

ACTION

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Journal of the Georgia Dental Association

2025 SEMI-ANNUAL REPORT | PG. 26



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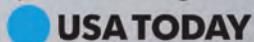


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From the GDA Editor



DR. RHODA J. SWORD
GDA Editor

Do you remember what your dental school class oath said?

Do you remember all the noble things you promised to do for your patients, yourself, and your profession? Sadly, I do not remember mine, but I remember the promises—the underlying theme: not to harm, to help. I always joke about “saving lives, one tooth at a time,” but isn’t that what we vowed to do? And, in doing so, to change the world... just the little things, right?

Every Dental College of Georgia dentist who graduated in the class of 2006 and after (I was 2003) had a formal White Coat Ceremony in which they learned the meaning and gravity of the white coat. When we put it on, we command respect, but we can also elicit fear, and if we are truly honest with ourselves, from time to time, even the dreaded imposter syndrome. So many emotions and consequences tied to donning a garment!

BACK TO THE OATH: Rediscovering Our Why

This concept is discussed at each year's always impactful White Coat Ceremony. For the ceremony, the class transitioning from their D1 to D2 year (when they begin to treat patients) creates a class-specific oath that they read together out loud, a way to bring importance to the words while standing shoulder-to-shoulder, holding one another accountable!

Our white coats and our oaths are the essence of what sets us apart as dental professionals, in a way that sets us apart from any other business or industry. The public expects more of us. We expect more of ourselves! When we are not allowed to practice this profession in the way we feel we should, we become defensive because we care so very much! Yes, we care for our businesses, and the people who work for us and with us, but we care most about our patients and healing them.

Recently, a patient of mine who is also an ophthalmologist asked me, “What is your favorite procedure to do?” I have completed a variety on her, so as a fellow medical professional, she was genuinely interested. I had to think about that for a few minutes as I continued to work. When taking a step back, I do love the challenge of a complex direct restoration others thought was hopeless, or the beauty of a “perfect” crown margin and impression, but, honestly, that is not what excites me in my core. My deepest fulfillment comes from the process, the healing... It begins with a patient walking in, often scared of “the dentist” and feeling embarrassed about their mouth’s condition. “Doc, you’ve never seen a mouth this bad before, have you?” Well, the answer is almost always, “yes, and much worse.” The love of the profession for me comes in talking

to that patient, understanding how they got “here” and how we are going to get “there” from “here.” How will I move and motivate this patient on a journey to dental health and stability. How will I help them to trust me, to trust us, as a profession (sometimes after losing it from another provider)? How will I convince them I care more about their health than the payment that comes from their treatment? This is the challenge, that when done well, is my favorite “procedure.” It is the entire process! Moving a patient from broken and scared to “healed.” The dentistry is always only a small part of it! I (and I know I am not alone) routinely talk to patients about their overall health, diet, exercise, nutrition, sleep. Do they see a primary care physician who knows them and their needs and follows them as those needs change? If not, can I help them find one? Oh, we do so much more than dentistry. It is these moments that take us back to the why. They take us back to our oath. When we are on the verge of walking away or of burn out, remember our “why.”

The class of 2028 composed an absolutely beautiful and poignant call to the professionals they want to be. They do not yet know how tall of an order fulfilling such an oath requires, but they will, and we will be there to guide them. We will mentor them and will come alongside them when they lose heart and have a bad day and seem to take more steps backward than forward. I encourage you to say this oath with them, for yourself. Re-commit to the why as so beautifully penned by the DCG Class of 2028, especially future dentists Class President Colton Villa and TJ Allen.

Say it with me. Put your name in the



blank: "I, _____, as a trusted steward of oral health, vow to faithfully uphold the values of Autonomy, Non-maleficence, Beneficence, Justice, and Veracity. I commit to a life of learning, ever striving to expand my knowledge and skills, that I may imbue in my practice the highest standards of care and hold my colleagues accountable to the same. With healing hands and a compassionate heart, I embrace the call to provide care, refusing to

compromise on the excellence expected of me - always mindful that I treat not merely a disease, but a person who deserves my attention and respect.

Finally, I affirm my duty to preserve my own well-being, understanding that to best serve others, I must be of sound mind and body. Through any challenge, I will humbly seek to adapt, grow and reflect. Here do I bind my honor to labor in the art and science of dentistry, that my hands may help, my

mind may consider, and my heart may serve those whom I have been called to heal!"

If that doesn't inspire you to dig out your white coat and strut around the office with a new burst of responsibility, I don't know what does. Hold that head up! Take a deep breath!

We are important! We are driven! We are beautiful healthcare professionals!

We are DENTISTS!!

Take care, Dr. Rhoda J. Sword





CE Requirements for Dentists in Georgia

At least **40 Hours** of Continuing Education must be obtained in the 2024 – 2025 biennium.

Further requisites of the 40 hours:

- 30 hours must be clinical courses in the actual delivery of dental services to the patient or to the community
- 20 hours can be from webinars and other forms of online CE
- 20 hours must be obtained in-person
- 2 hours of CE regarding infection control in dentistry, including education and training regarding dental unit water lines
- 1 hour of CE on the impact of opioid abuse and/or the proper prescription writing and use of opioids in dental practice per renewal period
- 1 hour of CE in legal, ethics and professionalism in dentistry
- Proof of CPR certification as taught by the American Heart Association, the

American Red Cross, the American Health and Safety Institute, the National Safety Council, EMS Safety Services, or other such agencies approved by the board. Four credit hours for successful completion of the in-person CPR course required by Georgia law may be used to satisfy continuing education requirements per renewal period.



CE Requirements for Dental Hygienists

At least **22 Hours** of Continuing Education must be obtained in the 2024 – 2025 biennium.

Further requisites of the 22 hours include:

- 15 hours must be clinical courses in the actual delivery of dental services to the patient or to the community
- 11 hours can be from webinars and other forms of online CE
- 11 hours must be obtained in-person
- 1 hour of CE in legal, ethics and professionalism in dentistry
- 2 hours of CE regarding infection control in dentistry, including education and training regarding dental unit water lines
- Proof of CPR certification as taught by the American Heart Association, the American Red Cross, the American Health and Safety Institute, the

National Safety Council, EMS Safety Services, or other such agencies approved by the board. Four credit hours for successful completion of the in-person CPR course required by Georgia law may be used to satisfy continuing education requirements per renewal period.



Dentists and Dental Hygienists: Don't forget these requirements!

- MATE/DEA Training (8 hours)**
 - Required for:** DEA-registered practitioners
 - Date required:** Next DEA registration submission (This one-time training requirement will not be part of future DEA registration renewals.)
- OSHA Bloodborne Pathogen Training**
 - Required for:** Any staff that may come into contact with blood
 - Date required:** Annually
- HIPAA Training**
 - Required for:** All staff, new hires
 - Date required:** Code of Federal Regulation (CFR § 164.530) requires

HIPAA training for all staff, new hires within a reasonable period of time after hire, and any time "functions are affected by a material change in the policies or procedures"

- Radiation Safety Training (6 hours)**
 - Required for:** Dental Assistants or anyone that did not get radiation safety training in their dental education
 - Date required:** Prior to the use of X-ray equipment
- Phlebotomy Training**
 - Required for:** Dental Assistants, licensed Hygienists and Dentists before performing phlebotomy or venipuncture

- Date required:** Prior to the performing phlebotomy or venipuncture
- Pharmacology, Anesthesia, Emergency Medicine or Sedation (4 hours)**
 - Required for:** Dentists in practices with a sedation permit
 - Date required:** For license renewal – end of 2025
- Administration of Local Anesthetic (2 hours)**
 - Required for:** Dental Hygienists administering local anesthesia pursuant to rule 150-5-.07
 - Date required:** Two hours per biennium



DID You Know?



- CE hours can also be obtained through volunteering, teaching and assisting with investigations and licensing exams, etc.
- You must maintain official documentation of course attendance for at least three years after the biennium during which the courses were taken.

For the complete details on CE requirements, contact the Georgia Board of Dentistry at 404-651-8000 or view online at:

- **Dentists:** <https://rules.sos.ga.gov/GAC/150-3-09>
- **Dental Hygienists:** <https://rules.sos.ga.gov/GAC/150-5-05>

For more information on GDA courses that meet the requirements listed on page eight, visit gadental.org/events-ce

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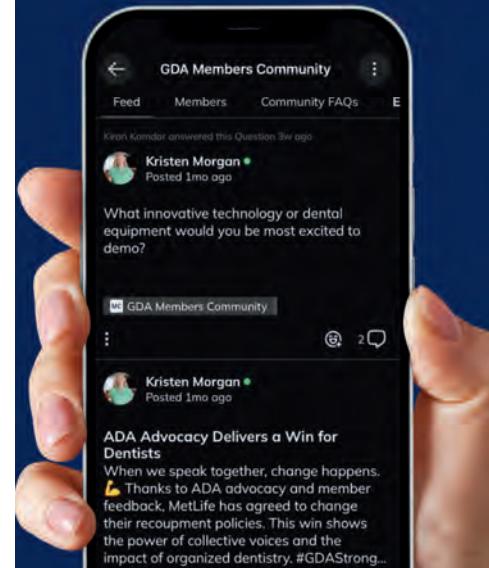
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Dental professionals have a tremendous responsibility to their patients.

