

BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

SUMMER, 1988

Vol. XIV, No. 2



PRESIDENT'S MESSAGE:

Make Something Happen

On the wall above my desk is inscribed a plaque that reads, "Make Something Happen". It is the title of an article that appeared a few years ago in the Wall Street Journal. So the story goes — a college football coach pasted in his team's lockers: "Cause Something to Happen". He believed that if you didn't make something happen with a good block, your runner would go nowhere — and if you don't tackle, the other team would run all over you. He sure caused something to happen. He won more college games than any other coach. His name was Bear Bryant.

This motto, of trying to make something happen, has served as an inspiration for me in my family life and in my professional life. I am grateful that it has also enabled me to work with people and contribute to their well-being.

Jackie Robinson, the great baseball player, said, "Life is not a spectator sport". What a sage observation! We cannot afford to sit back and cheer, for the game ends all too soon. Rather, we must become involved in a team effort. For the challenges we face have never been greater. Yet I believe we have a new and exciting opportunity to advance the good cause of children's den-

tal health, by capitalizing upon the streamlined programs Past-President Don Dal Porto developed during the past year. I know I cannot do this alone. I am counting upon your continued support of CSPD, your dedication to our goals and objectives and your willingness to become involved in continuing projects and new programs as we expand the work of our Society.

With this in mind, as CSPD President, I have appointed an ad hoc committee on Long Range goals and planning, which Mike McCartney and Paul Reggiardo kindly agreed to Co-Chair. The committee is expected to make recommendations on the kinds of programs which can best assure the fulfillment of CSPD goals to have the greatest impact on positively promoting the image and activities of the specialty of Pediatric Dentistry.

When I accepted the position of President, I was not unaware of what a commitment to CSPD might require. Anyone, who knows and understands CSPD, recognizes that it is a society apart from most others. A reason for this is that our legacy encompasses so many who have given so much. Each of us can roll back the years and recall the names of those who participated with us, who helped pave the way, who paid the bills, who gave the encouragement so that we could overcome the frustrations, the excessive demands, the detractors and move on to achieve our goals.

As members of CSPD, we are in the mainstream with those who are concerned about dentistry for children. But our job of educating the public and other professionals is far from done regardless of how effective has been our beginning. The role of CSPD in bringing dentistry for children to its present level of sophistication is well documented. Rather than bask in the glow of past achievement, however, we should consider how this society might best continue to improve the health status of children through improved dental health care. To this end, the Society is playing a more active role in issues relative to the general health and well-being of children. The strong commitment to combat

child neglect and working cooperatively with national agencies such as the Healthy Mothers, Healthy Babies Coalition are a reflection of the expanded goals of CSPD.

The input of individual members of our organization is crucial for the continued ability of the organization to not only meet its stated goals, but to increase its sphere of activities and its service to children. I ask that you become actively involved, not only at our state level, but nationally and help achieve our Society's goals.

One of our goals is to disseminate knowledge to our members and to other components of the American Academy of Pediatric Dentistry. At the Annual Meeting of the AAPD in San Diego, Pediatric Dentists from all over the world were impressed with the fact that CSPD would share our notebook project, and the information contained therein, with them. A great deal of thanks has to go to Mark Lisagor, Mike McCartney and Warren Brandli for making that project possible. While on the subject of the San Diego meeting, what a fantastic job Warren Brandli did as general chairman. And to all the CSPD people who were chairman of one activity or other, congratulations on a job well done.

We are a unique organization. We exchange ideas. We initiate meaningful programs. We service the dental health needs of our children and we provide leadership responsibilities on a state and national level. CSPD has been fortunate in the caliber and dedication of its officers and of its membership. Together they have forged for CSPD a hallmark of social and professional responsibility, unique in the area of health care professionalism.

We are indeed players in the game of life and not just spectators. We will *make something happen*. For what we do now — the example we set, the enthusiasm we show, the dedication to purpose we exhibit, the concern for others we demonstrate — will keep the winning tradition alive. And the winners will be the children we serve.

