BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

JANUARY 1983 VOL. IX NO. 1

President's Message

A large part of my message to the members is the reporting of a meeting of the Board of Dental Examiners that took place on November 12 in Sacramento which I feel demonstrates a significant advantage of an organization such as CSPD and how it serves its members.

First, I must present the history that brought forth this meeting in Sacramento with the Disciplinary Action Committee of the State Board of Dental Examiners. Some time before the July 16th meeting of the Board, and I quote from the records:

> ". . . A dental assistant, Ms. _____, presented the Board with a complaint letter, and appeared in person to ask the following questions: Does the Board approve the use of a papoose board for recalcitrant children, the exclusion of parents from the operatory even when the child does not speak English, and the use of metal mouth clasps? Does the Board have guidelines for the use of sedatives or analgesics to manage difficult patients? She also related her visit to a pedodontist's office where she felt children were being abused. Mr. Stine will refer her specific complaint for investigation, and contact the pedodontist's society for their guidelines."

Following this meeting, the Board decided to seek information from several sources on various modalities of child management techniques which, according to Mrs. Jennifer Cross, a member of the Board, may constitute "child abuse" of hard-to-manage children. Mrs. Cross questioned the use of the "papoose board," propping the mouth open, interference with breathing, and sedatives on difficult-to-manage children including the mentally retarded and emotionally disturbed.

Invitations were then sent by Mr. Rodney Stine, Executive Secretary of the Board, and David Gaynor, Associate Director of the C.D.A., to Chuck Spitz, myself, represen-

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CSPD Promotional Concept Update

The board of directors has directed an ad hoc committee, composed of John Groper, chairman, Warren Brandli, Kent Payne, and Roland Hansen, to develop a CSPD public relations activity. Hill & Knowlton, a public relations firm, will be acting as our professional counsel, giving us direction.

During the past several months the committee has met with representatives of Hill & Knowlton to design and plan a suitable project that would provide maximum benefits with a limited budget. Two or three basic ideas were explored and discarded in favor of a project which will direct our efforts towards the very young patient. While

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Contents

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Hospitals, when going for accreditation, scurry and hurry to put things in order (universities do the same) for the "day." Once passed, it is generally back to business as usual, or maybe a little less than usual. Many who go for their boards do much the same. They scurry and hurry to get things in order for their "day." Once passed . . . The question—would your practice stand a surprise over-the-shoulder look-see? Does your day by day care and treatment of patients match your *primped-up board cases* in quality of care? A famous quote: "Cast the mote out of your own eye . . ." Think about it! —*J. Bamrud*

American Academy of Pedodontics

Dear Members:

The membership of the American Academy of Pedodontics has recently elected me to the Board of Directors of the American Academy of Pedodontics for a three year term. In order to better represent your views on the many issues facing pediatric dentistry, I urge you to communicate with me any time you feel change is needed. I promise you I will be sensitive to your needs and desires, and if I don't agree with your requests, I will respond and tell you why.

I would also like you, the membership, to understand that I am going to make requests of you. My first request is to have each of you belong to the American Academy of Pedodontics. It is only with the total support of *all* Pediatric Dentists that the Academy can truly be *the* voice of Pedodontics. And my second request is for each of you to volunteer to serve on committees of the Academy, and to become active in promoting pediatric dentistry.

—*David L. Good, DDS*

Beautiful Quail Lodge in Carmel Valley to be the Site for 1983 Annual Meeting

Dr. Steven Wei, professor and chairman of the Department of Pedodontics, University of Iowa, and Dr. David Good, associate professor of Pediatric Dentistry, USC, will be the headline speakers as CSPD's eighth annual seminar.

This is one scientific seminar that the membership of CSPD *will not want to miss!* The seminar is scheduled for March 24 to 27, 1983, at Quail Lodge in Carmel, California. The subjects to be covered are those that all academic and pediatric dentists in private practice should be anxious to hear:

1. The Maryland bridge for adolescents and young adults.
2. The prevention of pedodontal diseases in children —a topic which is finally receiving national recognition (via seminars and, unfortunately, malpractice suits).
3. The expanding horizons of pediatric dentistry.
4. The dental treatment of children with medical disorders—including those requiring renal transplants and bone marrow transplants.
5. An update on new agents and modes of delivery of fluorides.
6. How to make your clinical case histories publishable.
7. Mistique veneers—advantages and disadvantages.
8. Veneer buildup—applications for primary anterior restorations.
9. Lab processed veneers
   A. Laboratory procedures.
   B. When and how to opaque.
   C. Bonding procedures for increased retention.

I have only one bit of bad news—we were able to reserve only 75 rooms. Speaking honestly and frankly, when you receive your notice to make reservations, please return them immediately. For those of you who attended our second annual seminar at Quail, it will be hard for you to believe what improvements have been made at Quail Lodge and in Carmel. Each room at Quail has a private patio, fantastic interior decorations, and the food is outstanding. (This is not only my opinion, but that of my eldest daughter and her husband who spent a week in Carmel and Quail Lodge this past August.) And Carmel has many more unique shops for those who like to browse, buy, or whatever.

Our format and cost will be similar to that of last year's seminar. Education in the morning and recreation in the afternoon—golf, tennis (four new courts), a real *fun* fun run, a cheese and wine tasting hosted by Dr. and Mrs. Gene Hallock, who own the Ballard Canyon Winery, and of course a special event for the ladies.

Please mark March 23 to 27, 1983, on your calendar, so you can spend it at Quail Lodge, one of only eight hotels in American which have received Mobil Travel's highest tribute—their Five-Star Award. Hope to see you in Carmel! —*Rolf Spamer, DDS, MSD*

1984 Annual Meeting

The 1984 annual meeting of the California Society of Pediatric Dentists will be from March 29 to April 1 at La Quinta Hotel near Palm Desert. Mark your calendar.

—*Melvin L. Rowan, DDS*

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'Pop' Sweet, Unparalleled in the Annals of Dentistry for Children

Dr. Charles A. Sweet, Sr., recently passed away after a lengthy illness. He was known as the "Father of Pedodontics." After graduation from dental school in 1919, he donated his talents and energy to develop the many techniques that are now used in pedodontics.

He lectured in every state of the union, wrote numerous scientific articles, encouraged thousands of dentists to devote their time to children's dental needs throughout the world.