Once any kind of oral infection is found, it must be determined if the infection is confined to the oral cavity, OR if that infection is oral-systemic – potentially putting the patient's health and life at risk. Urine, blood, and salivary tests are powerful diagnostic tools that can reveal critical insights into a patient's level of risk. When interpreted correctly, these tests often highlight the urgent need for collaboration between medical and dental professionals. The connection between oral health and overall body wellness is a cornerstone of integrative practice, and it's a concept that underscores the importance of these diagnostic tests.

Let's dive into how these leading indicator tests can signal an urgent need for interdisciplinary care and why this collaboration is essential for the best patient outcomes.

Exam: Oral or Oral-Systemic?

- If a patient has a bloody prophy, oral bacteria are mixing with the patient's blood and lymphatic system, and they should be referred to establish care with an enlightened physician who is prepared to further investigate with blood and urine tests and radiology imaging to determine if systemic inflammation, infection or atherosclerosis is connected to their oral health.
- If a patient is a mouth breather, snores, or has a Mallampati score of 3 or 4, referral for a sleep test to rule out sleep disordered breathing is suggested.

Blood Tests: The Red Flags for Collaboration

Serum markers tests are a cornerstone of medical diagnostics, patients are accustomed to using actionable data from blood tests, and serum biomarkers can point directly to oral health issues that require dental intervention. Here are some key examples:

- **C-Reactive Protein (CRP):** Elevated

CRP levels are a marker of systemic inflammation. While CRP can be elevated due to various conditions, including cardiovascular disease and autoimmune disorders, it is also strongly associated with periodontal disease. If a patient presents with persistently high CRP levels with no obvious medical causes, it's time to investigate their oral health. Periodontal infections can function as a chronic source of inflammation, driving up CRP levels and increasing the risk of heart attacks and strokes. Medical-Dental collaboration to address gum disease can significantly reduce systemic inflammation and improve overall health.

- **Myeloperoxidase (MPO):** MPO which used in cardiology to identify vulnerable atherosclerotic plaque is an inflammatory marker that can also indicate endodontic infections. These infections often go unnoticed during routine dental exams but can be found through advanced imaging techniques like cone beam CT scans. If a patient has elevated MPO levels, it's a red flag for potential dental pathology. A medical professional should refer the patient with the combination of high hsCRP plus high MPO to a dentist trained in oral-systemic health to find and treat the underlying infection.
- **Lipoprotein-Associated Phospholipase A2 (Lp-PLA2):** This enzyme, made by aggravated white blood cells is a marker of vascular inflammation, but is often elevated in patients with periodontal disease. Like CRP and MPO, elevated Lp-PLA2 levels warrant a closer look at the patient's oral health. Addressing periodontal infections can help lower this marker and reduce the risk of cardiovascular events.
- **Galectin-3:** Galectin-3 is a biomarker associated with tissue fibrosis and chronic inflammation. While cardiologists see this marker increase when heart muscle is remodeling in heart failure, elevated levels can indicate osteonecrosis of the jaw, a condition often linked to bisphosphonate use or untreated dental and tooth root infections. This is also seen when



osteonecrosis involves third molar sites, even decades after wisdom tooth extraction, especially if the periodontal ligament was not completely removed. Collaboration between medical and dental professionals is crucial for diagnosing and managing this condition effectively.

- **Vitamin D and CoQ10 Levels:** Deficiencies in these nutrients are common in patients with periodontal disease. Vitamin D plays a critical role in bone health, while CoQ10 is essential for gum health. Naming and addressing these deficiencies through medical and dental collaboration can significantly improve oral and systemic health.

Salivary Tests: The Window to Oral and Systemic Health

Salivary diagnostics are an emerging field that offers a non-invasive way to assess both oral and systemic health. Saliva contains biomarkers that can reveal infections, inflammation, and even genetic predispositions to clinical response. Here are key salivary tests that highlight the need for medical-dental collaboration:

- **Pathogen Testing:** Salivary tests can identify specific bacteria associated with periodontal disease, such as *Porphyromonas gingivalis* and *Treponema denticola*. These pathogens are not only harmful to oral health but are also linked to systemic conditions like cardiovascular disease, diabetes, and Alzheimer's disease. Pg not only makes gingipains (a virulent protease), it also secretes dihydroceramide—i.e. it makes its own plaque – devastating to brains and blood vessels. If a salivary test reveals elevated levels of these bacteria, it's a clear signal for medical and dental professionals to work together to address the infection and its systemic implications.
- **Inflammatory Markers:** Saliva can be assessed for inflammatory markers like interleukin-1 (IL-1) and tumor necrosis factor-alpha (TNF- α). Elevated levels of these markers indicate active inflammation, often due to periodontal disease. Medical professionals should collaborate with dentists to treat the underlying cause and reduce systemic inflammation.

Urine Tests: The Underestimated Ally

While urine tests are often associated with kidney function and metabolic health, they

can also provide valuable insights into oral-systemic connections. Here is how:

- **Markers of Oxidative Stress:** Urine tests can measure oxidative stress markers like F2-isoprostane or 8-hydroxy-2'-deoxyguanosine (8-OHdG). Elevated levels indicate increased oxidative damage, which can be linked to chronic infections, including periodontal disease. Addressing the source of oxidative stress through dental care can help reduce these markers and improve overall health.
- **Calcium and Phosphorus Levels:** Imbalances in these minerals can indicate bone loss, which may be related to periodontal disease or other dental conditions. A urine test revealing abnormal calcium or phosphorus levels should prompt a dental evaluation to assess bone health and prevent further complications.
- **Heavy Metal Testing:** Urine tests can also detect heavy metals like mercury and lead, which can accumulate from dental amalgams or environmental exposure. Elevated levels of these metals can have systemic effects, including neurological and cardiovascular issues. Collaboration between medical and dental professionals is essential for safely addressing heavy metal toxicity.

The Case for Collaboration

The data is clear: persistent inflammation is at the root of medical evil, and often, the root cause is found in the gums and the roots of the teeth. Without a partnership between medical and dental professionals, we cannot achieve optimal health for our patients. Here's why collaboration is so crucial:

- **Comprehensive Care:** Many chronic conditions, such as cardiovascular disease, diabetes, and autoimmune disorders, have oral health components. By working together, medical and dental professionals can address the root causes of these conditions rather than just managing symptoms.
- **Early Detection:** Diagnostic tests often reveal subclinical conditions—issues that are not yet causing symptoms but have the potential to progress into serious health problems. Early intervention through medical-dental collaboration can prevent these conditions from worsening. Often the first symptom of a DENTAL problem is found in MEDICAL lab data and establishing open and frequent lines of communication is critical for patient success.
- **Patient Education:** Patients are more likely

to take their health seriously when they see their medical and dental providers working together. This unified approach reinforces the importance of oral health in overall wellness and encourages patients to take proactive steps to improve their health.

- **Improved Outcomes:** Studies have shown that treating periodontal disease can improve glycemic control in diabetic patients, reduce the risk of cardiovascular events, and even lower systemic inflammation. These outcomes are only possible through collaboration between medical and dental professionals.

Conclusion

Urine, blood, and salivary tests are not just diagnostic tools, they are bridges that connect the worlds of medicine and dentistry. By recognizing the oral-systemic connections revealed through these tests, we can provide more comprehensive, effective care for our patients. Collaboration is not just beneficial, it is essential. Together, medical and dental professionals can transform patient outcomes, proving that the whole is indeed greater than the sum of its parts. We can bridge the gap and work together to create a healthier future for all.

Intro – Diagnostic Testing & Collaboration

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SEEN & HEARD

Members making news and news for GDA members.



GSO Launches \$8.5 Million John Lewis Legacy Scholarship Program

The Georgia School of Orthodontics (GSO) has launched the John Lewis Legacy Scholarships—an \$8.5 million initiative created with the John and Lillian Miles Lewis Foundation to honor the late Congressman. Beginning in August 2025, the program will award 47 full, three-year scholarships over 12 years, starting with an inaugural class of three residents. It also includes educational programming and civil rights tours, ensuring Lewis's values of justice, service, and equality are part of each resident's experience.



GSO Appoints Dr. Blankenship to Lead Clinical Education

The Georgia School of Orthodontics (GSO), the world's largest orthodontic residency program, has named **Dr. Keith Blankenship** as its new Clinical Director. A decorated U.S. Navy veteran and Diplomate of the American Board of Orthodontics, Dr. Blankenship brings over 20 years of clinical, academic, and leadership experience to the role. He holds advanced degrees in microbiology and dentistry, is one of only two U.S. orthodontists with Fellowship in the Academy of General Dentistry, and is a published researcher and national lecturer. His appointment reflects GSO's ongoing commitment to excellence in orthodontic education and patient care.



GSO Names Dr. Mendes as New Program Director



GSO has promoted **Dr. Cintia Mendes, B.D.S., M.Sc., Ph.D.** to Program Director. A Diplomate of the American Board of Orthodontics, Dr. Mendes brings 18 years of clinical and academic experience, including previous roles as Assistant Program Director at GSO, a private practitioner in Virginia, and Program Director at an orthodontic residency in Rio de Janeiro. She specializes in cleft lip and palate care, syndromic cases, and treatment for children with special needs. A graduate of the University of São Paulo and MedStar Washington Hospital Center, Dr. Mendes is also a member of the prestigious Edward H. Angle Society of Orthodontists.



