



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

SUMMER, 1990

Vol. XVI, No. 2



PRESIDENT'S MESSAGE

One of the nicest duties I will have as president of CSPD is to introduce our new Executive Director — Dr. Tom Barber. Tom not only served as our 4th president, but has trained many of the pediatric dentists in California during his years as Chairman of Pediatric Dentistry at UCLA. Tom's organizational ability along with the continued tireless efforts of the board and committee members will allow CSPD to better respond to the challenges ahead for our specialty and the children we care for.

I would also like to announce that the Nominating Committee and the Board of Directors have unanimously selected Dr. Weyland Lum as the CSPD nominee for the AAPD District VI Trustee position for the years 1991-1994.

CSPD was asked by the American Academy to participate in the recently completed Children's Miracle Network Telethon. AAPD was designated as an official sponsor through a donation made by Johnson and Johnson. Seven hospitals in California took part in the Telethon and I was able to find a CSPD coordinator for each hospital. The second phase of the project involves "Seal a Smile" days in which J & J would like participating hospitals or communities to provide sealants (J & J would provide the materials) to needy children. If you are interested in helping on the "Seal a Smile" program in your area — notify the CSPD coordinator for your hospital:

Los Angeles Children's Hospital	Dick Mungo
San Jose Good Samaritan	Randy Ligh
Sacramento UC Davis Medical Center	Jim Musser
San Diego Children's Hospital	Guy Lichty
Fresno Valley Children's Hospital	Dick Pace
Salinas-Monterey Salinas Valley Memorial	Jack Faia
Santa Barbara Santa Barbara Cottage Hosp.	Bob Ruby

The committees are functioning at a quick pace, considering this is actually the beginning of our society year. Specific projects will be covered in the Bulletin under "Board Briefs" and various committee reports. Future meetings of the Board of Directors will be on Saturday, October 13th and Saturday, January 26th, 1991. Let Tom Barber or I know if we can address any specific item for you at one of these meetings.

Have a Healthy, Happy & Safe Summer,

Mike McCartney

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MALPRACTICE DATA BANK AND CSPD PEER REVIEW

This spring, mandatory reporting began to a national data bank created by Congress to help protect the public from health care practitioners who might otherwise attempt to hide evidence of substandard care by moving from state to state, thereby concealing problems from individual state boards, hospital staffs, and other regulatory bodies.

The National Practitioners Data Bank for Adverse Information on Physicians and Other Health Care Practitioners was created by Congress as part of the Health Care Quality Improvement Act of 1986. Originally proposed to address the problem of *physicians* who evade the consequences on unfavorable peer review actions, the data bank was later expanded to include dentists and other health care providers. In addition to reporting malpractice awards, the data bank collects information from state licensing boards, professional organizations, specialty certifying boards, hospitals and group practice organizations (such as HMO's) that engage in formal peer review.

PEER REVIEW DECISIONS MADE BY COMPONENTS OF THE CALIFORNIA DENTAL ASSOCIATION, INCLUDING THE SPECIALTY ORGANIZATIONS, ARE NOT REPORTABLE TO THE FEDERAL DATA BANK. This is because federal reporting requirements apply only to peer review actions dealing with professional membership privileges. CDA's Peer Review System is a mechanism to arbitrate disputes between a patient and a dentist.

*Paul Reggiardo,
Chairman, Peer Review Committee*

LETTER TO THE EDITOR

1:5 Dilution of Buckley's Formocresol

In the January 1985 C.S.P.D. *BULLETIN*, and also at the table clinic at the April 1988 C.S.P.D. Annual Meeting, I presented directions for 1:5 dilution of Buckley's formocresol. These directions listed five parts of a glycerine-water diluent being added slowly to one part of Buckley's formocresol. To obtain a twenty percent (20%) dilution of formocresol, there should only be four parts of diluent added to one part formocresol.

Anyone who may have been using the five parts diluent to one part Buckley's, which is actually approximately seventeen percent (17%) formocresol, need not be concerned. Dr. Paul Loos of the University of Michigan School of Dentistry, who pioneered the research with the 1:5 dilution of formocresol, has recently stated to me that the slight additional dilution should be clinically insignificant. I am aware of pediatric dentists, with experience with the 17% dilution, who confirm Dr. Loos' opinion. However, since research papers use the 20% dilution, I would encourage those using a dilution of formocresol to use the mixing directions that appear below.