John N. Groper

LETTERS TO THE EDITOR

Dear CSPD Members:

My recent participation in your annual meeting was a memorable experience. The enthusiasm, dedication, interest and friendship you all exhibited was exciting and gratifying. From the time of my first visit with you in 1976 and through the years, I have known the CSPD to be one of the strong, leading components of Pediatric Dentistry. What I saw and heard in Palm Springs only re-inforced those feelings.

Miriam and I thank you again for your hospitality and friendship. We look forward to seeing you again.

Theodore C. Levitas, D.D.S.

Dear CSPD Members,

C.S.P.D. has done it again! You are the first component society of the American Academy of Pediatric Dentistry to act as the Local Arrangements Committee for an Annual Session. Not only is your group the first, but it's the best.

The local arrangements for the Coronado meeting ran as smooth as silk. I'm sure it was one of the best meetings the American Academy of Pediatric Dentistry has ever had.

I wish to take this opportunity to thank each and every member of C.S.P.D. who participated in the running of this meeting and congratulate you for a job well done.

The new and innovative changes that were programmed were very well received by the members of the Academy. These included the copying of the office manuals, the spouse enrichment program, changing the table clinics from the last day of the meeting, the Graduate Student panel discussion, no head table at the banquet, and the band and dancing in another room from the dinner banquet. I can't remember any Annual Session having this many changes and all successful.

I look forward to C.S.P.D.'s continued participation and leadership in the American Academy of Pediatric Dentistry. It is only through continued involvement by component groups that the Academy can continue to grow and address the needs of the "wet gloved" Pediatric Dentist. By doing this the population we serve, the children of this world, will benefit the most, and that's what it's all about.

My best to you all,

David L. Good

D.D.S., President-elect

American Academy of Pediatric Dentistry

Dear CSPD Members,

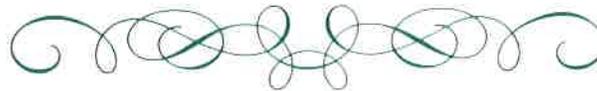
On behalf of the Academy, allow me to express our appreciation for your generous support of the California Society of Pediatric Dentists notebook project conducted during our recent 41st Annual Session.

Your willingness to share your office materials with other pediatric dentists throughout the country has set a standard for others to match. Our members in the southeast region are anticipating a continuation of this project at our 42nd Annual Session.

Again, many thanks for your help.

John A. Bogert, DDS

Executive Director



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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 —
January 23, 1988

- 1.23.88.1 REGGIARDO/BRANDLI CSPD adopt the "Guidelines for Determination and Reporting of Dental Neglect" as developed by the Ad Hoc Committee on Child Abuse and Neglect as CSPD policy. PASSED
- 1.23.88.2 McCARTNEY/BRANDLI CSPD Policy Statement on Dental Neglect be sent to (1) AAPD, (2) CDA, (3) CSPD members, (4) The California Dental Schools, (5) The California State Department of Social Services. The AAPD will be contacted first for preliminary comments before distribution. PASSED
- 1.23.88.3 BRANDLI/BERGER CSPD include in its application statement the following (in order to clarify the intent of the CSPD Bylaws):
"Please note that our Bylaws require that you be eligible for membership in the American Academy of Pediatric Dentistry. This means that you are currently a member in good standing of the American Dental Association or National Dental Association. Please indicate by signature below." PASSED
- 1.23.88.4 REGGIARDO/BRANDLI The Board accept and adopt the remaining chapters (six through nine) of the Administrative Policy and Procedure Manual. PASSED
- 1.23.88.5 BRANDI/REGGIARDO CSPD contribute up to \$2,000 for a mailing to all California general practice dentists. This mailing will include educational information on Baby Bottle Tooth Decay, and will be made in conjunction with the California Healthy Mothers/Healthy Babies Coalition. The information in the mailing shall be first approved by the CSPD Editor in consultation with Board Members. PASSED

BOARD OF DIRECTOR'S MEETING—
April 7, 1988

- 4.7.88.1 McCARTNEY/BRANDLI CSPD obtain approval from the AAPD to distribute current AAPD policy statements; these policy statements then be mailed to the membership with appropriate cover letter. Also to be mailed will be the final CSPD Dental Neglect Policy Statement. PASSED
- 4.7.88.2 LISAGOR/McCARTNEY CSPD support State Senate Bill 2078 establishing licensure of dieticians, assuming no opposition from California Medical Association or California Dental Association. PASSED

