BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

SUMMER, 1991 Vol. XVII, No. 2

PRESIDENT'S MESSAGE

Sitting on my outside deck on a beautiful day, coming between a number of meetings and days of patient care, I am reminded that Frank Lloyd Wright once stated that, "A professional is someone who does his best work when he feels least like working." Communicating with all of you and guiding our organization are my responsibilities; and much has been happening.

As I stated in the last bulletin the goals for CSPD this year fall predominently in three areas:

(1) Child advocacy and greater access to dental care
(2) Improvement in our practices, both organizationally and in the clinical delivery of patient services, and
(3) Promotion of our specialty within dentistry and medicine, as well as with parents in California.

You should be aware of a variety of projects which have begun (or are ongoing) in these areas. Your input and participation is encouraged.

During the past few years, in a parallel with our Academy, CSPD is becoming recognized as the advocate and spokesperson for children's dental services. We are becoming supportive of and lobbying for a variety of issues related to the providing of care:

(1) opposing cutbacks in school based fluoridation and screening programs
(2) the Clark vs. Kizer Medical services availability lawsuit
(3) documentation of the lack of access for many children in many areas of California
(4) with pediatricians, supporting expansion of all periodic pediatric dental services, and
(5) responding to a request by the California Cleft Coalition to act on their position paper relative to dental services for children with craniofacial disorders. This would modify or supplement the current legislative medical insurance bill, to include dental and other health and care services for these patients.

Ad hoc groups are investigating areas to expand our services and practice:

(1) Office practical information sheets (and eventually electronic discs) are being developed which will present the basic, repetitive instructional information continuously given to parents. This will supplement, not replace, the more complex brochures used in our offices.
(2) Pediatric dentistry office manuals are being examined to collect and catalogue the desirable and useful information pertinent to our employees and practices. (Remember the usefulness of our Office Notebook Project).
(3) RDA/Auxiliary continuing education training in the disciplines important to pediatric dentistry. Here is a great void in this area and we are the source of "expertise" for these important people in our practice? This may lead to independant CE courses or sessions at our Annual Meeting.
(4) Improvements in record documentation in the areas of recognizable and useful standards as well as defined terms and consistant abbreviations.

Our interactions with the pediatricians of California will continue by:

(1) our articles in the *California Pediatrician*.
(2) our joint lobbying for health care
(3) our encouragement and sponsorship of a major speaker at their statewide meeting, and
(4) Proposing a joint project investigation and promoting the use of athletic mouthguards and bicycle helmets in California. This will include information to members of both groups (CSPD and CA-AAP) including practical methods for supporting these concepts and providing the needed services as well as promotion of these programs through schools and sporting organizations.

Fortunately, or unfortunately, these projects are not of one year duration. They require input and support from many members over a period of time. Hopefully, some activities will be immediately useable. Others will bring gradual benefits to our practices; and therefore our patients. Your contributions are desired.

In closing I would like to thank Suzanne Berger for her warm and personal "Memorial Essay" to Barry Cantor. This reminded me of how our thoughtfulness and concern can do much more than be "the dentist" to a child. Our caring deeply helps one another — Don't take your true friends for granted.

Richard Sobel

LETTERS TO THE EDITOR

Why was everyone in last Bulletin's photo collage smiling so much? Is CSPD really that much fun?

El Presidente

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PEER REVIEW REPORT

PEER REVIEW ACTIVITY

CSPD's Peer review Committee received and resolved four cases during the first quarter. We have received no cases to date this quarter and have no open, unresolved, or cases on appeal.

QUALITY EVALUATION MANUAL UPDATE

We received notice May 21 that CDA will revise its Quality Evaluation Manual. The manual was last revised in 1977. We have notified CDA that the section dealing with Pediatric Dentistry needs revision and will be providing them with the Academy's Quality Assurance Guidelines when available.