HOW TO DILUTE BUCKLEY'S FORMOCRESOL TO 20%*

The diluent is: 3 parts glycerine plus
 1 part water (sterile, distilled)
 Mix thoroughly (slowly—in small increments)

The formocresol is: Buckley's Formula
 Crosby Labs
 Burbank, California

Add 1 part formocresol to 4 parts diluent (slowly).

An example:

1. glycerine/water diluent
 90 ml glycerine
 30 ml water

 120 ml diluent

2. Add 30 ml of the Buckley's Formocresol to 120 ml diluent to obtain 150 ml of 20% (1/5) formocresol.

*Loos, P.J. and Han, S.S. An enzyme histochemical study of the effect of various concentration of formocresol on connective tissues. *Oral Surg.* 31:571-585, April, 1971.

Robert Dorfman

CLINICIAN'S CORNER

Electrofulguration For Pulpotomies The Wave Of The Future

For many years the standard of care for pulpal therapy in primary teeth has been the application of formocresol. Recently, however, research has been directed toward the unwanted local and systemic side effects caused by this medicament. The November-December 1989 *Journal of Dentistry for Children* notes that 50% of the specialists, and 55% of the pediatric dental departments surveyed are concerned with the potential "harmful effects" caused by the application of formocresol.

Gluturaldehyde has been suggested as an alternative pharmacotherapeutic agent. Many comparative articles have recently appeared. However, the April/May 1990 *Pediatric Dentistry Journal* (Feigel) notes; "Systemic distribution from pulpotomy sites, cytotoxicity, and mutagenicity are similar between the two agents."

Hence, we have the wave of the future. Fulguration: the drying up of tissue by use of a high frequency electric current applied with a needle electrode. Translation: electro-surgical pulpotomy.

Pulpotomy requires the removal of affected or infected coronal tissue, and treatment of the remaining radicular tissue so that a base and final restoration may be placed. The procedure can be considered successful if the primary tooth exfoliates without pathology, when the secondary tooth erupts.

Electrofulguration technique is simple. After coronal pulp amputation, use sterile pellets to dry the chamber. Then fulgurate the exposed pulp stumps. This causes a charring of the superficial cellular layers. Place your base, and restore.

The advantages of the electro-surgical technique are: (1) localized affect, (2) as yet, no reported systemic affects—allergenic, mutagenic, or cardinogenic, (3) very good to excellent hemostasis, and (4) speed—hemostasis in less than 20 seconds.

Two units I have reviewed are the Ellman Dento-Surg (Hewlett, N.Y.) and the Birtcher Hyforcator (El Monte, CA.). For more detailed information, you can contact our resident expert, Ron Mack, 415-759-6333, evenings and weekends.

Stephen J. Howard

If there are any topics you would like to see reviewed in this column, please call me at my office: 818-343-9119.

BULLETIN

CALIFORNIA SOCIETY
OF PEDIATRIC DENTISTS
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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.

BOARD BRIEFS

On June 15, 1990 the board of directors of CSPD met at the Los Angeles Airport Hyatt Hotel. In attendance, in addition to our board members was our newly hired Executive Director, Dr. Tom Barber. During the meeting, the duties and obligations of the director were continuously discussed and we anticipate a long and fruitful relationship with Dr. Barber. We all welcome you, Tom, and wish you well! Significant items in addition to routine business dealt with recommendations for new projects for the Professional Organization Outreach Programs, especially dealing with CSPD's interaction with the California Pediatricians. Any ideas from the general membership would be greatly appreciated. Please notify Dr. Ray Stewart with any suggestions.

We would like to have any member that will be attending the Boston ADA meeting please notify Dr. David Good.

We would also like to alert the general membership to be on the look-out for any discrepancies in the media, be it print, radio, or TV., with regard to Dentistry for Children and to please notify Dr. Barber who will see to it that a quick and proper response be made.

We would like the membership to be aware that the pediatric dental display from the American Academy of Pediatric Dentistry is available at no charge to any academy member for health fairs, talks, etc.

