



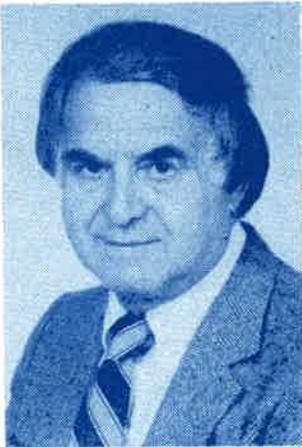
BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

JUNE 1982

VOL. VIII NO. 1

President's Message



Being able to serve as your president is indeed a great honor—one I am truly proud to have. Especially is this so when, after the Palm Springs meeting, I thought about how this organization has grown. I reflected back on my involvement in the "early days" of being a member of a committee to help organize the Pedodontists of California into a society to represent our best interests. I went back and looked at my files on CSPD and was able to recall in 1969 the opposition to my attempts to start up a group

as we are now (some of that opposition still has not joined CSPD). It was discouraging until we all received the letter from Weyland Lum, et al, early in 1974 calling for an organizational meeting of a pedodontic (pediatric dentists) society or association. By now it was evident that a good many Pedodontists in California knew that the time had come for a single voice of the pediatric dental specialty in California.

There is no question that we have come to and do represent now the best interests of the pediatric dentists in California.

I succeed now in the presidential "lineage" of Weyland Lum, Dave Good, Ed Mack Tom Barber, Bob Weis, Roland Hansen, and Chuck Spitz. All of us can remember, I am sure, significant contributions each of these presidents have made to the advancement of CSPD. They, as I, do firmly believe in the purpose of our society. I too hope I can make a significant contribution in directing our society's future. The opportunity to do so is with all of us now and, with the help of the Board of Directors, I look forward to the duties and tasks that the president is responsible for.

I am in the process of appointing members to our standing committees and would like to encourage different people to participate. These names will be published in the next issue of the *Bulletin* which is being put together by our new editor, Lonnie Lovingier. I also feel some constitutional changes will be needed to reflect our growth.

This year will be a monumental one as we begin our relationship with the media firm, Hill & Knowlton of San Francisco. The membership present at the Palm Springs meeting, after hearing the plan explained by Bob Weis and his committee of John Groper and Roland Hansen, agreed that it was in the best interest of the Pedodontists of California to engage in this plan of a public and professional media approach. I sincerely hope that the rest of the membership agrees with this philosophy of what CSPD can do for its membership and will in good faith support the \$100.00 assessment we need to begin.

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A Promotional Concept To Be Initiated By CSPD

For several years the Board has been concerned about the busyness of pediatric dentists and also aware of the need to raise the public's awareness of pediatric dentistry.

Earlier this year CDA started a marketing program designed to raise its conscious level of dentistry in general in the public's mind. The Board felt that any marketing activity undertaken by the Society would target on the infant-young child area, and would thus piggy-back on the CDA campaign.

We looked at several possible ways of handling a program, even doing it entirely from within the Society. We decided upon the advertising firm of Hill & Knowlton because of their having handled the ad campaign of the Academy of Pedodontics.

Hill & Knowlton accepted the challenge to deliver a package within the framework of our budget. They accepted it as that—a challenge to produce something meaningful and yet meet our cost needs.

Their strategy will be to enhance awareness and visibility of pediatric dentistry among key target audiences and to make sure they clearly understand the unique and important role of the Pedodontist, and by enhancing this awareness to increase the flow of new patients into pedodontic offices.

This promotional concept was unanimously approved by the membership at the recent annual meeting.

The Society's Marketing Committee (John Groper, Roland Hansen, and Robert Weis) along with president Hugh Kopel will work closely with Hill & Knowlton to determine which approaches to pursue most vigorously and also give them input for other methods of enhancing the busyness of our members.

To fund this three-year program, the membership voted a \$100.00-per-year assessment of the membership.

—Robert W. Weis

A Memorable Meeting at the Palm Springs Spa Hotel

The seventh annual meeting at the Palm Springs Spa Hotel was one of the best ever for our society. The meeting was well planned with much credit going to Hugh Kopel. Those who attended will fondly remember the varied program, the social and recreational events, and a productive business meeting.

The selection of the speaker, Dr. Thomas De Marco, was great; he held the group's interest without a doubt. His lecture on "A Financial Strategy for the '80's" was filled with useful information, included a comprehensive handout, and a superb presentation of fine jokes that kept us rolling in laughter.