Dr. Sweet was affectionately known as "Pop Sweet" to every dentist that took his courses. He was Professor of Pedodontics for many years at the University of the Pacific School of Dentistry, Visiting Professor at the University of Oregon, USC, and many other schools.

He spent ten years in the Oakland public schools as a supervisor of dental health education, a department that obtained national recognition for its excellence in children's dental care.

He was a charter and founding member of the American Board of Pedodontics. He practiced in Oakland, California, for 28 years with his sons and four brothers—the famous Sweet brothers.

Dr. Sweet was born December 30, 1894, in the territory of the Dakotas. He was born near what is now Rapid City, South Dakota, and was the youngest of five brothers. His father passed away when he was one year old and his mother brought the boys to Berkeley, California. They all attended the University of California and helped each other through college.

The brothers were Dr. Clifford Sweet, pediatrician and founder of Children's Hospital of the East Bay, Joe Sweet, attorney, Dr. Tom Sweet, orthodontist, and Dr. Gilbert Sweet, dentist. Dr. Sweet had two sons—Dr. Charles A. Sweet, Jr., and Dr. Joe G. Sweet II, who is deceased. All of them practiced together in Oakland.

On August 9, 1919, Charles and Carlotta Carmichael were married. They were married happily for 63 years, living in Oakland, Piedmont, Lafayette and Walnut Creek. The last few years they lived with their son, Charles A. Sweet, Jr., in Pebble Beach.

Surviving Dr. Sweet is his wife Carlotta, his son Dr. Charles A. Sweet, Jr., his daughters-in-law Carol L. Sweet and Beverly Sweet Freitas, and four grandchildren—Martha Sweet, Stephen Sweet, Holly Sweet Booth, and Jody Sweet Rosen.

Dr. Sweet was past-president of the Alameda County Dental Society, California State Dental Association, American Society of Dentistry for Children, and American Board of Pedodontics. He has received numerous awards, honors and citations among which he was named "Dentist of the Century" by his alma mater, the University of California, in 1970—the 100th year of dentistry in California.

One of his favorite sayings was, "Little can be accomplished for grown-up people; the intelligent man begins with the child." This motivated him to always improve the quality of dental care for children. He will be missed by his loving wife, his oldest son, and the thousands of adopted sons and daughters that he taught and helped throughout his life.

In the '30s and '40s he barnstormed the country, traveling by train for three to four weeks at a time, stopping at towns and cities to lecture and inspire dentists on how to practice pedodontics.

His post-graduate course in Dentistry for Children at P. & S., now the University of the Pacific, was one of the most successful dental courses ever given. His teaching method was lecture, slide presentation and demonstration on patients. Thousands of dentists took the course and at one time over 60% of the dentists in Utah had taken the course.

He was a loving husband and a devoted father. He loved the game of bridge and was considered an expert.

Dr. Sweet was a member of the Oakland Rotary Club for twelve years, a member of the University Club of Alameda County, the Elks Club of Oakland, the Grandfather Club of Oakland, a member of the Board of Directors of Rossmoor in Walnut Creek, president of the Crippled Children's Society of Alameda County, and he served on the board of directors of many organizations.

In his undergraduate years he was a member of the Sigma Phi Fraternity, a member of Delta Sigma Dental Fraternity, member of TKO and OKU dental honor societies, a fellow in the American College of Dentists, and co-founder of the California Pedodontic Research Conference.

—Mario E. Gildone, DDS

'Pop' Sweet Memorial Fund

The death of Dr. Charles A. "Pop" Sweet in August ended an era that was unparalleled in the annals of dentistry. As you know, Pop Sweet was a dynamic individual who dedicated his entire life to furthering the cause of dentistry for children. His work benefitted the children in our practices and most certainly the entire dental profession.

Pop touched the lives of all of us in a manner we will never forget. We should be thankful that we had the good fortune to know him and to learn from him.

Many of his friends and colleagues are anxious to establish a permanent Dr. Charles A. Sweet Memorial Fund at the school he loved—University of the Pacific School of Dentistry. It is important that all of us rally around this project in order to perpetuate Pop's memory.

Contributions of $100, $200 and more could make the Pop Sweet Memorial Fund one of the largest in the history of the school. I hope you will join with me in remembering Pop through this important project. All contributions should be sent to:

Charles A. Sweet Memorial Fund
School of Dentistry
Department of Development and Public Relations
2155 Webster Street
San Francisco, CA 94115

—John J. Tocchini, DDS

Featuring Dental Care Committee

Many members are unaware of the countless hours spent on behind-the-scenes work, especially by the committee on dental care. There are endless communications with organizations such as Dentical, CCS, CDA, local societies, ADA, AAP, and of course insurance companies. Simple problems of third party coverage and management mechanics are being solved all the time. More difficult problems are constantly being worked on. As the editor I felt many of our members might appreciate reading some of these communications and see some efforts towards solutions in the making—solutions to problems that face us all, such as insurance guidelines for sealants, or billing for pulpectomies vs. primary endodontics. I am sure I can express thanks from all of us to the dental care committee.

Dear Dr. Lisagor:

Thank you for your letter of September 7th and the various reprints you enclosed. I appreciate particularly the information regarding pulpectomy techniques for deciduous teeth. I found them very interesting and certainly don't question the authors' presentation. What we must question though is how all these have been reported to us over the years, since the frequency is very limited. I suspect, but can't prove, that they are reported to us most commonly as two-appointment pulpotomies, procedure 501/03120 with a fee for each visit as the procedure nomenclature describes. Technically, these are pulpectomies of course, but then the one canal, two canal, etc., conventional guttapercha therapy for permanent teeth with their associated fees don't seem appropriate either, in view of the different technique employed. If the two appointment "pulpotomy" arrangement that I suspect has been employed is satisfactory to the CSPD, it certainly is to us also. Otherwise, we have no objection to reporting these as conventional endodontic therapy when they are employed with an explanatory description of the procedure employed so we don't mistakenly interpret it as a pulpotomy. Considering the technique involved, it doesn't seem appropriate to equate the procedure with the more demanding and complex techniques associated with conventional root canal therapy on the permanent dentition. I'd like your committee's thoughts in this area before proceeding further.

Considering sealants, we haven't abandoned trying to convince purchasers to expand coverage to include them. Unfortunately, there aren't many purchasers looking to expand coverage at present and most are looking to limit their present coverage. We would have considerable difficulty suggesting sealants as an alternative to silver amalgam restorations since amalgams are a benefit only when employed in the treatment of already carious lesions rather than as a prophylactic measure. I realize that some amalgams are done as a preventive measure; however, any group approached on this basis is certain to suggest that they shouldn't be paying for the amalgam, let alone a sealant.