The following motions were proposed:

Motion: 6:16:90:1 Sobel/Pedersen—We accept the committee list which temporarily violates the guidelines dues to the number of members per committee. Passed.

Motion: 6:16:90:2 Wolkstein/Sobel—Move to adopt proposed 1990-1991 budget. Passed.

Motion: 6:16:90:3 Sobel/Pedersen—Move that board advise Jac Pedersen to shift \$3,000. into the contingency funds (reserve and excess) to more closely match our yearly expenditures. Secondly, that this be re-examined in one year to see that this closely matches the average yearly expenses. Passed.

Motion: 6:16:90:4 Sobel/Chan—Move that Dr. Weyland Lum be accepted by unanimous board approval as Nominee for District VI Trustee. Passed.

Motion: 6:16:90:5 Sobel/Wolkstein—Move that we approve Pediatric Research Award Criteria as presented. Defeated.

Motion: 6:16:90:6 Sobel/Wolkstein—Move to accept Silverado as the site of the 1993 Annual meeting the first or second week in April. Passed.

Phil Wolkstein

TREASURER'S REPORT 1989/90 FISCAL YEAR (ENDING 4/30/90)

INCOME

Dues	\$ 26,055.00
Annual Meeting	1,886.07
Sponsorship	1,500.00
Misc. Income	44.00
Interest (MM Checking)	833.31
Interest (CDs)	1,916.09
	<u>\$ 32,234.47</u>

EXPENSES

President	\$ 37.50
Pres Elect/Annual Meeting	5,102.74
Board Meeting/Expenses	5,483.11
Executive Secretary	3,214.97
Business Office Expenses	3,067.89
Editor (Bulletin)	3,479.47
Peer Review	274.63
Dental Care	150.00
Public & Prof. Relations	20.00
Site Selection	12.15
Credentials & Membership	6.60
Academy Liason (AAPD)	849.08
Great HM/HB (BBTD)	500.00
Membership Roster	1,345.56
Miscellaneous	361.99
	<u>\$ 23,905.69</u>

NET SURPLUS/(DEFICIT) 1989/90

\$ 8328.78

Treasurer's Report

The income and expense figures for the fiscal year are presented for membership information. The net surplus for the year allows C.S.P.D. to be in a sound financial position. The major reason for the surplus is less than expected expenses. The income figures were slightly less than proposed for the year. Operating funds are within the expected and usual range.

Jac W. Pederson



TOYS

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most pediatric dentists
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Report of AAPD — May, 1990 Academy Meeting in Boston

A busy two-day Board of Trustees meeting was held May 24 and 25, 1990, proceeding the AAPD Annual Meeting. The component representatives were well represented at the Board meeting and an evening working session for the components was attended by many Board Members. There was also a caucus of the representatives of district VI.

Please review Warren Brandli's report regarding the caucus and his summary of the meetings which was mailed to the membership in June.

1. The annual meeting was very well attended. Due to the separation of registration for scientific and social activities, the number of persons attending most social functions was moderate but did not negatively impact the meeting budget as this had been anticipated in advance. The total attendance, the number of table clinics and the number of commercial sponsors were the largest ever present. The welcoming reception, a lobster and crab feed at the Children's Museum was oversubscribed. Due to this, we have revised our estimates for the 1995 Academy meeting in San Francisco. Dr. David Good, as Academy President, presided over the meeting and our members were well represented within many Academy roles. Dr. William Vann, of North Carolina, was installed as the new Academy President.
2. AAPD - ASDC Relationship — The Board approved a statement of affiliation intent. A Committee will work out the details with a strong emphasis on preserving the specialty uniqueness.
3. The Council on Education of the ADA has approved the request for recertification of the specialty. This now goes to the House of Delegates in October. This involved a number of areas of disagreement and the issue of overlapping of scope of practice will again arise between the AAO and AAPD especially in the areas of accreditation guidelines for pediatric dental education. AAPD members are needed to be present at the Reference Committee Hearing of the ADA and reception in Boston in October.
4. Meetings have been held with and are planned with the leadership of the American Academy of Pediatrics. There is mutual support regarding the Vi-fluor program, a monograph on oral health to be distributed to all pediatricians; and changes in the AAP policy of who is responsible for the oral care of children below two years of age.

