



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

WINTER, 1988

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PRESIDENT'S MESSAGE: Tempus Fugit

Boy—another year is gone already! Time sure flies! Although not original, the preceeding thoughts always come to mind during my birthday and the holidays which are both near the end of the year. The older we become, it seems that the years are going by too fast to accomplish all that we wanted to do.



As you read this, my year as CSPD President will be three-quarters finished. We have accomplished a great deal during the past nine months, but my year grows short, with much left to be done. It is comforting to know that I will be "passing the baton" to a capable administration led by President-Elect John Groper. Whatever we leave to be finished, I know that John will do his best to accomplish our goals. Many projects are ongoing and require continuing effort.

John and Marilyn are also hard at work planning our 13th Annual Conference at the Mission Resort Hotel at Rancho Mirage. It is a beautiful place with outstanding facilities and John and Marilyn have planned a superb program for our scientific and social sessions. We hope to see a "record crowd" at our 13th Annual Conference. It is a great chance to greet old friends and make new ones.

The job of President of CSPD is a big one, but it would be impossible without the help and guidance of all of our Board members, Chairpersons and committee members, and YOU, the members of CSPD. We are truly blessed with a dedicated, caring member-

ship. I want to convey a big "THANK YOU!" to you all. A special thanks to our Executive Secretary, Shirlee Adams, for her dedicated service and my wife, Shirley, for her understanding and support.

In just 13 short years CSPD has risen to become the outstanding component of the Academy. Our members are active in numerous Academy activities and one, David Good, will ascend to the Presidency in a couple of years. I must request, again, that those of you who have not yet joined the Academy do so as soon as possible. We need your membership to support the review of Pediatric Dentistry by the ADA which comes up in 1989. David Good is member of this vital Academy ADA Review Committee. If he asks for your help with documentation or anything else, please see that he receives it.

We were fortunate to have our member, Warren Brandli, nominated by the Academy Nominations Committee as the first ever Trustee of our new District VI. It is a big honor for Warren and for CSPD and we have an outstanding candidate for this office. By the time you read this, if there are not other nominations by mail, Warren will have been automatically elected. I know that, if Warren

is elected, he will be most happy to hear from you about any problems or concerns that you may have. Warren will represent the eleven States of District VI. He realizes that the problems and concerns of Pediatric Dentistry transcend State lines and will do his best to represent us all.

May I wish the best of everything to all of our membership for 1988, especially to our younger members who are faced with starting a practice, heavy financial burdens and the myriad of problems we all faced when we got started. The future of Pediatric Dentistry is bright, despite what the "doom sayers" may predict. We have an outstanding group of bright, articulate and ambitious members who have made my job as President much easier.

Thank you all, again, for your help during my administration. It has been a pleasure serving as your 13th President. For me "13" has not been an unlucky number!

Don Dal Porto
President, CSPD

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PEDIATRIC AIDS

(The following article is provided by the Infectious Disease Committee, California Chapter I, of the American Academy of Pediatrics. This is Part I of two parts. The series will conclude in the Summer issue of the BULLETIN.)

The Problems Of Aids In Children

Beginning in 1979 isolated cases of Acquired Immune Deficiency Syndrome (AIDS) in children were recognized in the United States. In addition, children with AIDS-related complex (ARC) and asymptomatic carriage of the causative agent, Human Immunodeficiency Virus (HIV) have been identified.

About 70% of HIV infections in children occur by vertical transmission from an infected mother. Other routes of transmission may include exposure via transfusion of infected blood, receipt of contaminated blood products (including factor VIII concentrates) and direct sexual exposure. Casual transmission in the family of school setting is rare or non existent.

In California to date there have been 42 cases of AIDS in children and adolescents reported. This includes 21 cases in children less than 5 years old, 6 cases in children 5-13 years old and 15 cases in adolescents up to 19 years old. Presenting clinical features often include, as in adults, opportunistic infections such as *Pneumocystis carinii* pneumonia, chronic candidiasis and *Cryptosporidium* enteritis. Particularly in children, recurrent bacterial infections, especially pneumonia and septicemia, may be initial indications of HIV infection. In addition, children with AIDS/ARC may develop unique findings including congenital dysmorphic facial features, chronic parotid gland enlargement, growth failure and pulmonary lymphoid hyperplasia.