The program also included very interesting table clinics on

Continued on page 4

Letters to the Editor

—ASSESSMENT—

The unanimous decision was made, after a very lengthy discussion, to assess each member \$100.00 for a promotional campaign. One member, Kent Payne, told his story of the now-extinct dinosaur and highlighted his reasons for being in favor of the Hill & Knowlton public relations program. Kent summarizes his feelings in this letter to the editor.

Dear Editor,

My reasons for being in favor of the Hill & Knowlton public relations program are:

1. It will help to counteract the poor coverage of pediatric dentists in ADA's "Consumers Guide to Dental Health," 1982, selecting a specialist, page 34C. I feel they have discounted Pedodontists by virtue of a minimal paragraph relative to Pedodontists (*much* less than any other specialty).
2. It will help counteract the attitude of some of the G.P.s that question the validity of pediatric dentistry as a specialty.
3. It will clearly identify the Pedodontist and what he does, thus ending the confusion such as, "You're a Pedodontist . . . you work on feet?"
4. The Hill & Knowlton program will present information in such a way that pedodontics will grow in stature in the public mind. My ego would enjoy this.
5. It provides a public service by letting people know that such a specialty exists, and can provide superb care for all children, it can provide care for some children with special problems that cannot be found elsewhere.

These are my primary expectations. The success of the Hill & Knowlton program will require more than money . . . also needed will be active participation and involvement by each of us.

—NISENTIL—

Dear Editor,

Since so many members may have discarded the letter sent to us bulk mail by Roche Laboratories, I feel it may be worth reprinting.

Dear Doctor:

Nisentil® (alphaprodine hydrochloride/Roche) Injectable, introduced in 1949, is a synthetic, rapid-acting narcotic analgesic (Schedule II) with a short duration of action. We voluntarily withdrew Nisentil in September 1980 after having received reports of several adverse reactions which were apparently associated with the usage of the drug not specifically within our package insert recommendations. These adverse reactions occurred, most notably, in pediatric dental procedures when Nisentil was used in excessive dosage and/or by an improper route of administration, usually in conjunction with a phenothiazine and without appropriate precautionary measures.

While we anticipated that the withdrawal of Nisentil would meet with some disapproval from the many practitioners who had used the drug without incident, we were unprepared for the avalanche of objections which were and are still being received. Many of these came from those dentists and oral surgeons who apparently view Nisentil as a drug of choice in pediatric dentistry when a short-acting narcotic analgesic is required.

In order to study the situation, we obtained individual case reports of more than 7,000 children who had received Nisentil during dental procedures. In addition, we have on hand data comparing the adverse effects of meperidine and Nisentil in dental usage which indicate that Nisentil is as safe as or safer than meperidine in these procedures when used appropriately (please see enclosed complete production information).

We are pleased to announce that Nisentil is now available with indication for pedodontic use.

—Nisentil is contraindicated in patients with a known hypersensitivity to this drug or to other opiates.

—Nisentil should be used with great caution and in reduced dosage in pediatric dental patients who are receiving other narcotic analgesics, general anesthetics, tranquilizers (including phenothiazines), sedative-hypnotics (including barbiturates), tricyclic antidepressants, MAO inhibitors and other CNS depressants. The depressant effects of Nisentil are potentiated in the presence of such drugs. *Fatalities, severe cerebral damage, respiratory depression, hypotension and profound sedation or coma may result.*

—In pediatric dentistry, the usual recommended dosage is in the range of 0.3 to 0.6 mg/kg by *submucosal route only*. Nisentil should *never* be administered intramuscularly because absorption is too unpredictable.

—Routine narcotic reversal with Narcan (naloxone hydrochloride) should be performed following each procedure when Nisentil has been administered.

—Nisentil should be used only when resuscitative equipment and personnel trained in such use are immediately available. Nisentil can be obtained from your local pharmacy or from a drug wholesaler. As a CII agent, Nisentil requires narcotic ordering procedures.