Innovative Clinic in Macon Sets New Standard for Dental Care in IDD Community

The Georgia Dental Association proudly supports the opening of a new dental clinic in Macon dedicated to serving adults with intellectual and developmental disabilities (IDD). Developed through a partnership between the Dental College of Georgia and Mercer University School of Medicine, the clinic will operate as part of Georgia's first fully integrated inpatient and outpatient IDD care center. GDA President Dr. Amber Lawson played a key role in bringing the collaboration to life, helping to ensure future dentists are trained to meet the unique needs of this population. The clinic represents a major step forward in access to care and healthcare education for underserved communities.



3D Teaching Tool Revolutionizes Dental Education at DCG



Dr. Rafael Pacheco, a faculty member at the Dental College of Georgia, is transforming how dental students learn crown preparation by combining his backgrounds in dentistry and graphic design. Frustrated with the limitations of traditional demonstrations, he developed interactive 3D manuals that let students view each step of a tooth preparation from all angles on their phones or computers. By photographing and scanning each stage of the process, Pacheco created an accessible, step-by-step guide that helps students visualize complex techniques more clearly. Praised by students and faculty alike, the tool enhances learning, reduces confusion, and may soon expand to other courses and schools across the country.



Dental hygiene program finds new home in Dental College of Georgia

Augusta University's dental hygiene program has moved under the Dental College of Georgia, aligning students and faculty where clinical training already takes place. The shift strengthens collaboration between future dentists and hygienists while continuing the program's long tradition of excellence and community service.





Tort Reform Arrives in Georgia

JON HOIN
GDA Senior Health Policy Manager

Recent malpractice cases, including a \$50,000,000 verdict against a dentist, made policymakers sit up and take notice. Following the passage of a 2024 bill, the Data Analysis for Tort Reform Act, and recommendations from the Office of Commissioner of Insurance and Safety Fire, Governor Kemp's office prioritized tort reform in the 2025 session. With support from a broad coalition of businesses, Georgia's General Assembly passed Senate Bill 68 and Senate Bill 69. Despite some uncertainty, historical trends suggest that dentists can expect some relief from rising malpractice premiums.

What is a tort anyway?

A tort is an act or omission that gives rise to injury or harm to another and amounts to a civil wrong for which courts impose liability. In the context of torts, "injury" describes the invasion of any legal right, whereas "harm" describes a loss or detriment that an individual suffers.¹

Like other healthcare providers, a dentist may find themselves subject to a lawsuit for malpractice. In such lawsuits, a plaintiff must show 4 things:

1. A professional duty owed to the patient (dentist/patient relationship),
2. A breach of such duty,
3. Injury as a result of the breach,
4. And damages.²

Relief offered by a court may include both economic damages, expenses incurred as a result of negligence, and noneconomic damages, pain and suffering or diminished quality of life. Variation in amounts awarded at trial can be high thanks to a variety of factors.³

Georgia's judicial environment has gained national attention, topping the list of the American Tort Reform Association's list of "Judicial Hellholes" in 2023 and staying in their top five the following year. Georgia made the list due in part to several "nuclear verdicts" and popular critiques

of certain procedural rules.⁴ Proponents of tort reform typically cite a desire to reduce the number of frivolous lawsuits arising from misaligned procedures and incentives.⁵ Opponents typically argue that reforms like the ones passed in Georgia have not been shown to lower insurance premiums and may make it difficult for plaintiffs to win their cases.⁵

Effects of Torts on Health Care Services

Torts may have several effects on how healthcare is provided in a given place. They have implications for quality of care, provider supply, and the practice of

"defensive medicine."^{6,7} Research into how differing tort laws affect dentists is rare, but at least one paper does suggest that state laws modestly affect the way dentists practice.⁸ Much of the existing research focuses on physicians, with special emphasis on OBGYNs.^{7,9} Tort reform, particularly the kind that tempers amounts awarded to plaintiffs and reduces insurance companies' losses, can potentially alter provider behavior, reducing unnecessary care or increasing patient load, and reduce malpractice premiums, but the fact of the matter is that untangling the effects of reforms is complicated.⁶⁻¹⁰

The effects of different reforms depend on a whole host of factors. Reforms seen as temporary or unlikely to go into effect will not rock the boat, and business proceeds as usual.¹⁰ Alternatively, different reforms may elicit different responses from various actors. Legal factors related to reduced award size have been positively associated with the frequency of dental visits per week.⁸ Caps on noneconomic damages may be associated with a decrease in health care utilization and spending as well as an increase in physician supply.^{6,7} Alternatively, some research has shown that reforms like Texas's 2003 package had little to no impact on the cost of medical care paid for by private health insurers.⁹

When considering how individual actors experience the benefits of any reform, it is helpful to lay out a roadmap and to consider the mechanics involved. Tort reform's influence begins in the courtroom. Often, changes are procedural, rearranging processes to reduce the cost of conducting a trial. Other reforms may directly address damages by imposing caps or other limiting factors that reduce the eventual payout of a given lawsuit. Malpractice insurers see the benefits of reforms first since they are close to the action.

Purchasers of insurance then see benefits of reforms through premium reductions; however, insurers may not necessarily pass along the entirety of their savings. Likewise, the benefits to patients would depend on the provider's decisions. As one goes further down the chain, savings



passed on to others are distributed among larger groups of people. At the same time, reductions in risk, or the perception of risk, potentially influence behavior. It is unlikely that tort reform markedly degrades or improves quality of care, but some evidence does suggest that certain providers make different decisions about patient care in the wake of reforms.^{7,8}

Georgia's Recent Tort Reform History

Georgia last attempted to enact tort reform in 2005. At the time, premiums were increasing, and payout amounts as a percentage of premium revenue were high.¹¹ The bill included provisions capping noneconomic damages related to health care at \$350,000, allowing for periodic payment of damages over time, and several other technical changes.¹¹ Just 5 years later, Georgia's Supreme Court issued a ruling that declared the damages cap unconstitutional.¹¹ Chief Justice Hunstein wrote:

Noneconomic damages caps...violate the constitutional right to trial by jury...we conclude that at the time of the adoption of our Constitution of 1798, there did exist the common law right to a jury trial...with an attendant right to the award of the full measure of damages...as determined by the jury.¹²

This declaration removed a major component of Georgia's 2005 legislation. The specifics of Georgia's most recent tort reform package are informed by this decision, and many of the new provisions seek to limit costs while working within constitutional bounds.

SB 68 and SB 69

Georgia's legislature passed two bills related to tort reform in the 2025 legislative session. The first bill, SB 68, made a series of procedural reforms. The second bill, SB 69, aims to regulate litigation financing practices. One bill aims to control costs. The other bill aims to limit outside influence on litigation.

For dentists, much of the meat of Georgia's tort reform package lies in SB 68's series of procedural reforms. Key

procedural reforms include limits on the use of arguments intended to "anchor" noneconomic damages to arbitrary values, allowing trial bifurcation, and limiting special damages for healthcare expenses to the "reasonable value of medically necessary care." Trial bifurcation is a process by which a trial is split into two phases: a determination of fault and a determination of compensatory damages. If the first phase finds no fault, then the second phase is unnecessary.

SB 69 regulates litigation financing, the practice of third parties investing in a lawsuit in exchange for a share of the profit. The practice of litigation financing was historically prohibited by law; however, New South Wales in Australia rolled back its laws in 1993 to allow outside interests to help fund expensive class actions.¹³ Eventually, England and the United States followed suit.¹³ SB 69 includes provisions that require financiers to register with the state, and it sets guardrails in place that limit what a financier can and cannot do.

What Georgia Dentists Can Expect

The potential impact of tort reform on Georgia dentists is uncertain. In general, sustained reforms that reduce cost, with the best evidence specifically assessing caps on non-economic damages, appear to reduce or otherwise temper rising malpractice premiums.⁶ One caveat is that this tempering can take time, and other market factors also play a role.⁶ Even so, this is good news for dentists during a period when over 45% of providers cite increasing overhead costs as a top challenge going into 2025.¹⁴

Given that caps on non-economic damages have been deemed unconstitutional in Georgia, the latest tort reform package seeks to address runaway costs and expensive verdicts through other means. The degree to which these reforms will have an impact is an open question. While it does not cap damages, SB 68 introduces constraints that would have a similar effect to a cap. Reining in payouts that include "phantom" damages, awards that include the difference between what providers billed and what they were

actually paid, is a helpful first step. So is avoiding unnecessary trial proceedings and preventing arbitrarily high anchor amounts from swaying the jury's decision-making.

At the end of the day, only time will tell. Complex dynamics determine the final effect of reforms like this, and it could take years to feel the full effect. GDA will continue to advocate for commonsense policies that support Georgia dentists and protect their patients' oral health. 

Join GDA's Advocacy Team Today!

Just scan QR code.