CDA PEER REVIEW SYSTEM

CDA is currently undergoing some internal Peer Review pains, that are creating some delays in case processing. They have operated without a secretary for some three months and CDA's long-time Peer Review Coordinator resigned effective May 31. CDA's Peer Review Committee operating presently with one temporary assistant coordinator, who has been on the job three weeks.

TRANSITION TO THE NEW CHAIRMAN

Because we have received no new cases since the Hawaii meeting, the transition of the Chairmanship to Dave Taylor is not yet completed. We expect the transition to be complete by the next Board.

David Taylor
Paul Reggiardo

CLINICIAN'S CORNER:
GRRR-INDING

What can be worse than the sound of fingernails scratched along the blackboard?

It's junior, fast asleep, grinding away. Mom shows up in your office one day with junior. They have just returned from vacation during which everyone shared the same hotel room. The only one to get any sleep was junior, whose grinding was so loud, that everyone else was kept awake.

Doctor, what is wrong with my child? Mom, you answer, what junior does *not* need is therapy to help cope with excessive stress.

What's happening, is that junior is responding to allergies. When the membranes lining the sinuses and eustacian tubes swell in response to an antigen, the gradient pressure between these cavities within our bodies changes with respect to that pressure outside of our bodies. *Subconsciously*, we sense that pressure and try to eliminate it by squeezing the teeth of our lower jaw against the teeth of our upper jaw, which in turn translates pressure up through the sinuses.

Compare this to the response of banging your arm against a hard object. The first response to the pain is to rub the sore area. The pressure eliminates the pain.

Similarly, consider those people that have 'ear problems' during the take-off and landing of an airplane. Chewing gum is the universal remedy to alleviate this often painful symptom.

Along the same line, people with colds, who are going to fly, are often prescribed a decongestant prior to their flight. The decongestant decreases the inflammation, which also decreases the ambient pressure increase within the sinuses.

A discussion of the diagnosis and treatment of allergy is best presented by either an ENT physician or an allergist. However, some or all of the following information may be useful.

For starters, there is little we can do for our patients who suffer from airborne allergies — short of suggesting they move! The use of a humidifier reduces airborne particles (particularly in the bedroom at night). Keeping the family cat and dog out of the bedroom, removing stuffed animals from the bed, and really cleaning the sleeping area reduces the presence of dander and dust particles. The object is to create a 'safe environment.' Antihistamines, used judiciously, before bed, work almost 100% of the time. Dietary control is hit or miss, Dairy products, chocolate, corn, peanuts (etc...) would need to be eliminated from the diet. Elimination period starts from 12 noon to the following morning. If this does not work, a 24 hour elimination period is used. Each phase should run for no less than two weeks (time for the body to eliminate/decrease the amount of offending antigens).

Finally, locate a copy of *Stigmata of respiratory tract allergies* (Upjohn, 1967) by Meyer Marks, M.D. Though very short, the text includes numerous photographs which provides examples of allergy related facial and intra-oral sequeli.

Stephen Howard

GRANT AVAILABLE

The professional activities committee, California Society of Pediatric Dentists, announces a call for proposals for grants in aid of up to $2,000.00 to support research projects. For details, please contact David Rothman, Chairman, Profefessional Activities, UOP, School of Dentistry, 2155 Webster Street, San Francisco, CA 94115, (415) 929-6558.

BOARD BRIEFS

The sixty-sixth meeting of the Board of Directors of the California Society of Pediatric Dentists was held at the Airport Marriot Hotel in San Francisco on June 8th. Present at the meeting were Drs. Sobel, Barber, Grabowsky, Berson, Duperon, Chan, Markle, Pederson, Blain, Berger, McCartney, Walker, Grossman, Reggiardo, Stewart, and Lum.

As with all of the board meetings, a lot of effort was expended and a lot was accomplished. Dr. Richard Sobel attempted to run the meeting at 45RPM rather than his usual 78RPM. He presented his goals for the coming year. The 1992 meeting in Rancho Bernardo promises to be an excellent meeting with Dr. McTigue as the featured speaker. Dr. Pederson reports that our organization is financially sound. According to Dr. Barber, our membership is now 370. Checks have been disbursed for research projects.