We concur that sealants are a valuable form of therapy and they are available through CDS, but until premium dollars from purchasers become available for their inclusion, there is no way for us to provide them under a program.

I look forward to hearing from you soon, and would appreciate your sending a copy of "Standards of Pedodontic Care."

Sincerely,
John F. Field, DDS
Vice President
Public & Professional Services
California Dental Service

Dear Dr. Lisagor:

As you are aware, I have been asked by Bob Musselman to have joint committee approved policy statements for presentation to the November ad interim meeting of the Academy Board of Directors. These policy statements are to be a part of the Dental Care Programs Committee report which must be completed and in Chicago by October 1.

I am concerned about having enough time after our joint committee meeting on September 24, 25 to prepare these statements to your satisfaction. Yesterday I talked with John Tabak about this timing problem and he suggested I make a recommendation to you all.

Your help in this matter will enable us to complete the work on these two projects in Washington so that when I return all that will be necessary will be the typing of my report.

FISSURE SEALANTS

So far I have received suggestions on the fissure sealant proposal from Howard Dixon and Fred Dunkelberger. My recommendation regarding this issue is that we frame a simple policy statement consisting of one or two sentences that can be submitted to the ASDC Executive Committee and the AAP Board of Directors for their acceptance. Attached to and considered a part of this statement would be the body of the proposal prepared by David Myers. This would be considered a rationale and guidelines which could be revised on an as-needed basis.

The policy statement itself should be worded in such a way that it would not need revision. A suggested policy statement to precede the rationale and guidelines is as follows:

> The American Society of Dentistry for Children and the American Academy of Pedodontics affirm the use of fissure sealants as a safe and effective method reducing tooth decay in the occlusal grooves, pits and fissures of posterior teeth.

—A. J. McCaslin, DDS, MSD

Continued

Dear Dr. Lisagor:

Thank you for your letter of August 30 regarding my request for input from the California Society on the development of a policy statement, a rationale and guidelines for fissure sealants.

The Joint Dental Care Programs Committee of the American Society of Dentistry for Children and the American Academy of Pedodontics will meet in Washington on September 24-25. One of the agenda items is formalization of a policy statement, rationale and guidelines in this area.

I have enclosed a copy of the initial proposal prepared by Dr. David Myers and a copy of a memo to the joint committee. If you have any comments regarding the enclosures or any suggestions with regard to this effort of the joint committee, please do not hesitate to let me know. I feel certain the joint committee will develop a definitive recommendation for presentation to the ASDC Executive Council and the Academy Board of Directors.

I look forward to hearing from you.

Sincerely yours,
A. J. McCaslin, DDS, MSD, Chairman
Dental Care Program Committee
American Academy of Pedodontics

Dear Dr. Lisagor:

This letter is in response to your request for information regarding occlusal sealants for the Dental Care Committee. Some references are cited when I thought it might be helpful to have some sources of information.

1. *Rationale For Occlusal Sealants*

The recent survey of the Prevalence of Dental Caries in United States Children conducted by the U.S. Department of Health and Human Service reports that for the 45.3 million school children in the United States, 5-17 years of age, the average child has 4.77 decayed, missing, or filled permanent tooth surfaces.[1] The occlusal surfaces represent only 12.5 percent of the permanent tooth surfaces at risk, but 54 percent of the observed dental disease involved the occlusal surface.

There is a need for special protection for the occlusal surfaces of these teeth. The deep developmental pits and fissures on the occlusal surface of the newly erupted permanent teeth predispose them to early carious lesions. Fluoridated drinking water and topical fluoride application are effective preventive services. However, the effect of fluoride is preferential for smooth surfaces with the occlusal surface receiving little protection.[2]

Occlusal sealants are organic polymers which mechanically bond to acid etched enamel. The resin forms an impervious barrier between the occlusal fissures and the oral environment preventing the impaction of food debris and the ingress of bacteria.

2. *Sealant Retention and Effectiveness*

Sealant retention consistently exceeds 90 percent in 1-3 year clinical trials. As long as the sealant is present the occlusal surface is virtually immune to caries attack.[3-12]

Clinical trials extending to seven years indicate increased sealant wear and loss occurs over time.[13-17] However, sealant retention is still high and the occlusal surfaces remain free of carious lesions as long as the sealant is present.

Partial sealant loss sometimes occurs, but the tooth's resistance to occlusal caries remains, apparently because resin tags continue to occlude the pits and fissures. There is no evidence at the present time to suggest that partial or total sealant loss will increase the susceptibility of the occlusal surface to carious attack.

3. *Indications for Occlusal Sealants*

Newly erupted permanent molars and premolars with deep developmental pits and fissures are indicated for sealants.

4. *Status of Commercially Available Sealants*

Two sealants, Delton (Johnson & Johnson) and Nuva-Seal (Caulk), have undergone extensive clinical testing and are rated as acceptable by the American Dental Association. Other products are currently classified as provisionally acceptable.

5. *Cost-effectiveness of Occlusal Sealants*

Sealants are clearly an effective preventive measure but they are challenged on a cost-efficient basis. Unfortunately, there is little information to clarify the situation.

First, a few comments regarding this issue. The early stage of sealant development has been devoted to clinical studies investigating sealant retention and their ability to prevent occlusal decay. There has been little attention to economic questions. In studies which do mention costs, it appears that costs are high simply because there was little or no effort to control them. In some instances peripheral costs such as travel expenses to satellite clinics, etc., have been included in the analysis.[18]

Clinical studies have frequently employed a half-mouth technique whereby all available teeth were sealed without regard to their individual caries susceptibility. This tends to distort cost estimates. In view of all these variables, and probably many more, meaningful cost-effective data is hard to determine from available information.

The initial cost of sealant placement has been reported to be greater than that of placing an occlusal amalgam restoration after a carious lesion develops.[18-19] Several studies have demonstrated that the cost-effectiveness improves if sealants are applied by hygienist rather than a dentist.[18-20]

Continued

A recent report estimated the cost of sealants versus restorative treatment for a matched group of children 5-15 years of age.[21] In one group, the first permanent molars were sealed. In the other group the teeth were not sealed. After five years, 82 percent of the sealants were retained and 94 percent of the occlusal surfaces were caries-free in the treated group. Only 41 percent of the occlusal surfaces remained sound in the untreated group. The cost for the sealed group was estimated $10.23 child/year and the cost for the control group at $21.15 child/year.