—Elverne M. Tonn

—FLUORIDE SUPPLEMENTATION WITHOUT WATER ANALYSIS?—

Dear Editor,

A great number of cities and communities have water supplies that are not naturally or artificially adjusted with the optimum amount of fluoride recommended for daily consumption. At this time there is a great deal of scientific information that supports the use of systemic fluoride supplementation. The American Academy of Pediatrics, the American Academy of Pedodontics, and the American Dental Association have recommended a dosage schedule based upon the patient's age and the fluoride content of a patient's water supply. Without the accurate determination of fluoride content of a patient's water supply, it is not possible to prescribe accurate supplemental fluorides. Because of the esthetically displeasing appearance of fluorosis, caused by excessive intake of fluoride, it is prudent to make supplemental fluoride recommendations only after an individual assessment of water supply, patient's age and other sources of systemic fluoride.

To aid you in accurately prescribing supplemental fluorides, the Pedodontics Department of Loma Linda University now offers a fluoride testing service. Upon request we will supply water sample mailing containers and instructions on their use. For a fee of \$8.00 we will test each water sample and return to you a written copy of the test results. If requested we will also be glad to provide you with the current recommended dosage schedule approved by the Council on Dental Therapeutics of the American Dental Association.

For more information about the fluoride testing service write:

Department of Pedodontics
Fluoride Testing Service
Loma Linda University
School of Dentistry
Loma Linda, CA 92350

Peer Review Update

Everyone wins. The consumer has a source to seek redress for frustrations, whether real or imagined. The dentist has the opportunity to be judged by his peers and, even with an adverse decision, to avoid expensive and time-consuming legal procedures. Third parties and dentists have an avenue to solve insurance disputes.

The California Dental Association Peer Review Process has evolved into a sophisticated uniform system that has earned the respect of the entire health professional field. That success is due to the countless hours expended by volunteer committee members and panelists determined to resolve each case in a fair manner.

Specialty Review was incorporated into the system in March of 1981. In its first year CSPD was asked to solve 18 cases. Twelve have been completed.

In peer review, like dentistry, prevention should be our goal. Our ounce of prevention should be a hearty dose of communication. Thoroughly discuss your treatment plan. If those goals and treatment time expectations change, inform the parents. Make them partners in your progress and problems. When disputes arise, your best protection is good records. Routinely record and date parent communications. Note broken appointments and non-cooperation that may extend treatment time.

As the committee accumulates more case experience it intends to share with the membership common problems to help in avoiding peer review. Paul Reggiardo is the new chairman of CSPD Peer Review. His leadership will continue to improve this valuable service to pediatric dentistry.

—Mel Rowan

1983 Annual Meeting

The Quail Lodge in Carmel Valley has been tentatively selected as the site for our 1983 CSPD Annual Meeting. The date of the meeting will be March 17-20, 1983.

You will recall that the Quail Lodge was the location of our meeting in 1976. Everyone who attended will have to agree that its first class accommodations and the resort facilities are ideally suited to our needs. It is conveniently located to provide enjoyment of the sights of Carmel and the beauty of the Monterey Bay Area.

Editor's Note

I appreciate the opportunity to serve CSPD as editor of the *Bulletin*. I know it will command a tremendous amount of time. Starting this year we have an editorial committee consisting of Ed Hoffman, past editor, Bob Dorfman, and myself. With some organization we plan to publish a *Bulletin* that will be useful to you.

Since the *Bulletin* is yours, personally, to communicate with your colleagues and friends, you must participate to make it worthwhile. Address two envelopes to the editor (back of *Bulletin*). Date one Nov. 1, and the other April 1. Between now and these dates, write letters, save articles, make notes of interest, or members' activities; save jokes, cartoons or funny things occurring in your office, or even any classified ads. Place anything you feel may be of interest in these envelopes. Mark your calendar to remind you to mail the envelopes to me on those dates. Circle this paragraph, hand it to your assistant and tell her to set it up when she has a minute. Now you have the mechanism to make sharing easy

—Lonnie Lovingier, editor

President's Message —continued...

from page 1

One other "piece of business" I feel will need our attention. The American Academic of Pedodontics will be looking at a new proposal (put together by our Dave Good, head of the constitution committee) for an official relationship to regional pedodontic societies. We will need to react to this proposal at our 1983 annual meeting if it is approved by the AAP at its 1982 meeting in Houston.

—Hugh Kopel, President

News from the Dental Schools

News for USC is that some of the graduate students are in fact graduating. (Editor from UCLA) Andrea Berryhill, who is married to an orthodontic graduate student at the cross-town rival, UCLA, is planning to go to the Visalia area. Terry Horlick is moving to the gold country of California at Grass Valley. Bill Boggs is working in Los Angeles and will stay in the area. He's married to USC's last year graduate Pedodontist, Cathy Siu (inbreeding). Francisco Munzo will return to Mexicali to teach at the university there. David Okawachi has no known plans right now. If our information is still correct, USC has accepted five graduate students—three from USA schools, one from Greece and one from Japan.