5. Miracle Children's Telethon — the AAPD has become the first health care association to be a sponsor. Johnson & Johnson will provide our corporate financial support and in addition, is sponsoring a Seal-a-Smile Day promotion in hospitals and clinics throughout the country.
6. Postgraduate Education — the postdoctoral match program has had its first successful year but additional participation is needed for more stability and control. Two new programs are beginning and the two Pittsburg programs are combining into one.
7. A stipend for the president and president elect has been approved by the membership. This will bring us into accordance with other associations and specialty groups.
8. Public Relations — corporate support has been successful and has allowed a decrease in the assessments for this purpose. A smaller dues increase will probably replace the assessment in the future. Additional materials are now available including:
 - new brochures
 - a camera ready newsletter. (Toothprints)
 - public relations manual sections dealing with controversial issues
 - Skyline display for meetings
 - McDonald's Happy Meals promotion — toothbrush with meal, ads, etc., Feb. 1991.
9. Quality assurance guidelines were discussed in a number of areas. Policy statements and guidelines were approved in hospital dentistry, pulp therapy and behavior management.
10. Dr. Paul Cassimasimo is taking over the position of editor of *Journal of Pediatric Dentistry*. Dr. Ralph MacDonald has retired.
11. A detailed discussion concerning major directions for the public image of AAPD. These concerned advocacy for children's health care programs and the function of the AAPD central office regarding its management of public relations and communications issues. A detailed memo regarding this with a number of proposals was presented by Jasper Lewis to the Board. These proposals were referred to the Public and Professional Relations Committee for evaluation and responses by the Ad Interim meeting.
12. The dental care committee has continued to be active in dealing with third party inequities. A recently available "Encounter Form" should be used to detail difficulties so that specific information is available when desiring changes.

13. A joint committee has been appointed to examine some aspects of the certification process of the American Board of Pediatric Dentistry. This is due to the small percentage of our members who have Diplomate status and the potential requirements of JCHO for specialty certification for hospital staff appointments.
14. The district VI caucus dealt with a number of issues but focused predominantly on the role and method of choosing the district Trustee. Unfortunately, the great majority of attendees were from California and only two other western states (only one component) were represented. To summarize: The interaction with the Academy Board members and the component representatives was quite enlightening. The chance to continue this representation of CSPD for a number of years will allow a more active involvement of CSPD at the national level and more complete information for our membership.

*Richard Sobel,
AAPA Liaison*

CSPD DENTAL CARE COMMITTEE REPORT 16 JUNE 1990

The Dental Care Committee has been addressing several important issues during the Spring Quarter.

1. MediCal-Results from the Medi-Cal/CSPD survey were summarized and submitted as a declaration on behalf of the MediCal eligible children through the National Health Law program. The lawsuit has proceeded to point to which the State of California must reply by July 13, 1990 and a hearing will be held August 26, 1990. The lawsuit is an extension of the OB/GYN lawsuit dealing with access of care. The lawsuit is requesting reimbursement levels sufficient to allow the same access to dental care as the general population as required by the Federal MediCare program.

CSPD was also able to share information from the survey with Dr. Peter Damiano. Dr. Damiano has completed an objective study funded by the California Legislature to evaluate the access to dental care for MediCal recipients. This legislative report will include an average of fees for preventative services, extractions and restorations solicited from pediatric dentists in Northern and Southern California for comparison with fees of HMO's and general dentists. This information is important since one of the possible recommendations is to increase the MediCal fees to a level above the overhead costs of the dentists, assuming a 60-65% overhead.

A pre-release report was reviewed by the Chair and it appears that a larger percentage of CSPD members accept Medi-Cal children than do the sample providers in the study. In addition, access to care is below the federal standards and worse than estimated by the state health director. Recommendations from the report are forthcoming.

The Dental Care Committee will develop a position paper after reviewing the final report from Dr. Damiano's group; the recommendations from the National Health Law Program lawsuit and recommendations from Dr. Robert Isman, Chief of the California Dental Health Section.

This paper can then be disseminated to appropriate dental, medical and child advocate contacts.

2. Direct Reimbursement (DR) has been shown to be a cost saving measure for the company that utilizes it; it offers Freedom of Choice for the employees covered by it; and it preserves the traditional fee-for-service concept for the dentists.