¹ tort. Cornell Law School Legal Information Institute. June 2024. Accessed July 9, 2025. <https://www.law.cornell.edu/wex/tort>

² Dental Malpractice Law. Justia. July 2025. Accessed July 9, 2025. <https://www.justia.com/injury/medical-malpractice/dental-malpractice/>

³ Vidmar N. Juries and Medical Malpractice Claims: Empirical Facts versus Myths. *Clin Orthop Relat Res.* 2009;467(2):367-375. doi:10.1007/s11999-008-0608-6

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⁸ Conrad DA, Milgrom P, Whitney C, O'Hara D, Fiset L. The Incentive Effects of Malpractice Liability Rules on Dental Practice Behavior. *Med Care.* 1998;36(5):706-719. doi:10.1097/00005650-199805000-00010

⁹ Born PH, Karl JB, Visconti WK. The net effects of medical malpractice tort reform on health insurance losses: the Texas experience. *Health Econ Rev.* 2017;7(1). doi:10.1186/s13561-017-0174-2

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¹² Hunstein C. *ATLANTA OCULOPLASTIC SURGERY, P.C., d/b/a OCULUS V. NESTLEHUTT et al.* (2010). Accessed July 13, 2025. <https://law.justia.com/cases/georgia/supreme-court/2010/s09a1432.html>

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¹⁴ *Economic Outlook and Emerging Issues in Dentistry Insights from Data from Q4 2024 Plus: A Look Ahead into 2025.*; 2025. Accessed July 15, 2025. https://www.ada.org/-/media/project/ada-organization/ada-org/files/resources/research/hpi/d2024_hpi_economic_outlook_dentistry_slides.pdf

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RECOGNIZING Our Endorsed Partners

Did you know GDA members enjoy exclusive benefits from all endorsed partners? Below is a selection of these partners along with their related savings and offerings. Make sure to bookmark this page for easy reference!

If not a GDA member and interested in learning more about membership benefits, please reach out to our membership team at membership@gadental.org.



LANDS' END Outfitters

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First impressions matter—and your team's apparel helps shape them. Branded clothing boosts your image, builds loyalty, and attracts new patients and employees. GDA members get 20% off logos, promotional products, and Lands' End labeled items at ada.landsend.com.



Lenovo

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GDA members save up to 50% with Lenovo! You and your staff can be working with the latest technology at the office or at home. Visit the website often for special offers on laptops, tablets, desktops, all-in-ones, workstations, servers, accessories, and more. Plus, receive free ground shipping on all web orders!



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Looking Forward to 2026

The 2025 GDA House of Delegates meeting highlighted the power of unity and advocacy in advancing oral health across Georgia.

Dr. Dean Young of the Dental College of Georgia shared plans to open rural training clinics that will provide students with hands-on experience while improving care access in underserved areas. The GDA proudly supports this initiative, now part of our 2026 Legislative Agenda.

We also welcomed a panel of state

lawmakers who offered valuable insight into the policy challenges facing dentistry, including workforce shortages, Medicaid reimbursement, insurance reform, and teledentistry. Many of these issues are now reflected in our legislative priorities.

Our 2026 agenda addresses both immediate and long-term needs, with proposals focused on dental insurance reform, expanded Medicaid access, workforce development, and protecting community water fluoridation. A strong emphasis is placed on improving care

for vulnerable populations, including individuals with intellectual and developmental disabilities and rural patients.

The GDA has also been invited to participate in statewide conversations on addressing the dental workforce shortage. We're committed to shaping solutions that maintain quality, safety, and high standards of care.

Together, we're making meaningful strides for dentistry and the patients we serve. 

2025 Legislative Receptions

2025 Legislative Reception Dates (subject to change)

- OCTOBER 9:** NDDS/GHC – Chattahoochee Country Club | Gainesville, GA
- OCTOBER 14:** EDDS – Athens Country Club | Athens, GA
- OCTOBER 16:** WDDS – Green Island Country Club | Columbus, GA
- OCTOBER 21:** EDDS – Augusta Country Club | Augusta, GA
- NOVEMBER 6:** SWDDS – Valdosta Friends Grille and Bar | Valdosta, GA
- NOVEMBER 13:** SWDDS – Doublegate Country Club | Albany, GA
- DECEMBER 2:** CDDS – Brickyard Golf Club | Macon, GA
- DECEMBER 3:** NWDDS – Clarence Brown Conference Center | Cartersville, GA
- DECEMBER 4:** SEDDS – Savannah Yacht Club | Savannah, GA

Please check the GDA website to confirm dates and locations.

As we head into the fall, our Legislative Receptions are getting ready to begin. We hope that you will join us at your district's legislative reception and take the opportunity to network with your legislators and your colleagues. Below are the dates of our legislative receptions. Check back on the GDA website for any updates.

We Want



Would you like to become a part of our grassroots efforts under the Gold Dome? Sign up to become a Contact Dentist and be the direct line between your legislator and the profession of dentistry.



Visit www.gadental.org/advocacy/contact-dentist-program to sign up!

GDA CONVENTION & EXPO 2025

JUNE 19-22

Amelia Island, FL

RECAP: The GDA

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Convention & Expo 2025



Thank you to our keynote speaker, **Chad Hymas**, for delivering an inspiring and unforgettable message at the Kickoff Breakfast. His story of resilience and determination left a lasting impression and reminded us all of the power of perspective, perseverance, and purpose.

SUSTAINABILITY EFFORTS

This year, in an effort to be more eco-friendly, we focused on sustainability by providing every attendee with a reusable water bottle, preventing an estimated 16,800 plastic bottles from entering landfills and oceans. We offered eco-friendly, reef-safe Aloe Up sunscreen made and grown in the USA, and ensured all event signage was recycled. Convention attendees packaged hurricane relief kits, and we delivered them to the Advent Lutheran Church of Augusta, which continues to support families affected by Hurricane Helene.



GDA CONVENTION & EXPO 2025

JUNE 19-22

Amelia Island, FL

RECAP: The GDA



Scan the QR code to view the complete 2025 Convention and Expo album.



CE Speaker, Dr. John Comisi



2025 Exhibit Hall



Dr. Elmaraghi and her family turned Convention into a family vacation!



Dr. Praneetha Kumar, Dr. Hari Digumarthi, and their kids at Family Fun Night!



Photo Booth fun!



Dr. Cody Albergotti, WINNER of the 50/50 raffle



Fore-get the competition – Dr. Kendrick and UBS's Harris Gignilliat are here to play!



A hole lot of fun at GDAPAC Golf Tournament!



GDA awards Dental College of Georgia for Torbush Scholarship

Convention & Expo 2025



Past presidents Dr. Ed Green & Dr. Richard Weinman with Dr. Erica Greene & Dr. Becky Weinman



Samuel Cook, WINNER of a hotel stay for 2026 Convention



Dr. Ken Sellers, Dr. Lindsay Langston, and Dr. Jessica Brown, Honorable Fellows award recipients

Leading and Building Rock Star Teams CE Panel



Dr. Linda King and Dr. Darryal McCullough with new dentists



Catching up with friends at the Exhibit Hall





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2025 SEMI-ANNUAL REPORT

Mission Statement: GDA's mission is to help GDA member dentists succeed.

Vision Statement: Our vision is for Georgia to become a state with optimal oral health.

A MESSAGE FROM THE



KRISTEN MORGAN
GDA Executive Director

I'm pleased to share with you the 2025 Semi-Annual Report from the Georgia Dental Association. As we reflect on the first half of the year, I'm proud of the progress we've made in advancing our mission to support Georgia's dental professionals and promote oral health across the state.

This report highlights several exciting new member benefits launched in recent months to strengthen your practice and foster deeper professional connections. From a front office training course to the launch of a GDA member app, we remain committed to delivering meaningful value through your membership.

I'm also proud to report that the association remains in strong financial health. Through sound fiscal stewardship

Executive Director

and the continued support of our members, partners, and sponsors, we are well-positioned to sustain and grow the programs and services that continue to bring value to your membership.

On page 37, you'll find a letter reflecting on a unique piece of our association's history—a desk in the GDA office where then Governor Jimmy Carter signed the bill that made statewide water fluoridation law in Georgia. This moment marked a major milestone in our profession's public health legacy. As the topic of fluoridation resurfaces in today's policy discussions, we are committed to honoring that legacy by continuing to advocate for science-based practices that safeguard the oral health of all Georgians.

We hope this report provides meaningful insight into the work being done on your behalf—and the impact made possible by your continued engagement. Thank you for your support, your involvement, and your dedication to the profession and the patients of Georgia. — Kristen



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TRAINING



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Membership

2025 GDA Membership Demographics

Our members are the heart of our association. We continue to focus on enhancing the value of membership, expanding our reach and building deeper connections across our professional community.

3,333

Member Dentists



65%

of Total Licensed Dentists are Members



*as of Aug 2025



Average Age

57yrs

Average Years of GDA Membership

24yrs

Expanding Value: New Member Benefits

Front Office Training Course

GDA launched a new online Front Office Training course to help member practices strengthen front office performance and enhance patient satisfaction. This on-demand, self-paced training is now included with your membership.

GDA Hub

Since launching in January, GDA's new online community has grown to more than 500 members, creating a valuable online meeting place for members where distance fades and connections are made.

GDA Mentoring Program

The first phase of GDA's Mentoring Program launched on the GDA Hub with 50 mentees from the Dental College of Georgia and 40 mentors. Seven district mentoring pods are hosted on the GDA Hub, with a mentor resource library accessible to mentors.

2025 GDA Convention



DENTIST ATTENDANCE **up 10%**

The GDA Convention was held in Amelia Island, Florida, bringing together more than 700 dentists, dental staff, guests and exhibitors who networked, earned continuing education credits, heard from inspiring speakers, and enjoyed the spectacular beach setting.



Membership Outreach

GDA held events around the state to engage existing members and recruit new ones.



Hinman Meeting

GDA hosted an exhibit space at the 2025 Hinman meeting to engage with dental professionals, dental students and pre-dental students.

