Foundation supports grants in our communities. This is how collectively we are making a difference," said Dr. Roger Simonian, Trustee of the Fresno-Madera Dental Society. "It would be fantastic if all of the CDA components would become 'Friends' and support our Foundation," he added. In fact, to date the Foundation has given nearly \$4,000,000 in community grants across the state, treating over 300,000 people!

Thank you to the following component Friends for helping us continue our efforts in changing lives:

Contra Costa Dental Society
Fresno-Madera Dental Society
Kern County Dental Society
Los Angeles Dental Society
Mid-Peninsula Dental Society
Orange County Dental Society
Sacramento District Dental Society
San Diego County Dental Society
San Fernando Valley Dental Society
San Mateo County Dental Society
Santa Clara County Dental Society
Santa Clara County Dental Foundation
Tri-County Dental Society



Governor signs bill to end fee caps on noncovered services! And the Newest Achievement on the Portfolio Licensure Exam

DA-sponsored legislation that prohibits fee caps on noncovered services has been signed into law by Governor Arnold Schwarzenegger.

The new law received unanimous support from both the Senate and Assembly.

"CDA members told us that this was a top priority," said Thomas Stewart, DDS, CDA president. "Dentists wanted legislation that would end the practice of insurance companies capping fees on services they don't cover, and we are thrilled the governor recognized the bill clearly made sense."

The law, which takes effect January 1, 2011, prohibits dental plans from capping fees that dentists may charge for non-covered services.

CDA will have additional news on the new law in the October *Update*.

he other truly landmark event last week took place on Wednesday, when the governor signed AB 1524 Ha-yashi-Portfolio Licensure Exam. As with AB 2275, this bill, which was sponsored by the Dental Board under the leadership of Dr. Steven Casagrande, is a tremendous accomplishment for the dental profession, one which may prove to be a path-breaking model for the rest of the nation as we move further toward the goal of eliminating the one-time human subject exam. With AB 1524's enactment, the board can now informally start on the regulatory process. Even though a great deal of collaborative work has already gone into preparing a draft set of regulations, it still can be expected that the entire process will take at least 1-2 years before the portfolio option will actually be available to students. Congratulations to Dr. Casagrande and to everyone with the Dental Board, the six California dental schools, and CDA who was involved in this remarkable achievement.

Editorial

By Clarence Chau, D.D.S., FMDS President

its people

(Comments below are strictly my opinion, and do not necessarily reflect the opinions of FMDS members or the Board of Directors.)



By now most of you have already read the front page of the last issue of The Grapevine Bulletin (a special edition in which Dr. Roger Simonian reported in detail the newest development of resolving access to care.

Mid-level providers or dental therapists, or whatever they will be called, is a serious insultto our profession. Access to care has become political anathema. It is true that if we don't deal with the issue, others will, according to Dr. Dan Davidson, CDA's vice president. Has anyone taken a closer look at the issue of access to care? Why is this issue our problem? Who says it is our problem? In reality it is the government's responsibility to assure that all

problem is for the federal and/or in areas where services are needed practitioners' service.

In the state prisons, approximately ing dental services. The state hires a starting annual salary of questions. Why is the state willing

The Bottom Line is that the State wants the dentist to work for free.

are taken care of. The only way to resolve the state governments to open and operate clinics since Medicaid reimbursement fails to attract

170,000 inmates receive full healthcare includdentists (1 dentist for every 550 inmates) with \$180,000. This situation brings forth some to spend so much on criminals and not on the

poor (under-privileged)? The state claims that criminals receiving prison terms are the state's liability. Does that mean poor people are worthless? Or does the state have its priority reversed?

The bottom line is that the state wants dentist to work for free. When dentists say no, the state will try to find alternatives including quickly trained therapists. It is time for us to tell the legislators that the under-privileged people are the state's important assets, as most of them work in jobs which nobody else wants. Furthermore, they have enough dignity to not commit crimes for personal financial advancement which would enable them to gain access to free healthcare offered in prison.