4.7.88.3 REGGIARDO/BERGER Members in good standing be granted license to use the Society name and logo in association with office stationary, patient educational materials and promotional efforts, so long as the use with which it is associated does not violate the ethical standards of ADA or CDA. The Society will provide, upon request, camera-ready copy of the logo to members at no cost. PASSED

BOARD OF DIRECTORS MEETING—
June 11, 1988

- 6.11.88.1 SOBEL/McCARTNEY The editor of CSPD be able to accept and set the fee for display ads for our newsletter. This ad must meet the standards of upholding benefit to our membership. TABLED
- 6.11.88.2 SOBEL/PEDERSEN Moved to accept Dr. Kopel as a Life Member of CSPD.
- 6.11.88.3 REGGIARDO/McCARTNEY Policy on waiver of dues be modified as follows: It is the policy of the Society that a member may be granted, upon written request, a waiver of dues secondary to disability or hardship. Such request must be made on a yearly basis and may be granted by the Committee on Credentials and Membership. PASSED
- 6.11.88.4 SOBEL/LISAGOR A pediatric dentist who has just completed a graduate program is eligible for reduced dues for 3 years (as an active member). This would be \$25 for the first year, \$35 for the second year and \$50 for the third year. DEFEATED
- 6.11.88.5 McCARTNEY/PACE Moved to accept the 1988-89 budget. PASSED
- 6.11.88.6 TAYLOR/SOBEL CSPD send a representative to the Ohio symposium on Patient Management and budget \$800.00 for plane fare, room and board and per diem expenses. PASSED
- 6.11.88.7 McCARTNEY/CANTOR CSPD approve in concept the idea of "Pediatric Dentists with a Heart" and that the ad hoc committee for the Valentine's Day Project come back to the Board with proposal of exactly how the project could work for CSPD. DEFEATED
- 6.11.88.8 SOBEL/PEDERSEN The Board consider changing the name of the California Society of Pediatric Dentists to be in alignment with the Academy's name. DEFEATED

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PEDIATRIC AIDS

(This article is part II of a two part series provided by the Infectious Disease Committee, California Chapter 1, of the American Academy of Pediatrics)

HIV TRANSMISSION—LOW RISK (Hospital, Household, Daycare and Schools)

Because of the limited access of human immuno-deficiency virus (HIV) to the outside environment, the relatively low titre of HIV in body fluids and the limited number of the body's cells susceptible to HIV infection, transmission of HIV is somewhat limited. An ideal setting for transmission of the lymphocyte-trophic HIV is through the transfusion of blood. Following transfusion, virus and/or infected cells of the donor and susceptible cells of the recipient freely mix and the effectiveness of transmission is close to 100%. As the chance of contact between the virus and susceptible cells becomes less, the change of transmitting infection decreases. For example, in studies of heterosexual couples, between 15 and 90% of sexual partners of infected people have not been infected despite unprotected intercourse. Perhaps the greatest example of relative inefficiency of HIV transmission comes from the needle sticks studies. These studies show an extremely low rate of infection among recipients of accidental needle sticks from known infected people.

The hospital setting appears to be an infrequent setting for HIV transmission compared with, for instance, the Hepatitis B-virus, an agent with a similar mode of

spread. Currently approximately twelve cases of HIV infection in the hospital setting relating to needle stick transmission or direct skin or mucus membrane exposure have been documented by the CDC. However thousands of similar exposures have resulted in no infection in the recipient. Nevertheless HIV acquisition is a concern to all health care workers and is currently prompting re-evaluation of recommendations for the handling of blood and body secretions in the hospital setting.