Dental College of Georgia

The GDA strengthened its presence at the Dental College of Georgia through a series of high-impact student engagement initiatives, including sponsorship of student events. These efforts reflect GDA's ongoing commitment to visibility, mentorship and member recruitment at the student level.



Pre-Dental and High School Students

GDA advanced its mission to promote careers in dentistry to students through pre-dental clubs and participating in the Georgia HOSA State Leadership Conference, engaging over 4,400 students, advisors and parents with information on dental career paths. Attendees were directed to GDA's new online career guide at gadental.org/careercompass.





2025 Financials



2024 Financial Stability

2024 Grants Awarded to GDA

SPA
Grant
\$110,000

ARC
Grant
\$8,500

GDIS
Grant
\$150,000

SPA Grant—ADA grant given for state public affairs to help support state dental associations in advocacy, communications, and public affairs efforts.

ARC Grant—ADA grant given for member acquisition, retention and conversions.

2024 GDIS/GDH

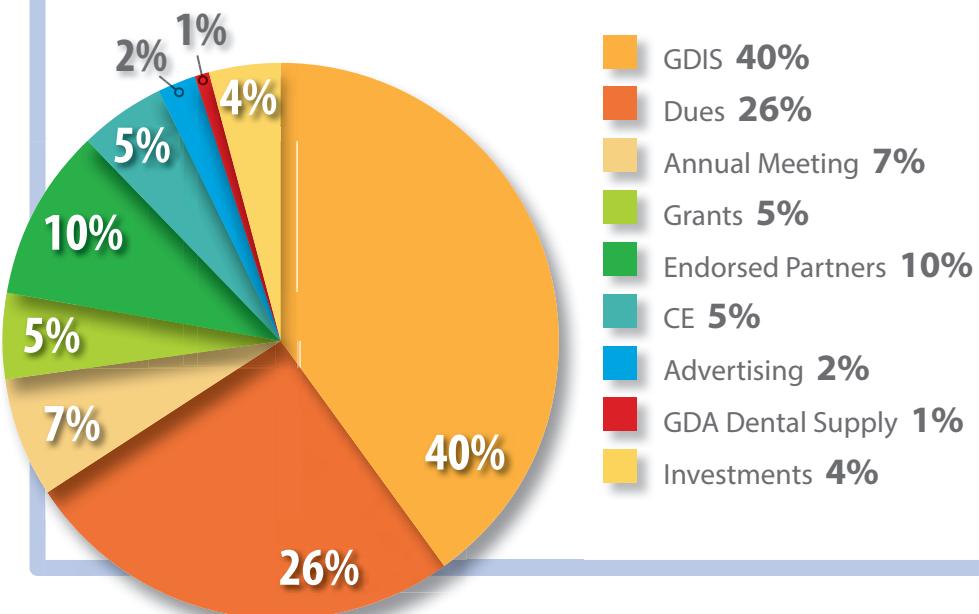
Income represents 40% of total revenue

- Business and personal lines revenue **105%** of budget
- Medicare supplements revenue **17%** over budget
- 2024 health insurance renewal **92%** retention in 2024

Reserved Combined (GDA, GDIS)

\$2,673,906

GDA and For-Profit Subsidiaries by Revenue Category 2024



Government Relations

2025 Legislative Summary

The 2025 legislative session was a landmark year as Governor Brian Kemp signed several key bills into law, among them GDA's long-advocated Teledentistry Bill.

GDA was proud to support these efforts to improve access to care and strengthen dental education.

HB 567—Tele-Dentistry: This bill allows Georgia Licensed Dentists practicing in Georgia to use telehealth systems and methodologies to extend their reach. It creates new opportunities to connect patients with

dental homes as well as to allow for consultation, triage, and emergency services. This bill was signed into law by Governor Kemp on Friday May 9, 2025, and it will become effective on January 1, 2026.



GDA members made our voice heard at the ADA Dentist and Student Lobby Day in Washington, DC in March.

HB 68—Medicaid Fee Reimbursement Rate Increases and Other Funding: The GDA secured a 2.5% increase for all 140 dental codes covered by Medicaid and Peachcare for Kids (CHIP).

HB 322—Faculty Licenses for Foreign Trained Dentists: This bill creates a process for the Dental College of Georgia to hire internationally trained dentists as clinical instructors for the dental college students.

HB 144—Income Tax Credit for Dentist Preceptors: This bill allows dentists who serve as community-based faculty preceptors to dental students outside of the Dental College of Georgia clinics to earn a \$1,000 tax credit for every 160-hour rotation the dentist completes. The program is administered by the statewide Area Health Education Centers office at Augusta University.

SB 68 and 69—Tort Reform Package: The Governor's tort reform package was designed to help lower the costs of lawsuits by allowing for key procedural reforms such as trial bifurcation, limitations on the use of arguments intended to "anchor" noneconomic damages to arbitrary values, and evidentiary rules to better present the true cost of paying for health care. There is also a provision to limit the amount of third-party litigation funding.



LAW Day 2025 was held in January at the State Capitol.



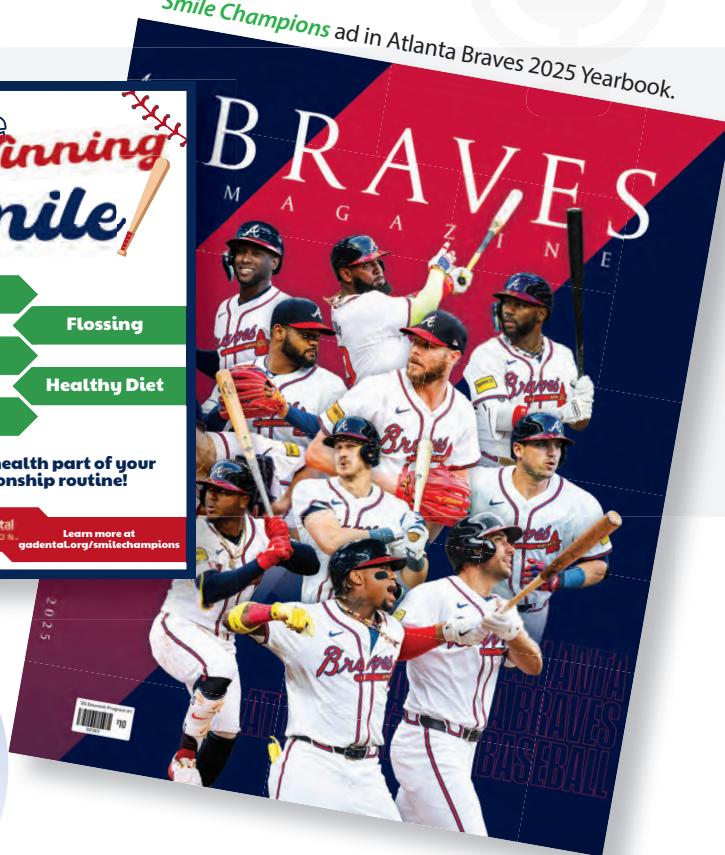
PR | Marketing | Communications

Smile Champions PR campaign

The Georgia Dental Association launched **Smile Champions**, a new initiative aimed at engaging Georgians with trusted information about the benefits, safety, and proper use of fluoride. The campaign also highlights a full spectrum of strategies for achieving and maintaining optimal oral health.



Smile Champions ad in Atlanta Braves 2025 Yearbook.



Website Enhancements Keep Members Informed

The GDA website is regularly updated to provide members with timely information, new resources, and access to the latest member benefits. These ongoing enhancements ensure members stay informed and connected to the tools that support their success.

Home page views:

11,790

Total website views:
312,795



Digital Marketing Channels



FACEBOOK:
2,761
Followers



LINKEDIN:
2,094
Followers



INSTAGRAM:
1,222
Followers



TWITTER:
919
Followers



Education & Training



Continuing Education

Providing high-quality, accessible continuing education remains a core component of our mission to support members throughout every stage of their careers. In the first half of the year, we expanded our CE offerings with new in-person and online opportunities designed to meet evolving professional needs and regulatory requirements. Find all upcoming CE at gadental.org/events

**More than
2,000
GDA CE
classes taken
since May.**

- New front office training**
(Included with Membership)
- Live and on-demand webinars**
- Phlebotomy training**
- Expanded duties**
- Free Friday webinars**
(Included with Membership)

Front Office Training Takes Off

More than 60 practices statewide have already accessed GDA's newest member benefit – an online Front Office Training course designed to strengthen your front office team.



On-Demand Webinars Support License Renewal

GDA's on-demand continuing education webinars provide a convenient way for members to meet license renewal requirements.

Courses cover critical topics such as **OSHA, HIPAA, LEAP, Infection Control/Waterline Maintenance, and Radiation Safety**, ensuring members have access to the training they need, when they need it.

The Georgia Dental Association is an ADA CERP Recognized Provider.

ADA C.E.R.P.® | Continuing Education Recognition Program



Governance

During the first half of 2025, the association's governance bodies advanced important initiatives to strengthen leadership, align membership structures, and set the course for the organization's future.

Board Orientation

- Trustees participated in the annual Board orientation in March, which included governance and committee structures, fiduciary duties and more.



Strategic Planning

- Beginning in March, the Board of Trustees engaged in strategic planning sessions to lay the foundation for the association's next strategic plan. A newly formed Strategic Planning Task Force will now refine that work and prepare a final version for Board approval, with the plan set to launch in January 2026. The House of Delegates also contributed valuable input, offering tactical ideas to address the current challenges our members are facing.