Board Motions are as follows:

6-8-91.1 McCartney/Chan — That CSPD obtain a booth at the 1992 Anaheim Scientific Session. That we use the AAPD backdrop. That PPRC organize and get a board member to volunteer to "man" or "woman" the booth. PASSED

6-8-91.2 Reggiardo/McCartney — That sponsorships be decreased to $600.00 for the current $650.00. PASSED

6-8-91.3 Reggiardo/Pederson — The chairman of the annual meeting will provide the treasurer with the profit/loss figures of the annual meeting within thirty (30) days following the meeting. PASSED

6-8-91.4 Pederson/McCartney — That the proposed 1991-1992 annual budget be accepted as modified. PASSED

6-8-91.5 McCartney/Grossman — That Drs. Rotner and Morris be granted life membership. PASSED

6-8-91.6 McCartney/Blain — That the executive director have the authority to make the decision to sell the CSPD mailing list to an outside group. PASSED

6-8-91.7 Walker/McCartney — That the executive director have the discretionary power to charge or not charge a fee for the directory or mailing list. If a fee is to be charged it will be $75.00 or the actual cost of preparing the list. PASSED

6-8-91.8 Blain/McCartney — Dr. Barber is to write a letter to Keith Ryan re dues. PASSED

6-8-91.9 McCartney/Berger — That CSPD host a "California Reception" at the AAPD annual meeting. Budget $600.00/year to be organized by the component liason. PASSED

Bob Berson

NEW AAPD TRUSTEE

Our new AAPD Trustee is a graduate of San Francisco State where he earned his B.A. in biology and proceeded to Case Western Reserve University where he earned his dental degree in 1964. After an internship at the University of Chicago Hospitals, he completed his pediatric dental training at the University of Illinois in 1967. He taught at the University of Pacific on a part-time basis until 1973. He was Chief of the Clinical Service of Dentistry for 11 years at Children's Hospital in San Francisco. Weyland was past president of C.S.P.D. and the Northern California A.S.D.C. unit. He just completed a three year term as Director on the Board of the College of Diplomates of Pediatric Dentistry. Currently he is a Board member of the San Francisco Dental Society.

One of my goals as your Trustee is to expedite projects that are valuable for the grassroots practitioner. For example, the new brochure on MALOCCLUSION took five years to complete. I believe projects like that should be done inexpensively and expediently.

I would encourage uniformity in our office paper formats. The AAPD has created a "Transfer of Patient" form which I think is a great idea. Some of you already have a similar form, and that's one of the problems I see. There must be as many different forms as there are practitioners. At least the AAPD can give direction as to the legality and format of office forms.

I further encourage the formulation of Guidelines like those passed at the San Antonio meeting. Those Guidelines as so helpful in helping us to verify the adequacy of the techniques we normally use in our practices.

I would recommend more C.E. courses in managing our practices as Warren Brandli has initiated. I have tried in the past to have the Academy repeat the same C.E. course in different parts of the country to avoid costly travel for members who want to attend.

Every attempt will be made to meet as many District VI members as I can. I want members to know who I am and feel comfortable when they need to contact me to relay some of their concerns to the Academy.

Weyland Lum
AAPD District VI Trustee
1991-94

CSPD AD HOC COMMITTEES 1991-1992

1. LEGISLATIVE LIASON
   Members: Tom Buch, Wayne Grossman
   Purpose: Communicate with political entities for CSPD regarding children's health issues.

2. OFFICER AND COMMITTEE RESPONSBILITIES
   Members: Mike McCartney, Phil Wolkstein, Paul Reggiardo, Tom Barber
   Purpose: Redefining job descriptions of officers, especially as they relate to Executive Director; reviewing changes of division of responsibilities between Dental Care and Public and Professional Activities standing Committees.