In summary, cost-effectiveness, especially as it applies to a well managed private office, remains largely an unanswered question. The use of sealants, at the present time, relates more to preventive philosophy and a desire to preserve tooth structure by preventing or delaying the need for restorative treatment than clear-cut cost-effective benefits.

6. *Fraud and Abuse*

There is always the possibility of fraud and abuse but a sealant is visible and one could always call in patients and examine them to determine if sealants had been placed. It seems to me that there is even greater potential for fraud and abuse with services such as prophylaxis and topical fluoride treatments. Some things an insurance company could institute to minimize the problem would include:

A. Exclude primary teeth. Studies involving primary teeth have presented conflicting results regarding sealant retention. In addition, by the time the child is of an age where adequate cooperation can be obtained for sealant application, the problem is interproximal caries rather than occlusal caries.
B. Exclude adults. There have been no studies to date which report any benefit from sealing occlusal surfaces in adult patients. Occlusal caries is predominantly a childhood disease with new carious lesions in adults more likely to be interproximal or root surface.
C. Exclude third molars.
D. Limit sealant application to newly erupted first and second permanent molars and premolars.
   1) These teeth are most susceptible to occlusal decay during the immediate post eruptive years. I would suggest a 4 or 5 year limit following eruption.
      a) Limit sealant application to first permanent molars between ages 6-12.
      b) Limit sealant application to second permanent molars and premolars from ages 10-15.
E. Require current bitewing radiograph to rule out the presence of an interproximal carious lesion which would necessitate an occlusal restoration in the foreseeable future.
F. Repair or replacement of a sealant
   1) Require 2-3 years before payment would be made for a replacement, or
   2) Limit coverage to one application per tooth.

Obviously, these are opinions based on my experience and interpretation of existing data. I'm sure others may have other ideas on this subject. It does seem like sealants should be covered by insurance when there is so much evidence validating these applications as compared to other services which insurance companies routinely cover.

7. *Fees*

In all honesty I don't have any information at all to what private practitioners are actually charging. The ADA fee schedule published in the May 1981 JADA does not mention sealants. Medicaid does not cover them so I really can't provide any help on this issue. There could be a lot of variation depending upon whether ones charges by the tooth, the quadrant, half mouth, who applies them, office overhead, skill of the clinician, etc.

Well, I've rambled on a lot about this stuff. I hope it will be of some help to you. If you want any more information, please let me know and I'll try to help. Have a good summer.

Sincerely,
David R. Myers, DDS, MS
Professor and Chairman
Department of Pedodontics
Medical College of Georgia

Dear Doctor Lisagor:

The Council on Dental Care of the California Dental Association is in receipt of your letter concerning the referenced subject.

This issue is being placed on the agenda for the council's discussion at its next meeting. Thereafter, you will be advised of any decision or action the council may wish to take.

Thank you for bringing this matter to the council's attention.

Sincerely,
Stuart C. Rubin, DMD
Chairman, Council on Dental Care
California Dental Association

Dear Doctor Lisagor:

In your letter of August 23, 1982, you questioned the policy of California Children Services (CCS) relative to payment for dental services.

Our policy, which is the same for dentists, physicians and other professionals, is to pay reasonable rates, according to the State's Schedule of Maximum Allowances. These are the same rates paid by Medi-Cal and other State programs.

If the family has insurance or other third-party coverage, this must be billed first. If the insurance payment is less than the CCS rate, CCS will pay the difference. If the insurance payment is more than the CCS rate, CCS cannot supplement the insurance payment. In no event is the (CSS) patient or his family to be billed for all or part of the fee.

Continued

I recognize the fact that some members of your Society customarily charge more than CCS rates. However, I am sure you are aware of the fiscal situation of the State and the counties.

While CCS cannot, at this time, promise higher rates or to allow supplementing insurance beyond the CCS rate, we do appreciate the help of your members in providing care for California's handicapped children.

Sincerely,
Esmond S. Smith, M.D., Chief
California Children Services

Peer Review Update

Speciality Peer Review continues to resolve disputes concerning dental care and treatment which the pediatric dentist, parent and/or insuring entity have not been able to resolve among themselves. Consequently, Peer Review provides an equitable alternative to legal proceedings in many cases in which a parent might otherwise feel compelled to turn to the Courts—a valuable service to the public by our profession and our speciality.

However, while the majority of our cases are instituted at a parent's request, members should be aware that they may request Peer Review as well. Should a carrier question your treatment, either by denying benefits on a pre-determination or payment request, and you feel your treatment is justified by the circumstances of your patient's needs, then the Peer Review process may be of benefit to you and your patient. A committee of at least three peer review members will evaluate all evidence available—including patient examination if required, radiographs, statements from you, from the carrier, etc.—and make a final determination of appropriateness of treatment. A typical case might involve a dentist's decision that full-coverage stainless steel crowns are the restoration of choice for his pediatric patient, but an insuring entity may refuse to reimburse for other than multiple-surface alloy restorations. If both the dentist and the carrier remain firm in their opinions, the Specialty Peer Review can resolve the difference of opinion.

—Paul Reggiardo
Peer Review Chairman

Project: Internal Promotion

By this time each of the CSPD members should have received a practice building manual. This project was a compilation of the internal promotional ideas shared by our CSPD members. The project was spearheaded by Michael McCartney. I am sure each of you must be as impressed with his efforts and his results as we, the Board of Directors, are. This unselfish sharing is something in which we should all be proud. We can and should continue to improve this manual, so I am reproducing the cover letter you received with the manual in order to emphasize this project.

CSPD is proud of our membership who have contributed to make this manual a reality. As an adjunct to the manual and the information it contains the Board is asking for another sharing type project. All members who attend the CSPD Carmel meeting in March 1983 are asked to put together a folder of all of their office printed material. These bookelts (one from each office) will be on display during the meeting so your colleagues can look through your booklet and make notes as to which materials they would like to request.