It is my opinion that from past experience over the last two decades, whether we like it or not, this proposal of creating mid-level providers will happen just like the RDH-AP issue. Regardless of what happens, ultimately we still should voice our collective concerns to CDA.

Personally speaking, my opinion is that it may be wiser to train the RDA-EFs or the RDH-APs further so they could handle the job, because they would be the most suitable, owing to their experience in dentistry.

Strategic Planning

On October 14 the Fresno-Madera Dental Society Board of Directors and Committee Chairmen met to establish the goals of our dental society during 2011 under the leadership of incoming president, Dr. Michelle Asselin.

The meeting was facilitated by Dr. Dennis Kalebjian, past president of FMDS and of the California Dental Association.

It is apparent that your leadership is desirous of providing more C.E. and better quality C.E. as requested by members during our 2008 member survey. Social events will also continue during 2011. More information will follow in subsequent newsletters.

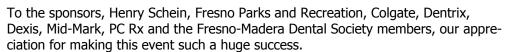


THE GRAPEVINE BULLETIN Page 7



Scores BIG at Fresno State Event

To all of the volunteers who helped out with the Team Smile event, our deepest gratitude. A special thanks from Henry Schein for those who volunteered for the morning session and then stepped up to the plate by putting in a full day of work. Approximately 120 children were treated to the tune of around \$90,000 worth of treatment delivered.























CDA's Workforce Update:

Reprinted from The San Francisco Dental Society's Newsletter, The Bridge.

orkforce activity is emerging in approximately 22 states — including California — as a way to overcome the barriers to oral health care that impact an estimated 82 million Americans. Workforce activities across the country include:

- California The Children's Partnership of California and Children Now are examining the feasibility and characteristics of a new dental professional to meet the needs of underserved children.
- Alaska Dental health aide therapists are delivering oral health services on tribal lands.
- Minnesota Two new models are now law: The dental therapist and advanced dental therapist are currently
 Workfor being trained.
- Connecticut The dental health aide therapist model will be tested in public health and institutional settings.
- Washington The dental hygienist therapist and advanced dental hygiene therapist models are expected to compete for approval in the 2011 state legislature.
- Vermont, Ohio, New Mexico,
 Kansas and Washington The W.K. Kellogg Foundation is building coalitions to create a new dental team provider who can render basic restorative care.
- ADA Community dental health coordinators are training to work in communities where residents have limited access to care.
- **Josiah Macy Jr. Foundation** This foundation is working with the W.K. Kellogg Foundation to grant funds to the American Association of Public Health Dentistry to establish a dental therapy curriculum.

- Institute of Medicine Two projects are ongoing to assess the oral health care system in the United States and potential workforce strategies to address needs.
- The Pew Center on the States It is launching a national campaign to raise awareness and expand the number of professionals to provide dental care to low-income children. Work is under way in California (see above) and Maine. With 11 different workforce models in development stages in other states, CDA must be prepared to respond to workforce activities in a responsible way. CDA's Policy Development Council has two volunteer workgroups that are researching evidence-based ways to address access challenges. The Access

Workforce activity is emerging in approximately 22 states...dental health aide therapists are delivering oral health services ... Workgroup is analyzing strategies such as Denti-Cal reform and school-based/school-linked programs, among others, with the purpose of developing practical and cost-effective recommendations to improve access.

CDA's Workforce Task Force

is studying dental workforce models that exist internationally as well as those currently under consideration in the United States. The studies include capacity and efficiency of California's dental delivery system, economic impact of workforce models, development and sustainability costs, and safety of dental providers.

The work of both committees will be reported to the Policy Development Council. Upon completion of the work, a report will be presented to the CDA House of Delegates. These studies will provide CDA with the evidence base the association needs to be the expert in discussions with policy makers and stakeholders, and will allow dentists to respond appropriately when legislative activity surfaces in the future.