3. SHOPPING BAG/TRAUMA INSTRUCTIONS
   Members: Dave Markle, Wayne Walker
   Purpose: Arrange public service announcement (regarding treatment of children's trauma) on grocery store shopping bags.

4. PRACTICE INFORMATION MATERIALS
   Members: Richard Grabowsky, Jim Musser, Suzanne Berger, Weyland Lum
   Purpose: Development of patient information materials for membership distribution regarding pedodontic practices and procedures.

5. BULLETIN SPONSORSHIP
   Members: Suzanne Berger, Steven Howard, Don Duperon, Steve Chan
   Purpose: Review proposal for change of format using outside publications agency.

6. LIFETIME DUES
   Members: Joe Pederson, Weyland Lum, Don DalPorto
   Purpose: Review benefits and risks of one-time payment of dues for life members.

7. TMD EPIDEMIOLOGICAL STUDY
   Members: Dave Good, Danny Brostoff, Keith Ryan, Randall Wiley
   Purpose: Act as coordinating group to integrate CSPD members into AAPD research investigation.

8. ATHLETIC PROTECTORS
   Members: Randy Ligh, Gary Channer, Steven Howard
   Purpose: Propose and prepare joint project with the pediatricians of California to develop promotional, educational and delivery modalities for more extensive use of athletic mouthguards and bicycle helmets.

9. CSPD BROCHURE
   Members: Mark Lisagor, Mike McCartney, Tom Barber
   Purpose: Prepare brochure prompting CSPD, its membership and activities.

10. FISSURE SEALANTS/RDA FUNCTIONS
    Members: Mike McCartney, Phil Schlegel
    Purpose: Propose rule changes by Board of Dental Examiners to allow RDA's the expanded function of delivery of sealants to children.

TRADEMARKS, LOGOS, OR WHAT'S HIS NAME AGAIN?

(A Guide for Designing Logos for a Dental Practice)

Logos. Think of McDonalds. Think of Disney. Think of CBS. What makes them easy to remember? What imagery do they evoke? Why a logo? Browse through the Dental section of the Yellow Pages. Do these symbols qualify as logos? This article is intended to share current concepts in logo design.

A trademark is defined as a symbol, design, word, letter used by a company to distinguish and/or differentiate a product or service from those of its competitors. Common use of the term Logo usually is applied to a graphic symbol. Use of logos to identify medical and dental practices are gaining popularity. It is the "Hook", the "Sample" to entice the consumer to choose them. It is the sign of familiarity, a reinforcement, for present clients.

Michaelangelo once described sculpting as merely his efforts of "liberating" the forms inherent in the stone. Logo design is perhaps a bit more involved for us who are less enlightened.

Designing a logo begins with a definition of your practice. The product (logo) is as clear as the specifications. In order for a designer to execute what you have in your mind's eye, you need to provide the following background information for the "design brief." Describe the personality of the principle doctors; the practice; your position in the marketplace and the target market; and the competition. Logos encapsulate the personality of a business.

It's said that dentists are frustrated artists. Most of us however, don't have the artistic skill to do it well. In today's market, an amateurish attempt at logo design will be perceived as such by the consumer. Solely on the basis of a logo, when "your fingers do the walking" will your logo design distinguish you from the competition? Dental ads are replete with symbols of graphic symbols or anthropomorphic representations of molar teeth, toothbrushes, smiles, silhouettes or line drawings of either families or dentist with patients in a dental chair. Collect and survey logos in your area to compare. Avoid stock emblems (dentist cadeuces), cartoons, and caricatures. The logo must have multiple applications and be consistent to be effective.

The design brief summarizes the characteristics of the practice. The various applications of the logo must be described. Among the applications are Yellow Page ads, business cards, stationary, billing statements, brochures, even signage. A successful logo allows for reproduction on various surfaces. Keep the design simple. Symbols reproduce well in black and white with minimal lines. Colors can enhance a logo but be aware of the limitations when applying the image to other mediums. Will the image have the same impact when reproduced in black and white? Too many tones will lose clarity in certain applications when shrunk or enlarged.