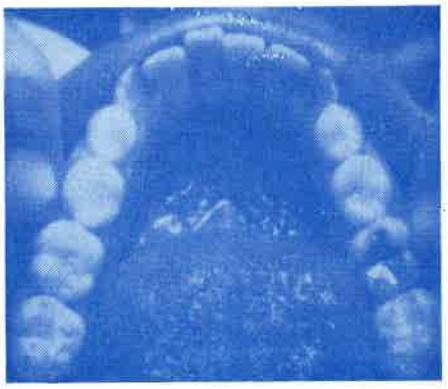
The booklets should include only information you would be willing to mail to those requesting it. You might include introductory brochure, newsletters, handouts, sample of letters, preventive material, and any other written material. If the material is available commercially, include the address of source. Be sure your booklet is clearly labeled with your name and mailing address. This should be a great addition to the resource list section of the practice building manual. If you cannot attend the Carmel meeting please mail your booklet to: Dr. Mike McCartney, 18102 Irvine Blvd., Ste. 101, Tustin, Ca. 92680.

PUBLIC RELATIONS IDEA

Photos for Patients

Starting with this issue, one of our member's public relations ideas will be featured in the Bulletin. *The following is Dr. Tom Kelley's idea, which is very interesting.*

Using the Kodak Instant Close-Up camera in my pedodontic practice has been very beneficial in case presentation and in marketing. Each new patient is presented with color prints of the maxillary and mandibular arch. These pictures serve as an effective visual aid. Parents may be skeptical if they cannot see occlusal decay, especially on maxillary molars. These pictures distinctly show these areas. This complements radiographs demonstrating interproximal decay.



I have additional prints of various restorations, appliances, and anomalies to show parents, and I have found much less time has to be spent for case presentations.

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tatives of the pedodontic departments of each dental school in California, and to the American Academy of Pedodontics, to attend a meeting of the disciplinary action committee which would be held in Sacramento on November 12, 1982, to consult and answer the committee's questions on these various modalities of child behavior control. The pedodontists attending this meeting were Ron Johnson, Chairman of Pedodontics at USC, and myself, Steve Blain of UCLA (a child abuse authority), Wilfred Nation of Loma Linda, Paul Barkin of UCSF, Rolf Spamer, CSPD's President-elect, and David Good, a director of the Board of the American Academy of Pedodontics. The meeting, chaired by Mrs. Cross, went well. The committee was courteous, and we got into discussions on all their questions which had caused the concern. No definite vote or action on their part took place, as far as we know, but we felt that the committee became well enlightened on the standards of care and child behavior management techniques in dentistry for children at a pre-doctoral, general practitioner and advanced pedodontic levels.

We, as the consultants, felt it was most worthwhile that we were there representing the pediatric dentists in California. We do hope that these issues raised by a non-trained dental person (albeit a disgruntled dental assistant) have been laid to rest. Complaints such as she raised probably should have involved communication between individual persons or a referral to a peer review committee. The Board committee was told how CSPD provides a Peer Review Committee to handle these complaints or accusations.

For a second item of interest, I am most pleased to report that important strides are being made by our public relations committee, composed of Dr. John Groper, chairman, Roland Hansen, past president, Warren Brandli and Kent Payne, in their meetings with the Hill & Knowlton Company as our designate PR firm. More on this progress and its financing will be forthcoming after the Board of Directors meeting in January. We are sorry to see Bob Weiss, an original member of the committee, resign. We can't say enough in appreciation of his efforts. I am hoping to appoint a new northern member at the directors meeting in January.

Another item of interest is that Dr. Shirley Bailey, Vice-President of the California Board of Dental Examiners, is working with assemblywoman Gwen Moore in drafting legislation to require a dental examination for all children as a prerequisite to entering school for the first time. Dr. Bailey has asked for input from CSPD in preparing a dental evaluation form for these preschoolers, and I have been working on this, too. However, the funding for this program seems to be a big problem. This will be a concern for all of us if the bill goes through. I do feel it will be an additional important health inspection for preschoolers in California. It will also make more parents aware of their child's dental condition.

Last and not least, we must have better guidelines and effective CSPD control for the placing of telephone listings in the yellow pages of the directories. A couple of problems here have come up recently whereby certain CSPD members were not included in the listings in their respective areas; believe me, they are upset. Wouldn't you be? Please be careful to locate all those pedodontists in your area and invite them to join your group listing. If they're not a CSPD member, invite them to join us.

—Hugh Kopel, President

Editor's Note

As the editor, and on behalf of the CSPD members, I wish to thank our printers. At least one-half of you received a *Bulletin* missing the middle pages. This is our means of communicating with one another—and somewhat infrequently at that. Therefore, we must be accurate. The printers reprinted, at their cost, the *Bulletin* a second time. We greatly appreciate their integrity for accepting that kind of responsibility.

Secondly, I would like to repeat the following invitation. Since the *Bulletin* is yours, personally, to communicate with your colleages and friends, you must participate to make it worthwhile. The following will make it easy for you to remember and give you simple means to participate. Address an envelope to the editor (back of *Bulletin*). Date it April 1. Between now and that date, write letters, save articles, make notes and comments of interest, or members' activities; save jokes, cartoons or funny things occurring in your office. Feel free to use the classified ads. Place anything you feel may be of interest in this envelope. Mark your calendar to remind you to mail the envelope to me on April 1. Leave the envelope on your desk to remind you to participate. Circle this paragraph, hand it to your assistant and ask her to set it up when she has a minute. Now you have the mechanism to make sharing easy.

—Lonnie Lovingier, editor

Welcome New Members

Patrick H. Billion
17075 San Bruno, No. F, Fountain Valley 92708

Leroy Buller
4255 Pacific Ave., Stockton 95207

Laurence A. Darrow
3978 Heppner Ln., San Jose 95136

Steven T. Hutcherson
Dept. of Pedodontics, Loma Linda University, Loma Linda 92354

J. Brian Putnam
1110 E. Clark Ave., Santa Maria 93455

Bert D. Rouleau
2875 Middlefield Rd., Palo Alto 94306

Members' Activities

Dr. Christos Thanos—looking forward to a vacation trip back to Greece—also a professional round trot to Guatemala. There is much demand of Christos these days to lecture on veneers and composites. Seeing some of his work, it's no wonder. . . . Dr. Irving Rubel of Wilshire Blvd., Los Angeles, and USC, goes to Las Vegas and will come home a fellow in the American College of Dentists. So does Dr. David Good of Canoga Park.