For all of the research CDA is doing in this area and the political landscape across the country, go to www.cda.org/access. Please send your comments to access@cda.org \$\displaintering*

THE GRAPEVINE BULLETIN PAGE 9

New 1099 Requirements for Small Businesses

1. HOUSE FAILS TO REPEAL FORM **1099 REPORTING RULES:** A majority of

House members last week agreed that new Form 1099 reporting requirements were onerous for small businesses and tax-exempt organizations, but could not agree on how best to pay for repealing them.

Enacted as part of the landmark Patient Protection and Affordable Care Act passed by Congress in March, the Form 1099 requirements force all businesses and taxexempt organizations to issue a Form 1099 to vendors from whom they buy goods totaling \$600 or more annually. The new requirement, scheduled to take effect beginning in 2012, would impose a massive paperwork burden on an estimated 40 million businesses, charities and associations, according to the National Taxpayer Advocate. ASAE has joined the U.S. Chamber of Commerce, the National Federation of Independent Business (NFIB) and other business organizations in support of legislation repealing this requirement.

House Democrats and Republicans held a heated debate on the Small Business Tax Relief Act (H.R. 5982) last Friday before leaving town for the August recess, and while the House voted 241-154 in favor of the Democrats' bill

the vote fell short of the two-thirds majority needed to pass under suspension of the rules.

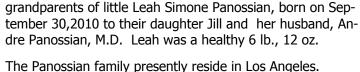
House Ways and Means Committee Chairman Sander Levin (D-MI) blamed Republicans for standing in the way of repeal because they opposed some foreign tax credit changes Levin inserted to pay for the legislative fix. "Despite all of their rhetoric about the need to eliminate this reporting requirement, Republicans walked away from small businesses when it mattered most," Levin said.

Rep. Dave Camp (R-MI) said House Republicans had offered an alternative proposal that would have "better protected taxpayers from erroneously paying too much in health insurance subsidies" but the Democrats cancelled a vote on Republicans' motion to recommit and pulled the bill.

"Frankly, this is a missed opportunity," Camp said on Friday. "It is a missed opportunity to fix a fundamental flaw in the health care law and a missed opportunity to truly help American employers and the jobs they provide...I urge my colleagues to stand up for job-providers by demanding a full repeal of the 1099 requirement that does not impose other job-killing tax increases."

Member Milestones





Dr. Roger Simonian and his wife, Bonnie are the proud

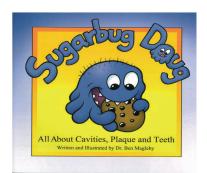


CONGRATULATIONS!

Wedding Bells rang for our Immediate Past-President, Dr. Stephen O'Hara and his beautiful bride, Monica Luna. A quiet wedding was held on September 18, followed by a vacation in Mexico.



BEST WISHES!



Sugarbug Doug is a new children's book written and illustrated by a FMDS Member Dr. Ben Magleby. More about Dr. Magleby and his foray into writing will be highlighted in our next issue.



Spring Cleaning in the Fall Shred-A-thon, a Success

Your dental society's first Shred-A-thon was acclaimed a huge success. Dentists came from Madera, Fresno, Kingsburg and Selma to rid their office or home of old files. Comments were all positive: "Great Idea", "Will you do it again next year?", "Hot Dogs were Great", "Glad I came". David Jacobsen from TDIC was on hand to answer insurance questions and Sara Dwyer from CDA came with camera in hand to help out with photos and take any ques-

tions about membership.

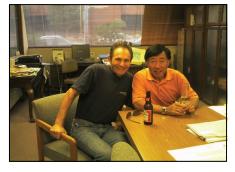
On October 14, we began with one truck from Shred-It, eventually having to call in an additional truck to tackle the number of boxes that began stacking up.

Taking care of the bar-b-q throughout the event was Richard Jury, whose skill with the dogs and buns will become legend. Costco hotdogs were served with all the necessary condiments one could wish for, including sour kraut. Beer, soda and chips were available in the society office.

\$300.00 in donations was collected for Povarello House. Our Thanks to everyone who contributed. You're all great!





















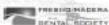


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