The simplicity of design also allows a greater success with remembering the logo. Researching trademark designs at your local library can offer a wealth of ideas. Most successful logos are some form of optical illusions. The mind fills in the details of the image. You should be able to see the logo, close your eyes, and see it in your mind's eye. Detailed lines obscure memory.

The cleverness of optical illusions vary. They can create depth, three dimensionality, movement, activity, imitate other senses such as touch. They can be visual puns. If it's enough to catch your eyes, then the logo has done its job. The story telling that's evoked by the illuion is a form of subliminal marketing.

There is a common confusion between copyrights and trademarks. Copyrights protect the writings of an author against copying literary, dramatic, musical or artistic works. They are petitioned through the Library of Congress.

Registration of a trademark is the recognition by the government of the right of an owner to use the mark in commerce to distinguish his services. Trademarks and logos are offered registration through the U.S. Trademark and Patent Office.

Frequently used notations on trademarks are the "TM" and "SM" indicating "trademark" or "service mark" respectively. Both have no legal recognition by the government. Both notations are used as public declarations of ownership or intent to register the device. The use of the symbol R in a circle indicates the mark is officially registered through the U.S. Patent and Trademark Office.

Steve Chan

BULLETIN

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CONTRIBUTIONS

CSPD members are encouraged to contribute to the BULLETIN. Articles, letters to the editor, or other items of interest are welcome. The next deadline for submission is October 19, 1991. Items for publication must be double-spaced, typewritten and of reproducible quality for Xerox or Fax.

RISK MANAGEMENT

The following is a case presentation provided to us by the **Dental Risk Management Foundation. DRMF** is a non-profit educational organization dedicated to informing dental professionals about risk management. For further information, contact **DRMF** at 155 Sansome Street, Suite 620, San Francisco, California 94104, 1-800-634-3557.

DENTAL MISHAPS: HOW THEY HAPPEN AND WHAT TO DO

Most of the lawsuits that are filed against dentists involve unhappy patients who sue their dentist because they are not satisfied with the outcome of their treatment. They expected a different result and want to be compensated for their disappointment. Or, they have been advised by another dentist that some other procedure or teatment plan would have been more appropriate, or that the quality of the work is inadequate. The patient's attorney presents expert testimony that the work was substandard or inappropriate, and the defendant dentist's attorney presents testimony that the work was within the standard of care, and that the dentist was not negligent. After considering the opposing views, the jury settles the matter by accepting one expert's testimony and rejecting the other's.

There are other lawsuits, however, where reasonable minds do not differ as to the treatment rendered. In these cases it is clear that the patient deserves compensation. This case involves that kind of lawsuit — the kind that is filed after there is a mistake on the part of the practitioner.

The case: an example of how a mistake can happen in a pediatric dental office

On the morning of the mishap, two children were scheduled in the pediatric dental office for dental extractions related to their individual orthodontic treatment plans. One was a ten year-old who was scheduled for the removal of her maxillary deciduous first molars. One was a eleven year-old who was scheduled for the removal of her maxillary deciduous first molars and her partially impacted maxillary permanent first bicuspids (numbers 5 and 12). *Both children were named Jennifer.*

The appointments were scheduled 45 minutes apart in the book, with a short recall appointment in between. Unfortunately, the ten year-old was late for her appointment and the eleven year-old was about fifteen minutes early. As a result, both girls who needed extractions were seated in adjacent operatories, at the same time. To further set the scene for a mistake, a dental instrument normally used only when extracting bony impactions was set on the tray in the ten year-old's operatory.

The dentist stated later that he greeted the ten year-old patient as follows: "Hello, Jennifer. So, we are going to take out some teeth today." Jennifer nodded. He mentally noted the instruments on the dental tray, then proceeded to extract both the deciduous molars and teeth number 5 and 12 (which were indeed impacted). He then stepped into the adjacent operatory to greet his next patient and instantly discovered the mistake.