Dr. J. Dumont Bamrud of Ventura, current president of OKU at USC (Zeta Chapter), comes back from Las Vegas with a fellowship in the International College of Dentists. . . . Dr. David Beckman of Brentwood ("Affluentville, CA") is smiling due to a bumper crop of his Northern California grapes. It also doesn't hurt that his umbrella enterprise is doing well and with the prediction of record wets ahead . . . well, he is in a number of national magazines this season. . . . A pedodontic "Who's Who in Golf" must include Dr. John Groper of Westwood and Dr. Henry Levin of Thousand Oaks. Play with care! . . . Paripatetic dental assistant "Tish" started with Dr. Bamrud in Ventura, then moved to Irvine and Tustin with Dr. Warren Brandli and Dr. Mike McCartney, then continued on to Kentucky to now find a spot with Dr. Walter Doyle. Everybody cries when she puts on the traveling shoes. Good pedodontic auxillaries are hard to come by!

"Retired" Santa Barbara pedodontist Dr. B. Gene Hallock, now of Solvang, who planted his own vineyard, now is the complete vintner. He has built and completed his own winery, which markets under the Ballard Canyon Winery label. His lovely wife says, "He works just as hard now doing the squeezing as he used to doing the drilling!" . . . Dr. Ronald Johnson, nationally known educator and new chairman of Pedo at USC, looks forward to a new pediatric dental clinic at the school, which he hopes —and is working so hard for—will materialize in the near future. "Dr. Ron" has a forthcoming academic jaunt to Rio de Janiero to fit in between his energetic fund-raising, patient securing, and department grooming. This is a 24-hour-a-day fellow of quality!

Dr. Hugh Kopel, our noble president, always on the run —coming and going—and you can bet it is all in the interest of CSPD. He recently returned from giving a lecture in Brazil. . . . Dr. Larry Reichel, now of Hawaii—I bet you miss us! We wonder why you want to rent your tropical paradise beach home on Kauai's North Shore. Could it be that Honolulu is more like Torrance?

Professors of Pediatric Dentistry Visit California. There are currently three visiting professors observing in the Department of Pediatric Dentistry at UCLA School of Dentistry. Dr. Fernando Escobar is Professor and Chairman of the Pedodontic Department at the University of Concepcion, Chile. Dr. Escobar has received a W. K. Kellogg Fellowship to update his knowledge at three institutions. He selected the University of Michigan, University of North Carolina, and UCLA. . . . Dr. En-Shun Tian is on a sabbatical leave from Capital Medical College in Peking, China. She received a one-year fellowship from the China Medical Board to be a Visiting Professor at UCLA. She has a special interest in preventive dentistry and endodontics as it may relate to controlling dental disease in her country. . . . Dr. Morito Akasaka is an Associate Professor of Pedodontics at Nihon University in Japan. He is attending the Pediatric Dentistry Study Group at UCLA. Dr. Akasaka has published numerous epidemiological studies of caries activity in children in Japan.

Ronald B. Mack, of San Francisco, was one of the program speakers at the ADA meeting in Las Vegas. He spoke on recent advances in pediatric dentistry.

News from the Dental Schools

This issue of the *Bulletin* will feature the new graduate students in each of the three graduate pedodontic programs in California. News about the other students will appear in the next *Bulletin.*

Information about the five first-year Pedodontic Residents at USC follows:

- Dennis Paul Nutter was born in Fresno, California, and raised in Rolling Hills, California. In 1979 he graduated from USC's School of Dentistry and spent one year in private practice in Long Beach and two years in private practice in Santa Clara. Dr. Nutter is an expert-rated skydiver who has competed in free-fall "relative work" competition at Perris Valley, California.
- Jeffrey P. Huston was born and raised in Indianapolis, Indiana. In 1982 he graduated from Indiana University, School of Dentistry. He also holds a MS Medical Genetics Degree from Indiana University, School of Medicine. Dr. Huston is married to Janet and has a 2-year-old son named Michael.
- George Nikas was born and raised in Athens, Greece. He received his DDS degree from the University of Athens, School of Dentistry, in 1981.
- Linda Susan Barconey was born and raised in Oakland, California. She is a graduate of Berkeley High School and the University of California-San Francisco, School of Dentistry.
- Kazuo Ota was born and raised in Japan. He is a 1979 graduate of Nippon Dental University, Tokyo, Japan. Before enrolling at the Pedodontic program at USC, he was an instructor at Nippon Dental University.

UCLA has three first-year Pedodontic Postdoctoral students:

- Maria Lekka was born in Athens, Greece, and received her DDS degree from the University of Athens, School of Dentistry, in 1980. While attending dental school, she helped out often in the pedo clinic of the university. After graduation, she spent a year and a half teaching dental students. She is presently a first-year pedo resident at UCLA. Upon completion of this postgraduate program, Maria will return to Greece to teach at the University of Athens and practice pedodontics.
- Ora Lowe, born in San Francisco, California, received her BS degree from the University of Nevada, Las Vegas, MA degree from George Washington University in Wash-

ington, D.C., and her DDS from Howard University, also in Washington, D.C. She recently completed a general practice residency at the Eastman Dental Center in Rochester, New York, and is presently a first-year pedo resident at UCLA. Her future plans include private practice coupled with some teaching and research and she also has a desire to work overseas.

•Gregory Sue, a native of Los Angeles, received his bachelor degrees in biology and psychology from Stanford University in 1975. He then attended the UCLA School of Dentistry and received his DDS degree in 1979. During the next three years, he combined part-time private practice with teaching and research at UCLA in Public Health and Preventive Dentistry, Gnathology and Occlusion, and Pediatric Dentistry. He is currently in the combined pediatric dentistry and orthodontics postdoctoral program also at UCLA. In addition, he does private computer consulting and programming. He plans to continue combining the areas of research, teaching, and private practice at the completion of his program.

One tragic note from UCLA: One of the second-year postdoctoral students, Dr. Cheryl Kramer, was killed in an automobile accident last August in Mexico. She had received her DDS degree from the UCLA School of Dentistry.

From UCSF we received the following information:

•St. Louisan Stephen Bumgarner was graduated from St. Louis University with a bachelor's degree in Biology/Chemistry. As an undergraduate, he was elected National Chairman of his honor fraternity, Eta Sigma Phi. Continuing in the field of Biology at St. Louis University, he pursued a Master of Science degree, and conducted his research at the Marine Biological Laboratory at Woods Hole, Massachusetts: Upon receiving his DDS in 1979 from the University of Missouri at Kansas City, he accepted a position as Clinical Associate in the Department of Community and Preventive Dentistry at the Washington University School of Dental Medicine in St. Louis where his responsibilities included instruction of clinical-level students in dentistry for the handicapped patient. Steve began his pedodontic residency at the Children's Hospital Medical Center of Northern California in July of 1980 and will complete his training at the University of California at San Francisco while remaining a member of the house staff at Children's Hospital.