Committee, Council, and Task Force Chair Orientation

- An orientation was held for committee, council, and task force chairs, providing practical tools for leading effective and productive meetings. The session also introduced the GDA Hub, the association's new member social media platform. 2025 marked the first year this training was offered, and it will now become an annual staple to support leadership success across the organization.



Leadership GDA

- The 2025 session of Leadership GDA, comprised of nine members, launched on May 16 with a workshop on Conflict Management, Prevention & Resolution.



Member Product & Services



GDA Dental Supply Company



New offices registered in 2025:
86
= 1,333%
GROWTH



Active users:
258
= 35.79%
GROWTH

Program members:
1,399
= 8.78%
GROWTH



Total purchases:
\$601,821
= 23.9%
GROWTH

GDIS Business Insurance Lines

84.5%

Growth in new business written

11.3%

Growth in total written premium

GDA Health Insurance

- In 2025 the **GDA** introduced **age banded rates to our members**. Age banding is a more equitable distribution of premium for all our members.

- We are also offering **individual policies** through direct carriers as well as through the Georgia Health Care Exchange.

- The **average age on our plan** has decreased with the new age banding.

- We currently have **543 primary insureds**.

GDIS
Georgia Dental Insurance Services, Inc.



Foundation



foundation FOR ORAL HEALTH

Children's Dental Health Month in February reached thousands of Georgia students with a Governor's proclamation, over 10,000 *Smile Kits*, and the *Mouth Wise* curriculum for educators.

The **Share a Smile** program expanded statewide in 2025, building on a successful pilot in the Central District. To date, the program has provided over \$14,000 in donated care.

Community Connections launched this year. Distributed monthly, the e-newsletter keeps supporters informed and engaged with the Foundation's latest news and impact.

Give Kids a Smile events in 10 locations provided more than \$170,000 in donated dental care, expanding access and promoting healthy smiles statewide.

At **Special Olympics, Special Smiles** events, GDA Foundation volunteers provided dental screenings and preventive care for more than 170 Special Olympics athletes at the state games in February and May.

In January the Southwest District hosted its annual Casino Night fundraiser benefitting the GDA Foundation.



Generous donations from GDA districts, raised through raffles and events, keep programs like Children's Dental Health Month, Special Smiles, and Share a Smile going strong, creating healthier smiles across Georgia.



When Jimmy Carter Signed for Smiles: The Legacy of Georgia's Fluoridation Bill

A simple desk stands in the GDA office with a remarkable story. On that desk, then-Governor Jimmy Carter signed the bill making water fluoridation law in Georgia. This milestone marked a turning point in our state's oral health. The letter that follows, shared by a longtime GDA member, Dr. Hal Raper, Jr., reflects on the history of that desk and the legacy it represents as we continue advocating for science-based public health policies.

Dear Kristen,

As I remember Jimmy Carter, I thought I would write up the history of the historic desk owned by the GDA and signed by him. It happened this way:

Back in about 1970 my wonderful partner and mentor, Dr Harold Lanier, and I decided to redo our office. We asked his dear wife Pat, who had a real talent for decorating, for help. For our new reception room, she selected a handsome traditional style desk which was perfect, and many patients used it.

In 1974, Harold was general chairman of the Hinman meeting, the date of which coincided with passage of House Bill 53 authorizing statewide fluoridation. This piece of legislation was introduced by State Representative John Savage DDS and supported by the GDA with the help of many others. It was time for Governor Jimmy Carter to sign it into law. Some of us were talking and Harold said, "Let's see if he'll sign it at the Hinman." John Savage agreed and asked the Governor to come to the Marriott on opening day of Hinman to sign the bill and he said, "Sure."

In preparation for the event Harold asked the Marriott what they could set up; they answered they would set a table with white cloth or colored if we wanted. It was then Harold had a stroke of genius – he said, "Go out to our office and get that pretty desk." This they did and it was just what we needed.

The opening ceremony was special since the Governor was there. He made a short speech with one thing I remember. He said, "Most groups come to the capitol to lobby for their own interests. You, however, lobbied and worked for the public good. You are a Benevolent Lobby; you have my great admiration; thank you."

Present for this occasion were: Governor Carter; Representative Clayton Brown, Chairman of the House Health and Ecology committee; Representative John Savage, DDS; Lou Saporito, DDS, president of the ADA; Charles Smith, DDS, GDA president; Harold Lanier, DDS, Hinman general chairman; and members of the GDA Legislative Committee.

Governor Carter then signed the bill making fluoridation statewide. When he was done I said, "Governor, would you sign the desk?" He looked up and said, "What do you mean; where?" I reached down and pulled out the drawer and said, "Right here." He gave that big Carter smile and said, "Sure," and signed the drawer. He wrote "Jimmy Carter signed House Bill 53 and the date."

The desk went back to our office and years later we both decided that the GDA should have it. I am glad to see it displayed as a treasure for everyone.

Sincerely Yours,
Hal S. Raper, Jr., DDS





GDA Strong.



Member Powered.

Mission Driven.

Thank you to our members for your continued commitment to the Georgia Dental Association.

Because of you, we are GDA Strong—advancing the profession, promoting oral health, and shaping the future of dentistry in Georgia.

**Together, we are
GDA Strong.**

And together, we move dentistry forward.





Congratulations

Graduates of the Dental College of Georgia

Congratulations to the newest graduates of the Dental College of Georgia who chose to *Level Up* by joining the GDA before walking across the stage! By taking this step, they've invested in their careers, their profession, and the future of dentistry in Georgia. We're proud to welcome these emerging leaders into our community and can't wait to see the impact they'll make.

Dr. Melissa Hewett
Dr. Haley Burgess
Dr. Emily Watmore
Dr. Angela Hulse
Dr. John Senat
Dr. Justin Lane
Dr. Tristen Bennett
Dr. Emily Summers

Dr. Eve Reiter Shilkrot
Dr. Alexandra Russell
Dr. Carson Lail
Dr. Madelyn Herrington
Dr. Aiden Cho
Dr. Mary Garrett McLeod Neel
Dr. Diana Winecoff
Dr. Anjali Patel

Dr. Kyoungmin Lim
Dr. Diana Winecoff
Dr. Anjali Patel
Dr. Emsley Elena Smith
Dr. Deion Huang
Dr. Amine Elkhailil
Dr. Amandeep kullar
Dr. Amber Sillivent
Dr. Allison Hay
Dr. Logan Cumbaa
Dr. Jacob Jenkins
Dr. Marc Macchiaverna
Dr. Caleb Jensen
Dr. Ronald Edwin Owens II
Dr. Aisha A Ambrose
Dr. Omar Peralta Rios
Dr. Jake Goldberg
Dr. Juan Sebastian Garcia
Dr. Evan Boland
Dr. Jackson Nguyen
Dr. Clayton Timmerman
Dr. Kinsley White
Dr. Laura Hamilton
Dr. Jeffrey Fletcher Mazzola
Dr. Ykeisha Knowles
Dr. Sarah Alonso
Dr. Carson Glore
Dr. Obie Brannon 

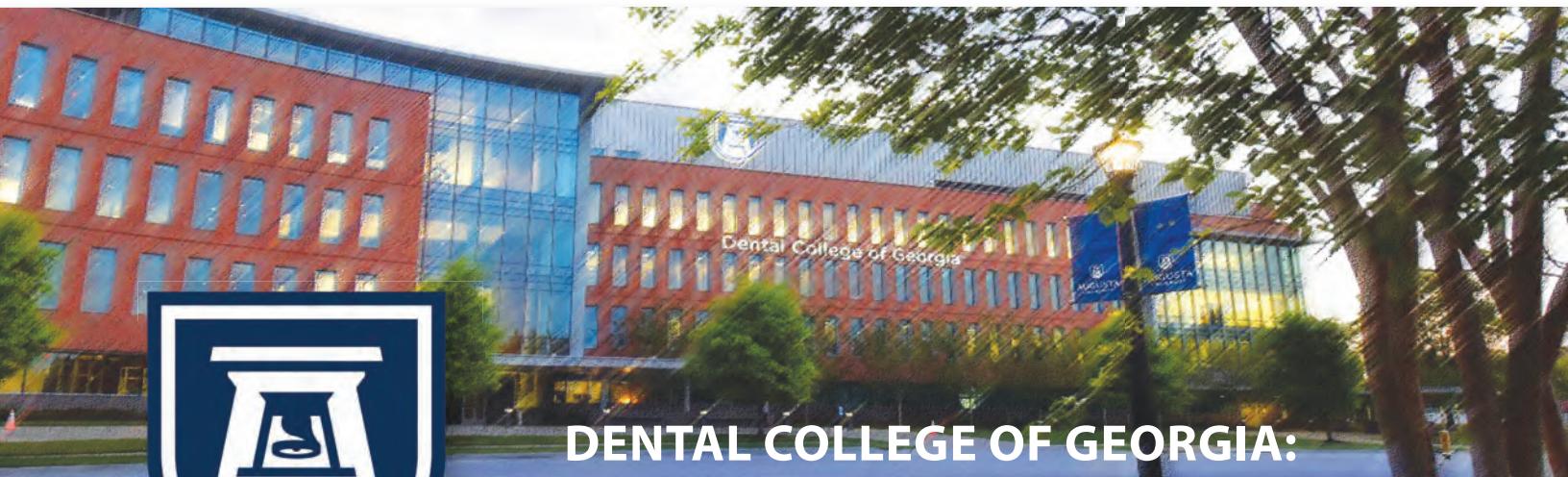


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for all things fitness,
wellness & beauty

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DENTAL COLLEGE OF GEORGIA:

White Coat Ceremony



In July, the Dental College of Georgia welcomed the Class of 2028 into a time-honored rite of passage:

the White Coat Ceremony.