The following is a case description of a child with HIV infection:

An eight-month old previously well female developed progressively severe respiratory symptoms following a simple upper respiratory infection. Extensive bilateral interstitial infiltrates and hypoxemia necessitated endotracheal intubation, oxygen antibiotic and steroid management for two weeks. Severe thrush, diarrhea and weight loss were also present. No etiology was identified.

Following discharge she had persistent thrush unresponsive to Mycostatin, poor weight gain and recurrent otitis media. Six weeks following discharge, HIV titers on both infant and mother were reported to be positive. The only risk factor identified for the mother was that of a sexual encounter with an intravenous drug abusing male, four years prior to her pregnancy.

HIV Transmission

More than 500 cases of AIDS in children less than 13 years of age have been reported to the Centers for Disease Control. These figures represent only a fraction of the total number of HIV-infected (symptomatic or currently asymptomatic) children. Children can acquire HIV infection by several routes: 1) perinatally, from an infected mother, 2) blood or blood products, including non-heat treated factor VIII or IX concentrates 3) sexual abuse or teenage sexual activity, or 4) intravenous drug use. The vast majority of these HIV infections are perinatally transmitted, representing approximately 80% of the pediatric AIDS cases nationally. Blood transfusions or factor concentrates are responsible for 12 and 5% of cases, respectively.

In instances of maternal transmission of HIV, the mother's risk factors or behaviors include: 1) intravenous drug abuse, 2) blood transfusion or, 3) women with sexual partners at risk (bisexual, drug abusing, transfused). Women from countries where heterosexual transmission is common are also at risk. Intravenous drug abusing parents account for over 70% of the perinatal cases. The cases occur more commonly in blacks (64%) and hispanics (25%).

Maternal Transmission

Maternal infection is the most common source of infection in children, yet the risk and the route of transmission are not known. Estimates of the incidence of infection in infants of seropositive women range from 35 to 70%. In one study of women who had already delivered a child with AIDS or ARC, 12 subsequent pregnancies resulted in 4 clinically affected infants. This was reported before antibody testing was available and may under-estimate the risk of transmission. A group in New York City noted an infection rate of approximately 35% in HIV seropositive primiparas but a rate of 66% in women who already had one affected child. Larger numbers of HIV antibody-positive women need to be followed prospectively to accurately assess the risk of transmission to infants. The factors which determine which infants will become infected are not known and may involve both maternal and fetal factors. Studies in twins have shown nonidentical twins who are both infected, as well as monozygotic twins who are discordant for AIDS. Many women are asymptomatic during pregnancy and deliver infected infants. Most mothers are unaware that they are seropositive until AIDS or ARC is diagnosed in an offspring. Gwen Scott, in Miami, found that 15 of 16 mothers were asymptomatic at the time of delivery of their first HIV infected infant. In addition, seropositive women may transmit infection to infants of more than one pregnancy. (This is not true of some congenital infections such as toxoplasmosis or cytomegalovirus, in which, with rare exceptions, only a primary infection during pregnancy leads to a symptomatic infection in the fetus.)