•David Lawrence Rothman was born and raised in New York City. He received his BA in Geological Sciences from the State University of New York at Buffalo in 1974. The following year he did research in the Artificial Organs Research Laboratory of the Department of Chemical Engineering of Columbia University, New York. He attended New York University College of Dentistry where he was active in student affairs. During his years in dental school, he was American Student Dental Association representative and was elected to the Association's Board of Directors. After graduation, David was a General Practice Resident at Albert Einstein Medical Center, Northern Division, Philadelphia. He then completed a year as an Anesthesiology Resident at the Medical College of Pennsylvania in Philadelphia. He moved to San Francisco to begin his Pedodontic Residency at Children's Hospital Medical Center in Oakland. He is completing his training in the Department of Growth and Development, University of California at San Francisco. After graduation, David would like to combine academics with private practice.

•Denise S. Bass, a native of Berkeley, California, received a Bachelor of Combined Sciences from Santa Clara University in 1978. She then went on to UCLA Dental School where she received her DDS in 1982. During dental school she served as president of the Student National Dental Association and UCLA editor of *Dental Student* magazine. She is now in the first year of a pedodontic residency at UCSF. After completing the program she plans to open a private practice in the Bay Area.

•Richard C. Keilson, born and raised in the smoggy confines of Los Angeles, took off to San Francisco after completing his freshman year at UCLA. He received a BA in Biology from San Francisco State University and then took off for parts unknown: any place east of California. Georgetown was his destination, a small township of Washington, D.C. While at GU, he was a member of Alpha Omega fraternity (secretary during his senior year), actively participated in the department of Student Services (showing prospective students around the campus, sitting in on the admissions committee and having a vote), was and still is a member of the American Society of Dentistry for Children, and regularly attended monthly Oral Cancer Society meetings. Not only did he receive his DDS from Georgetown University in 1982, he also welcomed into his life his lovely new bride, Karen. Upon completion of his program in Pedodontics at UCSF, Rick and Karen plan on settling somewhere in the Bay Area. From what Dr. Keilson wrote, it seems he's not a great fan of Southern California.

CSPD welcomes all of these fine young men and women, and hopes to see them at the annual meeting in Carmel this Spring.

Dental Abstracts

An Optimal Concentration of Phosphoric Acid as an Etching Agent
Part I: Tensile Bond Strength Studies

E. W. Gottlieb, D. H. Retief, and H. C. Jamison
Journal of Prosthetic Dentistry *48:48-51, 1982*

The purpose of the study was to determine an optimal concentration of H_3PO_4 as an enamel etching agent by means of tensile bond strength tests. Phosphoric acid solutions containing 10, 20, 30, 40, 50, 60 and 70 w/w% H_3PO_4 were prepared. Human maxillary central incisors were used in the study. Teeth were prepared for each acid concentration and the composite restorative (Concise) was adopted to the enamel using a special specimen assembly. Specimens were stored in water and tested after 7 days.

The results indicated that there were no significant differences found in the tensile bond strengths of a com-

Continued

posite resin to enamel surfaces etched with 10 to 60% H_3PO_4 but the tensile bond strength to enamel etched with 70% H_3PO_4 was significantly lower. Although similar tensile bond strengths of a composite resin to enamel structures etched with 10 to 60 H_3PO_4 were obtained in this study, the higher concentrations are advocated as etching agents. The higher concentrations will remove less superficial enamel during the etching procedure and produce reaction products that are readily soluble.

A Comparative Clinical Study of Two Pit and Fissure Sealants: Six-Year Result in Augusta, Georgia

E. J. Mertz-Fairhurst, et. al.
JADA *105:237-239, 1982*

The purpose was to compare the retention and effectiveness of a self-curing sealant (Delton) with an ultraviolet light-cured sealant after six years.

Three-hundred-eighty-two first- and second-grade children received sealant on the occlusal surface of one maxillary permanent first molar or one mandibular permanent first molor or both. A half-mouth experimental design was used so that each child served as his or her own control. A total of 200 (52%) of the original 382 children treated as baseline were examined six years after a single sealant application. Of those 200 children, 99 had been initially treated with Delton and 101 with Nuva-Seal. Results after six years showed 68% of the teeth treated with Delton had complete retention of sealant as compared with 37% of the teeth treated with Nuva-Seal. This difference is statistically highly significant ($P < .001$). The distribution of sealant loss by site showed complete sealant loss in 24 teeth that were treated with Delton and 60 teeth that were treated with Nuva-Seal. The percent effectiveness at six years was 55% for Delton and 8% for Nuva-Seal.

The results of this study demonstrate that sealants are effective in prevention of caries for a six-year period after a single application. In a practice situation where reapplication of any lost material can be a routine procedure, sealants can be even more effective.

The Effectives of Different Splinting Times on Replantations of Teeth in Monkeys

C. E. Nasjleti, W. A. Castelli, and R. G. Caffesse
Oral Surgery *53:557-566, 1982*

The purpose of the study was to examine histologically the tissue changes associated with teeth and surrounding structures after 7- and 30-day splinting periods on replanted teeth in monkeys.

Eight adult male rhesus monkeys were used. The maxillary central and lateral incisors were extracted, treated endodontically, reimplanted and temporarily immobilized with an interproximal acid-etch splint. The splints were removed at 1 week in half of the teeth and at 30 days in the other half. The monkeys were killed at 7 and 14 days and at 1, 2, 3, 4, 5 and 6 months postoperatively.

In conclusion, this study showed that replanted teeth that were splinted for 7 days recovered uneventfully, whereas the teeth that were splinted for 30 days demonstrated increased areas of root resorption and dentoalveolar ankylosis. Thus, it is suggested that after tooth replantation the periodontium will repair rapidly with a shorter time to splinting (7 days). Extended splinting periods (30 days) seem to induce further root resorption and ankylosis.