This symbolic tradition marks the beginning of students' hands-on patient care experiences and serves as a powerful reminder of their responsibility to provide ethical, compassionate, and competent care, alongside continued classroom learning. As Vice Dean Dr. Kevin Frazier shared during the ceremony, the White Coat Ceremony was first introduced in 1989 at the University of Chicago, with the now widely adopted format established in 1993 by Dr. Arnold P. Gold at Columbia University. Designed to

place humanism at the heart of healthcare education, the ceremony has since spread to nearly every accredited medical and dental school worldwide. Dr. Frazier brought the tradition to the Dental College of Georgia in 2003, and it has become a defining moment in every DCG student's journey. The event is made even more meaningful by the participation of distinguished alumni, student volunteers, and the personal class pledge that each cohort writes and signs together.

Class President Colton Villa addressed his peers with humor, gratitude, and reflection, thanking faculty, supporters, and classmates for their role in making this moment possible. He emphasized that while the white coat is a symbol of professionalism and clinical responsibility, it also represents

To learn more about DCG's traditions and rituals, please scan the QR code:



opportunity: the chance to ask not just how to become a dentist, but what kind of dentist to become. He challenged his class to lead with compassion, reminding them that patients often carry unseen burdens behind their dental concerns.

Quoting C.S. Lewis, Villa highlighted the power of listening, empathy, and human connection in providing care that goes beyond the clinical. As he concluded, he invited his class to consider the true weight of the coat they now wear – not just as a symbol of their training, but as a daily call to serve with heart.

Dr. Carole Hanes, Emeritus Professor and former Associate Dean for Students, Admissions, and Alumni, served as the ceremony's keynote speaker. Drawing from her 32 years at DCG and 18 years leading White Coat Ceremonies, Dr. Hanes offered a thoughtful charge to the Class of 2028: to strive for excellence, uphold the values of professionalism and integrity, and build a life of balance and purpose. She emphasized the importance of showing up, not just physically, but fully present in learning and service. She encouraged students to reflect on their core values, seek out mentors who embody them, and stay grounded in ethical decision-making. "Your core values will become your road map for every decision in your life," she said. Quoting John Wooden and Mark Twain, Dr. Hanes left students with a final reminder: **character matters, and doing what's right, especially when no one is watching, is the foundation of a meaningful and successful career in dentistry.** 

*The Dental College of Georgia at Augusta University
Class of 2028 Pledge*

I, _____, as a trusted steward of oral health, vow to faithfully uphold the values of Autonomy, Non-maleficence, Beneficence, Justice, and Veracity. I commit to a life of learning, ever striving to expand my knowledge and skills that I may imbue in my practice the highest standards of care, and hold my colleagues accountable to the same. With healing hands and a compassionate heart, I embrace the call to provide care, refusing to compromise on the excellence expected of me – always mindful that I treat not merely a disease, but a person who deserves my attention and respect. Finally, I affirm my duty to preserve my own well-being, understanding that to best serve others, I must be of sound mind and body. Through any challenge, I will humbly seek to adapt, grow and reflect. Here do I bind my honor to labor in the art and science of dentistry, that my hands may help, my mind may consider, and my heart may serve those whom I have been called to heal.

Written by the Class of 2028

Hotel St.

W. Don
Veron
Maped Atkinns
Sally
Lynn
Elizabeth A
Sally Ann
Sally Ann
Matt Bern
M. Beckford
Sally Beckford
D. B.
P. B.
S. B.
Doris Clegg
Lorraine Clegg
Sally Clegg
Sally Clegg
Sally Clegg
Sally Clegg
Brody Clegg
Sally Clegg
Sally Clegg
Sally Clegg

Sabat Stahl
Carter Horner
Amy Sif
A
Dale
Laura Elizabeth
Lynn Soren
Cayenne
Yours or
Emily Str
Tobey
Lynn
Dawn
E-W-ly
Aida the Great
Shelby
You
Chris W. Warr
Ajaire Weller
Rebekah Williams
Shelby Soren

Signed- The Dental College of Georgia at Augusta University
Class of 2028 at the White Coat Ceremony, July 11, 2025.

Nancy B. Young, DMD, MEd
Nancy B. Young, DMD, MEd
Dean
The Dental College of Georgia

Nancy B. Young, DMD, MEd
Dean
The Dental College of Georgia

Bradley Greenway DDS
Bradley K. Greenway, DDS
Trustee, USA Section Foundation Board
International College of Dentists

Carole M. Hanes, DMD
Former Regent and National
Treasurer
American College of Dentists


Gregory M. Griffin, DMD
Associate Dean for Student Affairs &
Alumni
The Dental College of Georgia




Amber P. Lawson, DMD
President
Georgia Dental Association



Life moves pretty fast.
We keep up.

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CELEBRATING MEMBERSHIP—GDA

Welcome New Members

April – July 2025

New Members are classified as dentists joining for the first time since graduating dental school, dentists who have returned to membership after 3+ years away, or dentists who are new to Georgia.

Dr. Lara Bachour - NDDS

Dr. Majd Imam - EDDS

Dr. Jamar Mckay - NWDDS

Dr. Jared Bristol - NWDDS

Dr. Terrance Jeter - NDDS

Dr. Sanghyun Park - NWDDS

Dr. Iris Bullard - NDDS

Dr. Radhika Katragunta - NDDS

Dr. Justin Pennington - SEDDS

Dr. Charles Carter - EDDS

Dr. Nick Kim - NDDS

Dr. Samira Salari - CDDS

Dr. William Clance - SEDDS

Dr. Pil Kwon - NDDS

Dr. Wesley Sherrell - NWDDS

Dr. Vinh Duong - NDDS

Dr. Keni Leonce - CDDS

Dr. Ranya Tomlinson - SWDDS

Dr. Sarah Nicole Erickson - EDDS

Dr. Celeste Love - SEDDS

Dr. Behnaz Yavari - CDDS 

Dr. Wanda Febo-Cuello - NDDS

Dr. Thomas Marshall - SEDDS



PRACTICE QUOTIENT

GDA PRICE
\$150

Are your insurance carrier reimbursements fair?

Are you concerned that the dollar difference between production and collections that is being written off as a benefit plan discounts is affecting your practice's profitability? Practice Quotient, Inc., a national managed dental care contract negotiation firm, is partnering with the Georgia Dental Association to help GDA members:

- Increase practice revenue by negotiating fair market discounts with third party payers (i.e. insurance carriers), and
- Protect their practice's long-term value by actively managing network contracts to serve their financial interests.

Practice Quotient uses proprietary actuarial data analysis that allows them to leverage years of insurance industry insider experience to negotiate fair market compensation for dental providers.

As a GDA member, we have arranged for a \$150 consultation price with Practice Quotient exclusively for GDA members. This fee is donated to GDAPAC if you proceed with a full project. Visit <http://practicequotient.com> to learn more about this approved program, or call (470) 592-1680.

www.practicequotient.com info@practicequotient.com 470.592.1680

LEADERSHIPGDA

Meet the Leadership GDA Class of 2025

Each year, the Georgia Dental Association welcomes a new class of dentists from across the state to participate in Leadership GDA, a program designed to cultivate leadership potential and foster professional growth within Georgia's dental community.

The Class of 2025 has a shared commitment to service, collaboration and excellence, and are poised to help shape the future of the profession in Georgia. We invited them to share a bit about themselves and reflect on what leadership means to them.



Dr. Ali Azadi
Canton Orthodontics at
Roswell—Eastern District
Dental Society

After a childhood of challenging dentistry and a fortune cookie that said “my greatest strength lies in aiding others”, I knew at the age of five that I wanted to make dentistry a positive experience for other people. After attending Georgia Tech for undergrad where I met my wife, Kelsey, and then continuing to the Dental College of Georgia for both my dental degree and Orthodontic certificate, I am finally getting to live my dream at my practice serving my community as an Orthodontist! In my free time, I enjoy swimming, volunteering, building plastic model kits, and running (or at least trying to run, haha!).

I view a leader as someone who strives to serve others- uniting in a team effort in pursuit of a common good. I believe a great leader is someone who constantly strives to place the needs of others before their own- serving with compassion and empathy in pursuit of a greater unified goal. A full life is one that is spent with others and achieves something positive that lasts- this is a goal that cannot be accomplished alone, and thus, I feel a leader is someone who takes the time to connect with others in a true, meaningful way and aids them in whatever manner they can. I believe it is our duty as dentists

to put forth tireless effort into serving our communities, teams, and the world around us in pursuit of a better tomorrow.



Dr. Tristen Bennett
Dental Associates of
Dublin—Central District
Dental Society

From a young age, I have always enjoyed the outdoors and working with my hands. As I got older, I was intrigued by the idea of combining my love for medicine with the ability to use my hands everyday. Dentistry has been the perfect combination of my passions.