From UCLA we received the following information.

- Suzanne DeBall, DDS, was born in Corpus Christi, Texas, and received her bachelor's degree in anthropology at the University of Southern California. She then went on to receive her DDS degree from UCLA School of Dentistry. Suzanne is currently enrolled as a postdoctoral student of pediatric dentistry at UCLA and is expected to complete and receive her certificate in June, 1982.

- Stephen Pauly, DDS, was born and raised in Keene, Texas, where he also attended Southwestern Adventist College. Following his freshman year, he was drafted and served two years in the Army, most of which was spent in Korea as a medical corpsman. After being discharged, he returned to college at Keene and finished in 1976 with a major in biology. Steven then attended Loma Linda University School of Dentistry and while there met and married his wife Rosalyn. He received his DDS degree in 1980, and continued his postdoctoral studies at UCLA in pediatric dentistry. Upon completion of his pediatric dentistry program, Steve and Rosalyn will be moving to Fort Collins, Colorado, where they will be starting a private practice.

- Robert R. Ruby, DDS, a native of St. Louis, Missouri, received his bachelor's degree in biology from the University of Missouri-Kansas City in 1976. After graduation, he attended University of Missouri-Kansas City Dental School. While attending dental school, he was an active member of the Admissions Committee and taught part-time in pediatric dentistry. Upon graduation, he received an award from the American Society of Dentistry for Children for an outstanding pediatric dentistry contribution. In 1980, Bob went on to pursue his postgraduate training in pediatric dentistry at UCLA. Upon completion of the graduate program, Bob plans to practice and do part-time research.

- Wayne T. Tofukuji, DDS, a native of Southern California, received his bachelor's degree in biology from California State College at Dominguez Hills. After graduation, Wayne attended dental school at the University of Southern California. After being in private practice and teaching for one year, Wayne went back to pursue his postdoctoral studies at UCLA in pediatric dentistry. Wayne and wife Marcia and their new daughter Kristine will stay in Southern California after completion of his studies.

CSPD wishes each of you graduating Pedodontists the best of luck and we hope we may be able to help you and serve you.

In our next *Bulletin* we hope to hear from Northern California.

Project: Internal Promotion

Recently I talked with Mike McCartney to find newsworthy information on our internal promotion project. I must apologize that I never returned his original questionnaire. I felt my office was as routine as the next, and that I had nothing special or unique as a patient-grabber. I now feel I missed the point and did not understand the magnitude and potential of this information-gathering project. Suppose you wanted to create a functioning superbill (patient receipt accepted by insurance companies) and avoid time-consuming insurance claim reports; you would like to practice like all your MD buddies and not deal with insurance claims at all. If all of us who use superbills had checked that off on the questionnaire or sent in a sample form you could contact each of us and create an even better superbill. Perhaps the entire CSPD might wish to organize a superbill and mail them to us so we could standardize our billing procedures. No one has a bank of this sort of resource information and the potential for its use is endless. You'll receive another questionnaire. Please fill it out and return it as soon as possible.

Let's look at internal promotion as not only a means for us to promote our practice, but a means to promote our unity and strength as a group. CSPD is a body of members of common goals and common problems. Let's unite together in not only achieving our goals, but solving our problems.

—Lonnie Lovingier

Memorable Meeting —continued...

Sunday morning followed by an excellent presentation on the use of computers in pedodontic practices. The panel of speakers moderated by Howard Dixon included members Bill Snaer, Ron Mack, John Groper, and Robert French, who discussed different aspects of computers in their offices.

The welcome cocktail party was a good time for many of us to visit with our friends and meet new ones. The luncheon on Friday was highlighted by the president of the American Academy of Pedodontics, Dr. Vincent Liberto, who let us know what the Academy is doing for all of us on the national level. The Saturday evening banquet was a very nice occasion. The pre-banquet cocktail hour was graciously hosted by the University of Southern California School of Dentistry. At the banquet, acknowledgments were made to our new honorary members, Dr. Reidar Sognaes and Dr. Marvin Stark. The choice of these two people of such high caliber truly enhances our membership. Also that evening, the installation of officers let us all see the interested, dedicated group at the reins of our organization.