In the household setting HIV transmission appears to be quite rare or nonexistent except via sexual contact. Once again, this situation contrasts with a somewhat higher risk of Hepatitis B transmission in the household setting, especially when a young infant is the infected reservoir. Two studies have failed to find similar transmission of HIV either from infants with AIDS to foster mothers or from HIV infected persons to HIV negative nonsexual household contacts. This included settings where towels, razors and other household items were shared. Three case reports of apparent household setting transmission have been described. In two cases the contact was between a very ill person with AIDS and a family member giving home nursing care. One of these caregivers had chronic dermatitis of the hands. These cases are similar to cases of hospital transmission noted above. In a third case, a young child in Germany infected via blood transfusion apparently later infected his younger sibling via a bite wound.

Transmission of HIV infection in the school setting has not been documented to date. The CDC recommends that HIV positive children whose behavior warrants it be allowed to attend regular school. While working within the confidentiality restrictions of current California state law, the school principal and teacher should be informed on the HIV positive status of the infected child. This information in the hands of such responsible parties may be needed to understand the reason for nonimmunization with certain live virus vaccines to deal with potential transmission occurrences such as nosebleeds and to understand the reason for removal at times of the immuno-suppressed child during outbreaks in the school such as measles or varicella. There has been, and will continue to be, public pressure for the removal of HIV infected children from the schools. Pediatricians must respond with sympathy to these concerns but continue to remind responsible parties of the

realities of the very low risk versus the rights and welfare of the infected child. Sadly in our modern world and in a democratic society, absolute guarantees of safety are not possible.

The relative risk of HIV transmission in the daycare setting is at present unresolved. It is difficult to control the spread of body secretions such as saliva, urine, feces and blood among school children. In addition, assaultive behavior such as biting is not unknown among infants and toddlers. At the moment, therefore, the CDC recommends exclusion of HIV positive children from the daycare setting. For the well behaved, toilet trained child of three or four years, a different decision could be made on a case-by-case basis.

In summary, HIV transmission in the hospital setting is rare but is a concern to all health care workers. Nonsexual household transmission is quite rare. Current CDC recommendations support maintaining most HIV positive children in the regular school setting but discouraged the placing of HIV positive infants and toddlers in daycare.

ADOLESCENCE AND AIDS

Young adulthood (adolescence) is a challenging time for both patient and pediatrician. Teenagers have such high levels of energy and are continuously experimenting with life. It is well established that the teenager is an avid experimenter with fast cars, alcohol, drugs and sex.

As pediatricians and parents we have been struggling with these issues for years. Now as the previous issues of this newsletter have noted, AIDS (HIV infection) is no longer an adult illness. Teenagers have this feeling of immortality which allows them to put aside the consequences of their actions even in

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the face of overwhelming evidence of the harm that can be done. Practicing pediatricians will need to address the problems of AIDS in older children and adolescents.

The majority of cases of AIDS in adults have occurred in homosexual or bisexual men (65%) and intravenous drug abusers (17%). However, heterosexual spread of the disease is on the rise (3.7%).

In dealing with our adolescent population, we need to recognize the homosexuality is a common growing up experience. A study by Kinsey several years ago showed that 37% of young men reported some overt homosexual activity. 25% of all young men have more than incidental homosexual experiences and 10% of all those studied are more or less exclusively homosexual for at least three years. All this leads the young adult to increased risk of infection with the human immunodeficiency virus.

Surveys of adolescents have reported that as many as 1% of them use IV drugs. However, those who deal in innercity populations know that the number is higher. The risks of infection and accidents in teenagers who are involved in substance abuse is well recognized by the medical profession. Now we add the long term problem of HIV infections. Even those pediatricians not in large cities can no longer ignore AIDS. We must approach this area with new understanding and vigor.

When young adults are questioned about AIDS, 95% of them know about the disease but 8% are unaware that AIDS can be transmitted by heterosexual intercourse. 15% are unaware that AIDS can be transmitted by vaginal fluids.

In a recent survey of adolescents, 55% of them said they were sexually active (98% heterosexual, 0.7% male homosexual and

0.5% bisexual). Among sexually active teenagers, 15% said they would change their behavior because of AIDS; only 10% of them said they would abstain from sex to avoid AIDS; only 10% said they would use a condom during sexual intercourse. That leaves 87% of the sexually active teenagers practicing sexual behavior that puts them at an increased risk for infection with the human immunodeficiency virus. The most important aspect of the information available on adolescents and AIDS is that 54% said they do not worry at all about it.