What has not been emphasized in most discussions of DR is that it provides a viable alternative to insurance plans that have become increasingly restrictive in terms of who is allowed to provide treatment. The proliferation of Preferred Provider groups and closed panels has resulted in an increasingly large group of patients that is denied services of specialists. This is particularly true in regard to Pediatric Specialty dental care. Typically, such plans require all dental care to be provided by general dentists and also, typically, care for very young children or difficult management cases is "postponed" or completely avoided. If the plan allows for referral to a Pediatric Dentist, it often is after lengthy delay and repeated unsuccessful prior attempts by a panel of general dentists. Such plans place these dentists in poor positions by requiring them to pay for specialty services from their capitation fees.

Direct Reimbursement, therefore, becomes a Quality of Care issue because it enhances the ability of young patients to obtain treatment from those best trained to provide that care.

Wayne Grossman has sent a letter of support to Dr. Robert Turner, Direct Reimbursement Pilot Program Chairman of the Santa Barbara-Ventura County Dental Society as approved by the Board. In addition, the draft of a letter to the CDA will be submitted for Board consideration. This letter is intended to encourage the CDA to take the lead statewide in promoting efforts to disseminate the Direct Reimbursement concept.

The Board of Trustees of the Academy of Pediatric Dentistry is supportive of DR but relies upon the ADA to administer the program. Dr. Bogart will be contacting the appropriate resource person on the Council of Dental

Care Programs from the ADA to assist CSPD with our DR effort. Lastly, Dr. Bogart suggested that CSPD contact the California component of the American Association of Orthodontists. It appears that AAO is spending significant monies to support DR and CSPD could accompany AAO representatives in their area.

Stephen Blain

RANCHO BERNARDO UPDATE

Rancho Bernardo Inn, 25 miles north of San Diego and just inland from La Jolla, recently dedicated their new spa and fitness center. The Inn will be the site of the 1992 CSPD annual meeting.

The Spa is a state-of-the-art TOTAL BODY CARE center, providing Swedish, Sports, and Shiatsu massage, as well as the latest aerobic workout facilities, sprint circuit, free-weights, computerized treadmills and workout cycles, Stairmaster and Sprintmasters. For relaxation, steam, sauna, whirlpool and massages are available. The Swedish-style massage is the traditional, full-body massage to promote circulation and relaxation of muscles and psyche. The Sports massage is designed not for relaxation, but for stimulation of body, loosening of joints, and invigoration of muscles before sports activities. It is also a lively way to start the day before the traditional C.S.P.D. Continental Breakfasts. The Shitatsu is a "finger-pressure", Oriental-style massage only rarely found at U.S. Spas and will be available to members and spouses on a special C.S.P.D. fitness program.

For golfers, Rancho Bernardo offers two on-site and one off-site course. The most spectacular is the on-site, breathtaking championship 72-par West Course, which must be played with almost rifle-like accuracy. Tennis aficionados will have the use of twelve pristine courts—four lighted and available for evening play. The Inn is home to a preeminent tennis college and instructional sessions will be available to CSPD members and guests at special rates.

Beckoning with cool blue waters are two splendid plaza swimming pools, each with adjoining hydro-spas. And, amid each housing cluster, is a private jacuzzi, which is available both during the days and into the late evening.

The fabulous Rancho Bernardo Inn promises to be a most memorable site for the 1992 annual meeting and a great follow-up to Hawaii in 1991!

Paul Reggiardo

MEMBERS IN THE NEWS

Dr. Marc Grossman, a pediatric dentist in Freedom, was named Dentist of the Year for 1989 by the Monterey Bay Dental Society.

CLASSIFIED ADS

All members are invited to place free classified ads. Non-members must pay \$25. Send typed information to the editor. If you do not contact the editor to continue your classified ad, it will automatically be discontinued.

VENTURA COUNTY

Left-handed pediatric dentist wanted to associate in Children's Dental Groups. Partnership desired. Contact Drs. Berger/Cantor/Lisagor (805) 983-0100, or write c/o Dr. Barry Cantor: 1755 Erringer Rd., #20, Simi Valley, CA 93065.

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