What should a dentist do if an accident does occur in his office?

What happened next, to a large degree, helped to establish the favorable legal outcome in this case. The dentist immediately called in the patient's mother and explained what had happened. He apologized and assured her that whatever was necessary would be done for her child to take care of the situation. He then called the orthodontist and aranged for an immediate consultation with the child and her parents. After dismissing the patient, he called his malpractice carrier and reported the incident.

Throughout the future contacts with the parents and the orthodontist he remained professionally and reassuring. He did not attempt to blame anyone, and took full responsibility for the accident.

The claims representative from the insurance company worked with the parents to arrange for consultations with specialists who could work out a treatment plan for the child. When the time came to reach a monetary amount sufficient to pay for corrective orthodontia and for crown and bridge work over the life of the child the parents were invited to consult their own representative to make sure that the child's needs would be adequately met.

As a result of these prompt and cooperative efforts, the parents believe that they were being treated fairly and with compassion. An agreement was reached as to the damages, and all parties felt that the amount paid was both fair and adequate. **A lawsuit was never filed.**

In cases such as this, the dentist and the malpractice carrier are well advised to try to settle the matter before a formal lawsuit is filed. Once an attorney is engaged, legal fees will often be "silently" figured into any settlement figure approved by a judge. Furthermore, settlement figures proposed by plaintiff's attorney's are usually quite high, in order to allow room for bargaining later.

Sometimes the patient will engage an attorney regardless of anything you say or do. In those cases, your insurance carrier will assign legal counsel to represent you. And, it may be necessary to litigate the question of damages if the patient refuses to settle the case for a reasonable amount.

If you do have a mishap, always contact your insurance carrier immediately. The insurance company has had experience handling these situations and will be able to advise you.

This case history was written by Linda J. Garrett J.D., Vice President of Dental Risk Management Foundation in San Francisco. Ms. Garrett is a former dental malpractice defense attorney who now specializes in dental risk management.

GOLF UPDATE - RANCHO BERNARDO

After six months of major renovations, the West Course at San Diego's Rancho Bernardo Inn, site of next year's Annual Meeting, is in the best shape in its nearly 30-year history. The famed course if more challenging and playable than ever according to PGA Professional Tom Wilson, director of golf at the Inn. Members and guests will have access to both the 72-par West Course and the even more challenging 27-hole Oaks North Executive Course during their stay.

According to golf chairman John Fowle, the 12th hole has been rebuilt with a new green, new tees, and new fairway bunkers and now plays as a 504-yard par five; previously it was a 382-yard par four. The 17th green now has two tiers, two expanded bunkers, and a third added bunker. In all, 12 tees have been newly reconstructed and seven bunkers reshaped. Untouched is the notorious 9th, awaiting the unsuspecting with small target, pond, traps, even a rock wall.

The modifications, which are complete, ensures that the Rancho Bernardo Inn's West Course continues as one of the best resort courses in the Western United States.

DINING AT RANCHO BERNARDO,

El Bizcocho, Rancho Bernardo Inn's premier restaurant, received top honors in this year's **San Diego Magazine** annual Critics Choice awards. "El Biz," which takes you back to an era when elegant atmosphere and superior service were essential to fine dining, received the nod for Best Service, Best Hotel Restaurant, Best Wine List, Best Continental Restaurant and Best Brunch in San Diego. Awards are not new to this fine restaurant, which is consistently recognized as one of the finest restaurants in Southern California.

Wine? **El Bizcocho** has one of the San Diego area's finest and most extensive lists, with over 500 selections from which to choose.

In addition, the more casual **Veranda** is available for breakfast, lunch, and dinner. The menu is a masterpiece of traditional American fare in the evening, offering selections such as Broiled Swordfish with Tomato Bernaise, Prime Ribs Au Jus with Creamed Horseradish, and Sauteed Filet Mignon with Brandy and Cracked Black Pepper Sauce.