There are three potential times of transmission from mother to infant: in utero, intrapartum or postnatally. There is limited information which implicates intrauterine and postnatal transmission, but their relative contributions and the role of the delivery need further evaluation. Cases of pediatric HIV infection from maternal-infant transmission frequently have symptoms within the first few months of life, through transfusion and sexually transmitted cases often have incubation periods of several years. The shorter incubation time in infants suggests that infection occurred in utero, affecting the immune system while it is relatively immature. More concrete evidence of intrauterine infections is the detection of HIV in abortus tissue of a 20 week fetus. Virus was grown from both lymphoid and brain tissue. It is now known how frequently virus can be found in the fetus or at which time during gestation HIV is most likely to cross the placenta. The final piece of evidence suggesting in utero transmission is the embryopathy which has been described by Marion et al. The features of this dysmorphic syndrome include microcephaly, growth failure, hypertelorism, a prominent box-like forehead, a flattened nasal bridge, obliquity of the eyes, long palpebral fissure with blue sclera, a short nose with flattened columella, a triangulare philtrum and patulous lips with a prominent vermilion border. The same authors have recently noted a correlation between the severity of the dysmorphism and the age of diagnosis of immunodeficiency. There is some controversy about the existence of this embryopathy as it has only been seen in a few centers involved in the care of children with AIDS.

(Continued on pg. 3)

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(Continued from pg. 2)

It is not known whether HIV can be transmitted during delivery. Infants have developed AIDS after both vaginal and Cesarean deliveries, though infection may have been an intrauterine event. HIV can be grown from blood as well as from cervical secretions, so infants could be exposed to infectious virus with either type of delivery. Some physicians question whether Cesarean delivery is preferable for an antibody positive woman. Although this issue is worthy of further investigation, the small number of mothers and babies investigated and the limited information regarding these mother-infant pairs precluded drawing any conclusions at this time. Until more information is available, the mode of delivery of an antibody-positive woman should be determined by the usual obstetrical criteria.

The final mode of perinatal transmission is via breast milk. HIV is known to be lymphotropic and breast milk has abundant lymphocytes. The virus is found in the milk of seropositive mothers. One case report strongly implicates breast milk as the likely route of infection. The parents of the child were not known to be in any risk group; the mother was transfused in the postpartum period with blood from a donor who subsequently developed AIDS. The child was breast fed for 6 weeks. When the blood donor was diagnosed, the mother and the 17 month old child were tested, and found to be seropositive.

Transfusion Related

Approximately one fifth of the case of pediatric AIDS are related to transfusion of blood or blood products. It is important to note that one blood product, gammaglobulin, has not been clearly implicated in the transmission of HIV. (The time of HIV acquisition is not usually known for patients with hemophilia.) In non-hemophiliac transfusion of related cases, the majority received transfusions in the neonatal period. In 40 transfusion cases reported, the average incubation period before diagnosis was approximately 2 years (range: 4 to 82 months). This is much longer than the incubation period noted for children with perinatally acquired infection.

Future Prospects

With the advent of antibody assays for screening transfused blood, and the routine institution of screening in early 1985, the number of transfusion acquired cases can be markedly decreased. In addition, the use of heat treated factor concentrates will lower the risks for patients with hemophilia. Early experience with these products has shown them to be safe and effective. Because of the long incubation period, pediatricians will continue to see transfusion related cases for several years, however, the proportion is expected to decrease. Unfortunately, with increasing heterosexual transmission and the high prevalence of infection in intravenous drug users, the number of infected women and therefore, the total number of infected children, is expected to markedly increase.

Academy Annual Session May 13-17, 1988 Hotel del Coronado San Diego, California

The Local Arrangements Subcommittee for the 1988 AAPD annual session is composed 100% of CSPD members. Bring your family, office staffs, and enjoy an outstanding, scientific and social program of events. Send in your Hotel reservation early once you receive your registration packet from the AAPD central office to assure yourself of a room at the Hotel del Coronado.

Warren E. Brandli
Local Arrangements
Subcommittee Chairman

Approved Definition of "Dental Neglect"

This definition of dental neglect has been approved by AAPD lawyers. *Dental neglect is defined as the failure by a parent or guardian to seek and obtain appropriate and available treatment for caries, oral infections, or any other condition of the teeth and supporting structures that:*

1. Makes routine eating difficult or impossible,
2. Causes chronic pain,
3. Delays or retards a child's growth or development, or
4. Makes it difficult or impossible for a child to perform daily activities such as playing, working, or going to school.