Proclination of Teeth and Its Relationship with Traumatic Injuries in Preschool and School Children

Franklin Garcia-Godoy, Jose R. Schanchez and Rigoberto R. Sanchez
J. Pedodontics, *vol. 6, Winter 1982*

This study examined 214 preschool and 660 school children for proclination of incisors and incidence of trauma. Only preschool girls showed a positive correlation, while all school children presented a positive correlation between the incidence of traumatized anterior teeth and proclination.

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Parents seem to be relieved to see other children with similar problems. This is especially true with traumatic injuries. The prints document for the dentist and the insurance company the extent of the injuries. When radiographs cannot be taken on a very young child, these prints are very useful in getting authorization from insurance companies.

The children are fascinated with seeing pictures of their teeth. Frequently they take them to school and the pictures invariably end up on their refrigerator doors for friends and neighbors to see. Another marketing advantage is that slides can be made from these prints. Pedodontists are frequently speaking to parent groups concerning nursing bottle caries, oral habits, minor orthodontic problems, and injuries to the mouth and teeth.

I use the Kodak Instant Close-Up Camera and flash attachment sold by Lester Dine, Inc., for $250. The kit comes with several lenses and mirrors for intraoral pictures. A small mirror is best for children under ten years old. Using the small mirror on an older child cuts out some of the permanent second molars, but the picture is still effective. Kodak instant color film is used, producing a 2¾ × 3½-inch print in about four minutes. If purchased by the case, a print costs approximately 67¢. The alternative way of producing pictures is using a 35mm camera. This film is more economical, but the pictures are not immediately available. Also any mistake due to improper focus, lighting, or composition may not be discovered until the patient is already gone.

I highly recommend using this camera in a pedodontic practice for the many ways it can be used.

—Tom Kelley, DDS

Yellow Pages Advertising Guidelines

Here are the established guidelines for Yellow Pages advertising. It's time to review this practice. Let us know what information should be added to the guidelines to update its ease of use. Please send this information to Bobbi Dennis, our Executive Secretary.

Members within a phone book area may decide to announce to the public they are members of CSPD, indicating a degree of higher training or more proficiency. This may be done by purchasing an ad from the Yellow Pages listing the members together in a box. Within this box will appear the CSPD logo and a message. The steps involved are:

1. One person selected in the area to be the spokesperson, and be so identified to the Executive Secretary, Bobbi Dennis.
2. *All* pedodontists in the specific phone book Yellow Pages (CSPD members or not) contacted and informed of the interest.
3. A vote should be taken to affirm that a majority desire this approach.
4. Non-CSPD members desiring to be included must join CSPD.
5. The cost of the ad will be borne by those listed.
6. It will be incumbent upon the spokesperson that *all* pedodontists in the area be advised of the process and that all those listed are CSPD members.
7. The area spokesperson will contact Bobbi Dennis at least one month in advance of the closing of your area's Yellow Pages listings.

Continued permission to use the CSPD logo is based on compliance with the above guideline. It is hoped that members would find this sufficient exposure and not feel compelled to further individually advertise in the Yellow Pages.

Question for the 80's

Today, because we're living in a period of parenthesis, we have two economies: a sunrise economy which is thriving, and a sunset economy which is in an advanced state of entropy and decay. Virtually all of our economic indices are gauged to the sunset economy and so economists predict gloom because they focus upon industrial companies. That's like striving to predict a family's future by only studying the grandparents.

We sacrifice useful intelligence when we only average the operational results of the sunrise and the sunset economies. The great question for the 1980's is: "What business are you *really* in?" If you don't know what business you're in, then conceptualize what business you think it would be useful for you to be in. That process of conceptualization is the essence of strategic planning. But strategic planning cannot proceed unless first there is a strategic vision.

Change occurs *only* when there is a perceived confluence of both changing values *and* changing economic circumstance. —*John Naisbitt*

Continued from page 1

the exact title of our intial efforts have not yet been decided, it will be an infant dental health fair. The committee and Hill & Knowlton are currently finalizing our plan to include location and time, the details of the physical layout and the acquisition of special equipment and staffing.

The intent of the one-day fair will be to inform parents about oral hygiene, fluoride, dental development, and timing of their child's first dental appointment. Our attention will be mainly directed towards the parents of children less than two years old. Oral care kits, pamphlets, and video tapes will be used to emphasize our message. There will be a screening oral exam for every child in attendance, with particular attention given to infants. Children and their parents will be informed about the need for proper tooth brushing, the relationship between dental health and good nutrition, and warned against the hazards of prolonged use of the nursing bottle.

Hill & Knowlton believes the uniqueness of this approach will underscore our commitment to children's oral health. It will allow them to publicize the need for very early dental care.

The committee has requested an estimate of the cost from Hill & Knowlton and has asked that they select appropriate time and location. They are to contact the media for coverage, and will acquire or prepare the necessary pamphlets.

Our society will provide examiners and dental assistants, all visual aids, and a spokesperson to serve as official liaison to the media.

Our plan is to lay the groundwork for many similar programs to be instituted in various areas of the state within the framework of cost effectiveness. We envision this program to be a success and believe the unique qualities which distinguish our care for children will be shown in a positive way to the public.

—*Roland Hansen*

ASDC Seminar in San Francisco

The 1983 ASDC/P & G Seminar is scheduled for Friday, April 29, through Sunday, May 1, in San Francisco. It will be held at the Westin-St. Francis Hotel. Dr. Richard J. Simonsen will speak on the subject of sealants, composites, and the etched Maryland bridge; and Dr. J. O. Andreasen of Denmark will speak on traumatic injuries. Dr. Andreasen's text on traumatic injuries has long been recognized as the classic in the field; and Dr. Simonsen is preparing a textbook on the etched Maryland bridge.

ASDC member's cost is $60.00. Reception and luncheon is included in the registration fee, plus special rate at hotel.

Officers and Members of the Board of Directors — 1982-83

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Classified

HAWAII - For rent, a tropical paradise home on Kauai's North Shore. Located on the beach just past Hanalei. Call or write Dr. Larry Reichel, 733 Bishop St., Suite 2275, Honolulu, HI 96813. Tel: (808) 523-6421.

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.

ASSOCIATESHIP Dr. Bob Rube, 1982 Pedodontic Graduate of UCLA, looking for a place to practice. Have a great personality, good attitude, and will send resume. Call (213) 545-3055 or (213) 530-9656.

All members are invited to place free classified ads. Non-members must pay $25. Send information to the editor.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS
927 Mendocino Avenue
Santa Rosa, CA 95401