La Jolla, with its many shops and restaurants, may beckon some members to venture away for a day or evening, but for those wishing to relax in an atmosphere of charm and comfort throughout their weekend, the Rancho Bernardo Inn provides everything necessary for a perfect stay, as befits a top resort.

The Annual Meeting at Rancho Bernardo Inn will be held April 2-5 next year.

News From The Dental Schools:

CONGRATULATIONS 1991 GRADS!

Attention CSPD members! Remember what it was like when you first started practice? Scary! Thank goodness for the friendliness of our fellow Pedodontists. Please make an effort to look up and take an interest in our recent graduates:

From U.C.L.A.:

Dr. Peter Chiang was born in Taiwan. After graduating from high school in Seattle, Washington, he attended U.C.L.A. and received a B.S. degree in kinesiology. Dr. Chiang continued his education at U.C.L.A. and received his dental degree in 1989. Upon completion of his post doctoral studies, Peter plans to go into private practice in the California central coast area.

Dr. Michael Leong, a native of San Francisco, graduated from Pacific Union College in Angwin, CA with a B.S. degree in biology and a minor in chemistry. He earned his dental degree at Loma Linda University School of Dentistry. After practicing general dentistry for a year, he pursued his postdoctoral education at UCLA. After graduation, Mike and his fiance, Princess, will be married in July and plan to relocate to the Bay Area.

Dr. R. James Richardson attended UC Riverside, earning his B.S. and M.S. degree in biochemistry. His research concerned the toxic effects of pesticide by-products on respiratory tissue in small mammals. He received his dental degree at Loma Linda University School of Dentistry. After graduation, Jim plans to have a solo practice in Corona and associate with Craig Coy in Pomona and Douglas McGavin in Yorba Linda. He and his wife Linda are expecting a baby in mid-summer!

Dr. Susan Ishioka, a native Californian, earned her B.S. in biology and D.D.S. from UCLA. After graduation, she completed a one year general dentistry residency at the Long Beach VA. She returned to UCLA to enter the combined Pediatric dentistry/Orthodontic program. Dr. Ishioka is currently completing an M.S. degree in Oral Biology. Her future plans include working with a pediatric dentist in the South Bay and an orthodontist in Southern California.

From U.S.C.:

Dr. Lori Good graduated from UCSD with a B.A. in Biology. After receiving her dental degree from UCSF, she completed a one year general practice residency program at Mt. Zion Hospital in San Francisco. In addition to a certificate in pediatric dentistry. Lori will receive an M.S. in Craniofacial Biology. Her thesis was on skeletal development in fetal mice. After a well deserved summer vacation, Lori plans to practice in San Diego.

Dr. Carol Miyahara completed her undergraduate studies at UC Berkeley and dental degree at Northwestern. She is presently doing fluoride research. Carol plans to return to Hawaii to practice.

Dr. Fariborz Rodel studied at San Diego State and continued his dental studies at USC. He is currently doing research on electrofulgaration use in pulpotomies and the use of LASER in dentistry. He would like to associate in the Los Angeles area.

Dr. Kevin Snaer completed both undergraduate and graduate studies at USC. His research is concerned with sterilization procedures. Kevin plans to associate with his father, Dr. William Snaer, in Arcadia, CA.

From UCSF:

Dr. Linda Rafferty graduated from our Dental School in 1989. After completing her postdoctoral studies, Linda plans to associate in the Sacramento/Solano County areas. Linda is married with two daughers.

Dr. Alan Sato also graduated from UOP Dental School in 1989. His post graduation plans include looking for an associate position in the Greater Bay area. Alan and his wife, Linda, are expecting their first child in November:

Ann Azama
Graduate Student Liason

Officers and Members of the Board of Directors—1991-1992

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PROFESSIONAL ACTIVITIES:
- David Rothman, Chair
- Larry Luke
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