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Public & Professional Relations Committee: Focus on Early Infant Dental Care

In keeping with the AAPD policy statement recommending that infants visit the dentist by twelve months of age, the CSPD Board felt strongly that our members be provided with as much information and materials as possible to help them reevaluate their office policies regarding early infant visits.

The public and other professionals are being told that our profession strongly urges that parents make these early appointments as part of a real commitment to preventive dentistry; that by counseling parents regarding the used nursing bottle, correct oral hygiene techniques, fluoride therapy, oral habits and other appropriate subjects, we can truly make a difference for our young patients.

If however, when calling our offices, parents are told "we'd like to see the child when he's three", we send an unfortunate mixed message, which serves only to confuse.

The CSPD Board has approved a soon-to-occur mailing to all members which will include excellent recent reprints of journal articles on Early Infant Dental Care, as well as several samples of materials which might be used in the office to provide patients with information on the care of this age group.

It is hoped that the materials will stimulate thinking and encourage more of our members to actively involve themselves with this very young group of patients.

Members who have on-going programs in this area or unique materials are invited to share this information by submitting it to the Bulletin, for publication in future issues.

Mark Lisagor
Chairman, Public & Professional
Relations Committee

Request For Research Proposals

CSPD is offering grants for original research to graduate students in PEDIATRIC DENTISTRY enrolled in California programs and to CSPD members. \$500. maximum per year is offered.

CSPD also sponsors an annual competition among the three California programs for Papers in either basic or clinical sciences. In addition, the Society offers to support Table Clinics at the annual meetings.

For further information and application, contact David Rothman D.D.S., CSPD Professional Activities Chairman, Oakland Children's Hospital, 747 52nd Street, Oakland, CA 94609.

California Society of Pediatric Dentists Thirteenth Annual Meeting

at

The Mission Resort Hotel, Rancho Mirage, California
April 7-10, 1988

"H.O.M.E. Is Where The Heart Is" will be our guest lecturer's subject. He is Theodore C. Levitas, D.D.S., a renowned pediatric dentist from Atlanta, Georgia. Dr. Levitas has lectured on this subject throughout the United States. He will describe in detail an approach to handling the difficult dental patient.

C.S.P.D. Panel. The subject of this year's panel will focus on how to manage the child dental patient in light of the recent rulings on conscious sedation. The panel is composed of your C.S.P.D. peers and moderated by Dr. Ted Levitas. Each panelist was specially selected for his particular method of managing the difficult pediatric dental patient. The audience will have an opportunity to share in this unique learning experience by asking questions of the panelists.

Space Maintainer Laboratory will present a practical course designed for the pediatric dentist who wants to learn how to make, adjust, modify, and repair removable appliances.

Women's Program — A morning with Mr. Blackwell. The world famous Mr. Blackwell (publisher of the yearly, ten-worst dressed women) will discuss lifestyles and trends of the rich and famous.

Plus, there will be tennis, golf (Peter Dye Course), and water sports all located at the world famous Mission Resort Hotel in Rancho Mirage, California.

Detailed program information and meeting/hotel registration will be sent to you in January, 1988. Don't miss this meeting.

MARK YOUR CALENDARS TODAY — APRIL 7-10, 1988

Sincerely,
John and Marilyn Groper
Chairpersons, Annual C.S.P.D. Meeting
Rancho Mirage, California

Academy Board Ad Interim Meeting

CSPD was one of about 18 components represented at the AAPD board meeting held at the Hotel del Coronado 11/12-11/15. The following are items of special interest to all California pediatric dentists:

1. There is a feeling more than ever of the critical importance of AAPD activities and issues as they relate to every pediatric dentist. Academy membership and support has never been more important for CSPD members to consider.
2. The Public Relations campaign is in its third and most productive year. At the AAPD annual session in May, 1988, the membership will once again decide on how best to go forward with this effort.
3. Guidelines and information on many important issues are being created for use by the AAPD membership. These issues include: Pediatric aids; infection control in a pediatric dental office; pediatric and adolescent TMJ diagnosis and problems; pediatric dental radiology; History and Consent forms; infant oral health care; and, long range strategic planning for pediatric dentists beyond the year 2000. This information is planned for distribution to AAPD members in a variety of ways as it is created.
4. The AAPD is considering a proposal to utilize the Academy logo heading for yellow page advertising on a national basis. This proposal was initiated by a CSPD member, Paul Reggiardo, who first proposed the idea for CSPD use in California.
5. The AAPD trustees voted to refund 1983 annual meeting registration fees to about 120 AAPD members who had reservations at the New Orleans Hilton, but who were denied a room by the Hotel. The Trustees continue to seek damages through legal channels from the Hilton, and recognize the inconvenience to those 120 AAPD members.
6. A behavior management workshop, emphasizing sedation and non-sedation techniques, will be offered to AAPD members in 1988.
7. Two CSPD members have received nominations from the AAPD nominating committee: David Good as President-Elect for the 1988-89 year; and, Warren Brandli as District VI Trustee for the 1988-91 years.
8. The AAPD continues to be responsive to member's creative ideas and comments — please get involved! CSPD is encouraged to continue to be represented at AAPD board meetings.

Warren Brandli
AAPD Representative for CSPD

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Binder Business

There will be a double incentive for CSPD members to share their office binder in 1988. President-Elect, John Groper, has asked me to arrange for the office binders to be displayed at the CSPD Palm Springs meeting. Arrangements have also been made for CSPD to display the office binders at the American Academy meeting at the Hotel Del in May, 1988. The binders will be presented to AAPD as a demonstration for what one component has done for its members. New larger binders have been printed for CSPD members participating in these projects.

Every CSPD member attending the Palm Springs meeting will be contacted by letter and/or phone regarding the binders. Any CSPD/AAPD member not attending the Palm Springs meeting who would like to display his/her binder at the Academy meeting please call me for details. I will be happy to keep any member's binder after the Palm Springs meeting and arrange for its display at the Academy meeting.

The chance to demonstrate the ingenuity of California Pediatric Dentists is exciting. Thank you for your continued cooperation.

Mike McCartney
(714) 838-9120

BULLETIN

CALIFORNIA SOCIETY
OF PEDIATRIC DENTISTS

Published semi-annually, with Winter and Summer issues.

EDITOR
Suzanne P. Berger, D.D.S.

CONTRIBUTIONS

CSPD Members are encouraged to contribute to the Bulletin. Articles, letters to the editor, or other items of interest are welcome.



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BOARD BRIEFS

BOARD OF DIRECTORS' MEETING June 27, 1987

1. MOTION 6.27.87.1 KIRSHBAUM/BRANDLI.
Moved to purchase the pediatric dentist mailing list. PASSED
2. MOTION 6.27.87.2 GROPER/FAIA.
Moved to approve the ER mailing project for \$1000.00. PASSED
3. MOTION 6.27.87.3 BRANDLI/SOBEL.
Moved to approve the ER mailing project with appropriate cover letter and in the cover letter invite the recipients of the article to contact the Executive Secretary for a referral for a pediatric dentist, or a directory if they so request. PASSED
4. MOTION 6.27.87.4 GROPER/KIRSHBAUM.
Moved to accept budget as corrected. PASSED
5. MOTION 6.27.87.5 SOBEL/BRANDLI.
Moved to sponsor a seminar on pediatric dentistry at the Academy meeting to all graduate students attending. PASSED