The business meeting was a very eventful one. After a great deal of effort and discussion for many months prior to the annual meeting, a public relations program was presented to the members. The very professional and well thought out plan was approved by a unanimous vote at the meeting. All members are highly encouraged to support the decision to pursue the promotional campaign.

The Palm Springs meeting was a great success. We can look forward to next year's annual meeting at Quail Lodge in Carmel Valley.

—Robert Dorfman
Editorial Committee



Dental Abstracts

AN INVITRO COMPARISON OF NONVITAL BLEACHING TECHNIQUES IN THE DISCOLORED TOOTH

W. F. Freccia, et al

In this study, teeth were stained in vitro to compare and evaluate the results of three commonly used nonvital bleaching techniques: the thermocatalytic, the "walking bleach," and the combination. The three techniques were equally effective in bleaching crowns in which pulpal hemorrhage was the primary cause of discoloration. The rapidity of the walking bleach technique in respect to a decrease of operator time was highly significant &P 0.0000).

J. Endodontics, Feb. 1982

THE EFFECT ON PERIODONTAL AND PULPAL TISSUES OF VARIOUS CLEANSING PROCEDURES PRIOR TO REPLANTATION OF EXTRACTED TEETH

An experimental study in monkeys

F. M. Weinstein, N. Worsaae & J. O. Andreasen

The effect of cleansing the root surface of extracted teeth in either saliva or tap water prior to replantation was studied in green Vervet monkeys (*Cercopithecus aethiops*). Maxillary central- and mandibular lateral incisors and mandibular first molars were extracted. The extra-alveolar period before replantation was 10 sec. During this period the root surface was cleaned with either saliva or tap water. The replanted teeth were examined histologically after 8 weeks. The histometric analysis showed significantly more normal periodontium and significantly less inflammatory root resorption in teeth cleaned in tap water than in teeth cleaned in saliva. The beneficial effect of this rinsing procedure in clinical practice in case of mature teeth is dubious, as inflammatory resorption is normally controlled by pulp extirpation and a root canal filling. Furthermore, the abovementioned finding is based on the use of tap water with only a moderate chlorine concentration, leading one to suspect that tap water with higher chlorine concentrations may be detrimental to healing. Provisional guidelines for the immediate treatment of avulsed teeth are suggested.

Key-words: Histopathology; histometry; root resorption; storage of avulsed teeth.

Acta Odontol. Scand. 1981, 39, 251-255

THE EFFECT OF LIMITED DRYING OR REMOVAL OF THE PERIODONTAL LIGAMENT. PERIODONTAL HEALING AFTER REPLANTATION OF MATURE PERMANENT INCISORS IN MONKEYS.

J. O. Andreasen & L. Kristerson

The effect of limited drying or removal of the periodontal ligament upon periodontal healing after replantation of incisors was studied in green Vervet monkeys. All teeth were examined histologically either 2, 4 or 8 weeks after replantation. The drying experiment demonstrated that an area of ankylosis was established after 2 weeks corresponding to the dried portion of the root and was removed by a resorptive process in the majority of cases after 8 weeks. The removal of the periodontal ligament led to development of surface-, inflammatory- and replacement-resorption. Furthermore, 1 mm² and 4 mm² lesions on the root surface developed transient ankylosis which disappeared after 8 weeks; while lesions of 9 mm² or 16 mm² in size resulted in an ankylosis which, in most cases, persisted after 8 weeks. Based on these findings, it is postulated that physical removal or extended drying of the periodontal ligament initiates a rapid osteogenesis in the alveolus which establishes an ankylosis. If the damaged area is placed next to a zone on the root surface with a vital periodontal ligament, a later resorptive process is established from this zone, whereby the ankylosis area is gradually resorbed. It is estimated that the extent of this process in this experiment amounted to possibly 1-1.5 mm.

Key-words: Histopathology; histometry; root resorption; storage of avulsed teeth.

Acta Odontol. Scand. 1981, 39, 1-13

SUPERNUMERARY AND CONGENITALLY MISSING PRIMARY TEETH IN FINNISH CHILDREN.

An epidemiologic study.

S. Jarvinen & L. Lehtinen

The prevalence of supernumerary and congenitally missing primary teeth was studied in a sample of 1141 children aged 3-4 years. The prevalence of supernumerary teeth was 0.4%; all the supernumerary teeth being located in the maxillary incisor area. The prevalence of congenitally missing teeth was 0.9%; seven of the missing teeth being maxillary and four mandibular lateral incisors. The differences in the prevalence of the anomalies between the sexes were not statistically significant. Of the fifteen children with a numerical variation of primary teeth, four developed similar anomalies in the permanent dentition.