Pediatricians will need to be well informed about AIDS to help their patients, parents and their community deal with the education, public health and personal health matters that are part of their entire problem.

Pediatricians will need to be more aggressive in dealing with their own teenager patients regarding sexual activity and IV drug abuse. Pediatricians will need to discuss at annual health evaluations these issues and, since there is no effective treatment for AIDS, both personal and public education is the most important aspect of medical practice in this area.

Encouraging appropriate testing is important among sexually active teenagers, especially those who have both unprotected and promiscuous sex. They are the ones at greatest risk for HIV infection. Pediatricians may be needed to provide counseling for those who test positive.

Consultation with a pediatric immunologist, pediatric infectious disease specialist or pediatric adolescent medicine specialist may be needed when your patients have problems with HIV infection.

The family pediatrician will still remain the main stay of care and information for families and the community in dealing with HIV infections in adolescents.

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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 (619) 245-3293.

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NEWS FROM THE DENTAL SCHOOLS

California Pediatric Dentistry is represented by the following residents in the three graduate programs:

- UCLA 1988:** Drs. Marianne Vermuri, Charles Lowe, Gary Okamoto and Paul Styr (Pedo-Ortho.)
1989: Drs. Lynn Wan, Beth Johns and Gary Niu (Pedo-Ortho).
1990: Drs. James Hori, Greg Rose, Robert Ripley, James Yee and Dave Adams (Pedo-Ortho).
1991: Dr. Susan Ishioka (Pedo-Ortho.)
- UCSF 1988:** Dr. Mark Dal Porto.
1989: Drs. Janice Briggs and Patsy Lin.
1990: Drs. David Lee and Maria Moore.
- USC 1988:** Drs. Demetris Bizoumis, Gerry Faison and Karen Sue.
1989: Drs. Kenneth Babon, Isabel Burdeus, Ay-Luen Fei and Ching-Chun Hu (Pedo-PhD; Cranio-facial Biology.)
1990: Drs. Aziza Alsaud, Chender Chiang, Oscar Luna, Gilbert Mak, Randall Niederkoher, Maria Parra and Haydeh Hamedanizadeh.
1991: Dr. Laurie Good.

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MEMBERSHIP

Active Members	307
New Members:	
Kathleen Siu	
Richard Skinner	
Teachers	15
Associate Members	12
Retired Members	5
Honorary Members	3
Students	23
TOTAL	365

THE NEWS FROM LAKE FRESNO-GON

by
CARIES N. SQUEELER

(Announcement of the Fourteenth Annual CSPD Meeting—Monterey 1989)

It seems the main topic of conversation this week at the Chatter Box Cafe was all about the upcoming meeting of the California Kidodontists. In April they'll be arriving in town for two or three days and preparations (they all know a lot about preparations) are well underway. Pond view and non-pond view rooms have been reserved at the EMPTY ARMS HOTEL—they can take their pick.

Bertha is filling a giant tank with salt water and sea critters and will put it on display at her KITTY BOUTIQUE. She hasn't, quite yet, figured on how to keep the kitties out of the tank; but, she's working on it. . . Maybe she could make sort of a dam out of rubber. She'll have to solve this vexing problem because these people actually plan to have a banquet around that giant tank—go figure that! I wonder if they'll be eating fish or what!

The locals figure the conclave will be great for the economy and the visitors will

have a whale of a good time besides. . . Renewing and making new friendships.

They're going to import North Carolina's Dr. "BOW TIE" JIMMY JACKSON to tell them about "100 ways couples can handle their money." Some other guy is coming from Iowa to talk about "Early Infant Care" . . . I didn't even know they had Kidodontists and now they even have babe-o-dontists. . . This Dr. Steven Goepferd is one, I guess. . .

(MEANWHILE BACK AT THE RANCH)

I was suddenly awakened by a loud squeel from my operatory. I had dozed off at the desk while trying to write a bulletin announcement for the Fourteenth Annual CSPD meeting at the MONTEREY PLAZA HOTEL, APRIL 6-9, 1989. You really otter plan to come.