BOARD OF DIRECTORS' MEETING September 26, 1987

1. MOTION 9.27.87.1 LISAGOR/BERGER.
Moved to advance \$1,400.00 to secure the reservation of the Monterey Aquarium for the 1989 meeting banquet. PASSED
2. MOTION 9.26.87.2 REGGIARDO/GROAT.
The membership and credentials committee waive the implied requirement for ADA membership (as created by the AAPD bylaws change requiring ADA membership) until such time as the Constitution and Bylaws Committee can

review this issue and the Board can reach a definitive answer. PASSED

3. MOTION 9.26.87.3 BRANDLI/McCARTNEY.
CSPD's Public Relations Committee, under direction of Mark Lisagor, accomplish 3 items: (1) Prepare a mailing to the entire membership on early infant dental care consistent with the written report given by Mark Lisagor; gain approval of the executive committee to include a budget approval for mailing; and, mail the packet as soon as possible; (2) Work with our Editor to prepare an article for the January, 1988 *BULLETIN*, educating our membership about EIDC; (3) Prepare for the CSPD January, 1988 Board meeting an appropriate position statement on EIDC. PASSED
4. MOTION 9.26.87.4 SOBEL/GROAT.
Dr. Wolkstein prepare representative forms and/or consensus form concerning health histories for pediatric dentistry. Furthermore, to prepare a packet of representative forms concerning issues of consent for pediatric dental procedures; general, sedation and hospital dentistry. These two groups of forms should be forwarded to the members. PASSED
5. MOTION 9.26.87.5 McCARTNEY/LISAGOR.
The Board nominate a member to run for the At-Large Board member to AAPD to 1988-1991. The selection shall have two names in order of votes and those nominees shall be asked if they would like to run for that position. PASSED

Conscious Sedation Update

Legislation Update:

The two bills that were introduced during the last legislative session that would have regulated the use of parenteral conscious sedation were both killed. CDA, which has sponsored regulatory legislation in each of the last three years, presently has *no* plans to introduce additional legislation.

In response to the legislature's failure to pass legislation, the CDA Board of Trustees in September asked the CDA President to appoint a task force to develop guidelines for the use of parenteral conscious sedation in the dental office. The guidelines would also contain provisions for an on-site office evaluation. I was appointed to the task force as a representative of pediatric dentistry. Interestingly, the CDA task force used the AAPD's guidelines on the use of conscious sedation as a model. The task force completed the guidelines in late October and they were approved by the CSA Board of Trustees at their December meeting. The task force is now developing the on site evaluation program. CDA members who utilize a *parenteral* conscious sedation technique will be expected to follow the adopted guidelines and to undergo an on site evaluation. This will be an ethical requirement of membership in CDA. One of the two evaluators will be someone who is familiar with the technique used by the practitioner. The office evaluation is intended to be a self-help experience for the dentist and the office staff. During the onsite evaluation, the dentist and staff will demonstrate their ability to manage simulated medical emergencies. The dentist will also demonstrate his sedation technique on a patient. This, again, will pertain only to parenteral techniques.

The hope is that the development and subsequent implementation of the CDA guidelines will assist the dentist in utilizing parenteral conscious sedation safely. Tentatively, the program will be in place by later 1988 or early 1989. Those CSPD members utilizing a parenteral sedation technique can direct inquiries to me. CSPD will continue to be involved in pediatric dentistry's unique challenge as it related to the use of sedation in behavior management.

Geoffrey A. Groat
Chairman, AdHoc Committee
on Conscious Sedation

Membership

New Members:

Ruth Becker	Edward Sharp
Oariona Lowe	Charles Soderstrom
William Mellert	C. John Sullivan
Jeff Rockholm	

Member Activities:

Richard Grabowsky has been elected Vice President of the Kern County Dental Society.

MEMBERSHIP CERTIFICATES

Have you received your CSPD Certificate of Membership? If not, please let CSPD's Executive Secretary, Shirlee Adams, know so we can get one in the mail to you. The number to call is (714) 842-9561.

News From The Dental Schools

California has ten (10!) First-Year Pediatric Dental Residents participating in it's three residency programs.

Attending USC are Doctors Gilbert Mak, Ay-Luen Fei, Kenneth Babon, Haydeh Hamadanizadeh and Isabel Burdeus.

The residents at UCLA are Doctors Dave Adams (Pedo-Ortho), Beth Johns and Lynn Wan.

Doctors Jenice Briggs and Patricia Lin are residents in the UCSF program.

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