Key-words: Pedodontics; hyperdontia; hypodontia

Acta Odontol. Scand., 1981, 39, 83-86.

LONG-TERM EFFECTS OF FORMOCRESOL IN PRIMARY TEETH ROOTS

A. Keszler, M. Muniz & F. V. Dominguez

Dept. of Oral Pathol., Fac. of Dentistry, Buenos Aires

The histopathologic response of primary teeth subjected to the action of formocresol for a long-term period (mean 3 years) was studied. 28 roots of vital and non-vital teeth were fixed in formaline, decalcified in 7% nitric acid and sectioned transversally into thirds (cervical, middle and apical) for embedding in paraffin. Microscopical analysis evaluated subjectively: 1) fibrosis, 2) inflammatory exudate, 3) necrosis and 4) osteodentin formation. The inflammatory response was more frequent in cervical thirds of pulp tissue but decreased toward apex. On the contrary, fibrosis was highest in apical and middle thirds. In pulp channels the outstanding finding was the abundant osteodentin formation which in most of the cases developed in the apical and middle thirds of the roots. It was concluded that *formocresol stimulates ascending reparative processes from the furthest points of the pulp channels* in vital as well as in non-vital teeth.

J. Dent. Res., vol. 61, April 1982

PULPAL REACTION TO IRM®

B. Torstenson*, K. J. Nordenvall & M. Brannstrom

Depts. of Oral Pathology and Pedodontics, Karolinska Institutes, Stockholm, Sweden

IRM is mostly used as a long-term temporary filling material. It is often applied in very deep cavities without any liner. The aim of the present investigation was to study the reaction of the pulp and the presence/absence of bacteria under IRM fillings.

Buccal cavities on 30 contralateral pairs of human premolars were prepared and cleaned with Tubulicid Red Label®. One cavity in each pair was lined with Tubulitec® and all cavities were filled with IRM. The teeth were extracted after 1-10 weeks. Half the number of sections were stained with htx-eosin and the others with the Brown and Brenn method for detection of micro-organisms. Criteria used to evaluate the degree of pulpal inflammation were: slight—many filled capillaries and a few exudate cells scattered along the pulpal wall under the cavity; moderate—a dense accumulation of exudate cells; severe—abscess. Under unlined cavities 12 out of 17 teeth revealed slight to moderate inflammation. In these teeth the distance to pulp was less than 0.5 mm. When the distance exceed 0.5 mm, 2 out of 13 had pulpal inflammation. Teeth with lined cavities, including 11 with distance less than 0.5 mm, showed no inflammation except 5 teeth with pulpal exposures. Secondary dentin formation was absent in all teeth. None of the cavities revealed any bacteria.

It was concluded that IRM provides a good seal and/or bactericidal properties. However, deep cavities should be coated with a protective liner or calcium hydroxide base.

J. Dent. Res., vol. 61, April 1982

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I AM LOOKING for a full-time pedodontic associate to begin in July or August. Any dentist worth his/her salt will tell you they have a quality practice. (Ever heard anyone say they're average?) I guess I'm no different. If you can walk on water, please apply. If you can't, apply anyway (go ahead, go for it!). Send resume to 26 Greenwood Vale, Monterey CA 93940.

PRACTICE & LIVE in beautiful Lake Tahoe. Ski, hike, fish & sail. Only Pedodontist in entire Lake Tahoe basin. Call (916) 544-5373 after 6:00 p.m. & weekends.

All members are invited to place free classified ads. Send information to the-editor.

Welcome New Members

Martin S. Lasky, DDS

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Ronald Singer, DDS

8121 Van Nuys Blvd., #311, Panorama City, CA 91402

Howard J. Tucker, DMD

1000 W. La Veta, #209, Orange, CA 92668

Members' Activities

President Hugh Kopel has been invited by one of the USC past graduate students to give a lecture down south of the border in a place called Los Machias Sinaloa. — Past President Tom Barber has been lecturing in Greece. — The ASDC Newsletter showed Roland Hansen and Tom Barber presenting an award to the producer and cast of the TV show "Diff'rent Strokes" on behalf of ASDC. — Gerald Kirshbaum of Tarzana is the new president of Southern Calif. ASDC.

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