*Dick Pace
 Meeting Chairman*

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COMPUTER USER SURVEY

The computer survey questionnaire published in the last newsletter received 32 responses from the membership. The survey is thus ONLY representative of a minority of the CSPD membership.

In order to facilitate the summarization of the results, I will try to be as concise as possible, and give all of you the information that may help you to better choose a system for yourself or re-evaluate the one you presently own.

SOFTWARE

Sixteen vendors were represented in the returned surveys. Paragon (formerly Dentomatics of California) represented 8 user offices; Alpha Dent and Alpha Health Care has 3 users each. The remaining software vendors included: Sierra Dental Systems, Data Con, Strand, Healthcare Communications, Datamedic, Computer Age, Data Trac, Triad, Praxadent, Trian, Moore, Sabre, and Santiago.

Software Enhancements and use:

The respondents fit into two main categories, big users and small users. The big users had most of the software online including payroll, scheduling, general ledger, etc. The small system users seemed to be more interested in the basics: A/R, insurance, billing, recall, birthdays, and some used peripheral or integrated word processors.

Support Services

The larger system users were more inclined to have both hardware and software maintenance. The smaller system users (including PC users) seemed to rely less on outside support.

I have summarized the replies in the table that follows. I will be reporting on system enhancements for the future and a users update column in the upcoming issues. Your questions will be investigated and the replies will appear in this column. Please address your questions to the **BULLETIN** Editor, attention "THE HACKER".

Survey Results:

Paragon Systems: 8 users; Dec Compatible systems; 3-12 terminals in each office; \$418-522/system maintenance for both hardware and software including modem support; response time=0:4 hrs.; all possible enhancements: A/R, Checkbook(s), Acct's payable, payroll (time clock), app't scheduling, word processing, general ledger; User Comments-poor owner PR, great system, good software.

Alpha Dent: Alpha Micro; 3-5 terminals (3 users); 1 uses hardware maint, 3 software maint. with modem fixes; response time=<1 hr to 1 day; 1 user on basic system/2 use all software; enhancements same as Paragon.

Alpha Health Care: Alpha Micro; 3 users/1 terminal each; time and material support—\$325/mo H+S; good system/no appt scheduling used routinely.

Sierra Dental Systems: NCR, JS286 hardware; 2-3 terminals/2 users; \$100-184/mo H+S maint., modem fixes; Basic system used; fair word processing, no appt scheduling used.

Data Con: Alpha Micro; 1 user/2 terminals; no maintenance; basic system; reliable, trustworthy people.

Strand: Data General/3 terminals/1 user; \$125/h+S; 1-4 hr response time; basic system used; no comments.

HealthCare Communications: Mac+/MacSE; 2 terminals/2 users; \$95/mo. H+S, NO MODEM; basic system; POOR training.

Datamedic: IBM SYSTEM/2 and 2 Compaq peripherals; \$90/mo. Software only; elementary system (no checking/accts payable or payroll)

Computer Age: IBM AT Clone; 2 terminals/1 user; \$50/hr support; minimal use of software; new user.

Data Trac: ?hardware; 2 terminals/1 user; \$250/mo H+S with modem; 1-4 hr response; most options used and available; no appt scheduling

TRIAD: Altos or Triad; 2-3 terminals/2 users; \$139-190/mo H+S, modem; 1 user on basic system/1 on enhanced software including scheduling.

Praxadent: unknown; 3 terminals; no modem; all functions except scheduling used; Getting new system.

Trian: IBM PC; \$135/mo H+S; minimal user

Moore: Altos; 2 terminals; \$250/mo, modem; basic minimal system, no recommendation.

Sabre: ??hardware; 2 terminals; no contracted maintenance; payroll and basic denat functions used; Comments: poor training and software flaws common.

Santiago: IBM AT + PC; 2 stations; no hardware maintenance/software only (\$100/mo.), modem support; elementary user functions.

Barry Cantor

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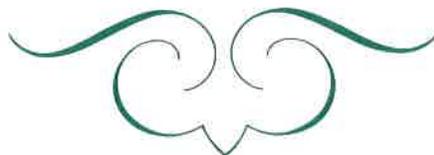


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