What draws me to dentistry is the same thing that draws me to leadership. The opportunity to make a meaningful impact on others. Whether it's helping a patient smile again for the first time in years or mentoring a team member to reach a new milestone in their career, each moment presents a chance to inspire growth and confidence.

True leadership is about empowering others. It's about creating the kind of environment where people can discover the best version of themselves. One that encourages continuous improvement, resilience, and the courage to aim higher. The ultimate goal is not to lead indefinitely, but to build a foundation strong enough that others can build upon it, even surpass it. Dentistry

is a remarkable profession where collaboration and mentorship can lift both our patients and our peers.



Dr. Crystal Fuller
Ideal Dental—Central
District Dental Society
My earliest science fair projects were all about teeth, though I didn't recognize dentistry as my

calling until college. As a teenager, I looked up to my dentist, the first female dentist I had ever met at that point, and that early exposure planted a quiet but lasting seed. Looking back, I can see how moments of encouragement and representation helped shape my path. Now, as the first doctor in my family, I have come to value the intersection of service, creativity, and connection in my work. Dentistry allows me to blend my love for art and science while helping people feel seen, confident, and cared for. Outside of work, I prioritize staying spiritually grounded and physically active through walks, runs, and time in nature. I enjoy reading thrillers, watching Disney films, traveling the world, visiting theme parks, and exploring creative outlets like writing, interior design, and photography. I also love spending time with my family in Macon, Georgia, where my roots continue to ground me.

Leadership, to me, is about more than holding a title or making decisions. It is about modeling consistency, character, and compassion in every setting. A strong leader is someone who listens before they speak, serves alongside those they lead, and creates a culture of belonging and trust. True leadership requires courage, humility, and a willingness to grow. It means showing up even when it is hard, standing firm in your values, and using your influence to elevate others. I believe leadership is about building something that lasts and impacting people in a way that encourages them to lead with purpose too.



Dr. Amber Goode
Benevis —Northern District Dental Society

My journey to dentistry began with a childhood fascination with teeth—and a quirky habit of collecting my own teeth and dental appliances. While my path wasn't exactly traditional, it was full of hands-on experience. I started out as a dental assistant, then became a hygienist, and eventually fulfilled my dream of becoming a dentist. Today, I serve as the District Dental Director for Benevis in Georgia.

After earning my undergraduate degree from Florida State University, I honed my practical skills in Washington, D.C. I completed both my hygiene certification and dental degree at Howard University, followed by a residency in Advanced General Dentistry. Because I've worked in nearly every role within a dental office, I bring a unique perspective to leading clinical teams and mentoring young dentists.

My passion for serving underserved communities led me to work with Walmart Health before joining Benevis. Now, I oversee 12 practices across Georgia, where I'm able to combine patient care with one of my greatest passions—mentorship.

For me, the most rewarding part is helping other dentists grow. It's not just about treating patients—it's about building future leaders.

“Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.” - Jack Welch. I strive to live by that philosophy every day, leading through service, education, and empowerment.



Dr. Carrie Logue
Marietta Roswell Dental Care—Northwestern District Dental Society

I first became interested in dentistry when I saw the difference in a person that

was newly happy with their smile. Over time, I have come to appreciate how much we can touch people's lives and develop relationships with our patients and staff over the years. Being a dentist and a mom can keep me pretty busy, but I love to play piano and travel whenever possible.

I want to bring the best version of myself to my patients, my family, and my community. Leadership means letting our values provide the basis for our decisions, and allowing those values to shine in our relationships with our patients and staff.



Dr. Claire Meeks
Magusiaik, Morgan & Brown Family Dentistry —Central District Dental Society

I have been practicing for a year now in Griffin as a general dentist. My husband and I have two dogs that we love to spoil and take on adventures. In my free time I enjoy working out and reading, and I hope to one day visit all of the national parks.

A great leader leads by example. A leader should have drive and a vision, but I think it is equally important for them to have compassion and empathy for their team. They should strive to create a positive environment that encourages teamwork and effective conflict resolution.



Dr. John Senat
Greenbriar Dental Care —Northern District Dental Society

Becoming a dentist has truly been a dream come true. A dream I've been chasing for a very long time. I was born in Haiti and moved to the United States at the age of thirteen. Growing up in Philadelphia and learning English as a second language taught me to face adversity head-on and instilled a strong work ethic that helped

me stay focused on my goals. Those early challenges played a crucial role in shaping both the person and the professional I am today. I'm proud to be the first Registered Dental Hygienist and the first Dentist in my family. Even more meaningful, I now work in the same office where I once practiced as a dental hygienist. Every day, I get to make patients smile, live out my purpose, and stay grounded in the “why” that has guided me from the beginning. My next goal is to go to Haiti and serve my Haitian community where I grew up.

Outside of dentistry, I strive to be the best husband to my beautiful wife Candis and the best dad to my beautiful twenty-three-month-old daughter, Sarah Ann-Marie who, of course, runs the whole house! We enjoy traveling and spending lots of time with family and friends.

I believe true leadership means giving back. It means visiting local schools to inspire and motivate students to chase their dreams. It means volunteering at community events to serve those in need. It means never being too tired to offer guidance or support to be part of someone else's success story. A great leader becomes the person they once needed on their own journey. A great leader understands that dentistry extends far beyond the dental office and that helping someone smile goes much deeper than just their teeth.



Dr. Sara Twardy
Smyrna Pediatric Dentistry —Northern District Dental Society

One summer in high school, my orthodontist invited me to work as an assistant in his practice. This was my introduction to this profession, and this experience is what ultimately led me to choose dentistry.

I love working as a pediatric dentist! I get to see my patients grow and change, and I have the opportunity to steer them in the

LEADERSHIPGDA



Meet the Leadership GDA Class of 2025 | continued

direction of life-long good habits and oral health. Plus, I love that my patients will give me hugs and high fives at the end of their visits! In my free time I enjoy playing tennis, arranging altar flowers for services at my church, and watching the Auburn Tigers with family and friends.

A leader is someone who is able to adapt and adjust in a way that brings out the best in the whole team. I think we all have our own leadership style and personality, and I think that being able to use your strengths and adjust your weaknesses helps to resolve conflicts, inspire your team members, and grow the organization. I also think collaboration is important to leadership—a good leader is not afraid to work alongside other team members no matter what the role is. This shows your team that you see and appreciate their hard work and that you as the leader are not above doing any of their duties.



Dr. Donielle Williams
Grin Gallery Pediatric Dentistry—Northwestern District Dental Society

I was drawn to pediatric dentistry because I believe the foundation of a person's

oral health journey begins in childhood. It is a true privilege to guide and educate patients during those formative years, shaping habits that can last a lifetime. Outside the office, I'm a proud wife, toddler mom, and a passionate foodie who loves exploring new restaurants. I also enjoy traveling, spending time with family and friends, and cheering on the Alabama Crimson Tide!

I'm a firm believer in servant leadership—true leaders lead with empathy, compassion, and a willingness to serve others first. They lead by example, creating environments where people feel seen, supported, and

inspired to grow. This often requires vision, patience, focus, tenacity, and the ability to communicate clearly and thoughtfully. As Simon Sinek said, "Leadership is not about being in charge. It is about taking care of those in your charge." That kind of leadership not only strengthens teams but also leaves a meaningful and lasting impact. 

Leadership GDA

The Georgia Dental Association is pleased to announce that the Leadership GDA program is now accepting applications and nominations for the Class of 2026.



Your leadership journey starts here!
Learn more about LGDA by scanning the QR code now.

How Can We Help?

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Life Members | 25-year Members | 50-year Members

ADA LIFE MEMBERS

These members fulfilled all of their ADA Life Member criteria in 2025 and will be Life Members starting in 2026.

CENTRAL DISTRICT

Dr. Sheila Shah
Dr. Louis Shelton
Dr. Dennis Smith
Dr. Ash Walker

EASTERN DISTRICT

Dr. F Michael Gardner
Dr. Van Haywood
Dr. Bruce Holes
Dr. Robert Hooper
Dr. Barbara Utermark

NORTHERN DISTRICT

Dr. Roger Abbott
Dr. Victor Berkovich
Dr. Thomas Brem
Dr. Karl Burgess
Dr. Victoria Calicutt
Dr. Bruce Carter
Dr. Christopher Childs
Dr. Richard Creasman Jr.
Dr. Jonathan Dubin
Dr. Jill Golsen

SOUTHEASTERN DISTRICT

Dr. James Granade III
Dr. Bradley Greenway

Dr. Karl Heinzelmann

Dr. Gary Heller

Dr. Kevin Hendler

Dr. Cynthia Jones

Dr. Norman Kline Jr.

Dr. Wayne Miller

Dr. Randolph Moore

Dr. William Motley Jr.

Dr. Peter Pate

Dr. Mayoos Patel

Dr. Ponnies Poisal

Dr. Walter Reid III

Dr. Bruce Rickoff

Dr. Jeff Rogers

Dr. William Rousseau

Dr. Troy Schulman

Dr. Thomas Sparkman

Dr. Gloria Stingley

Dr. Asif Taufiq

Dr. Rebecca Weinman
Dr. John Welch
Dr. David Whitney
Dr. Curtis Williams III

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GDA MEMBER PROFILE

Dr. Akindeko Obebe



DR. AKINDEKO OBEBE

GDA DISTRICT:

Eastern District Dental Society

PLACE OF WORK:

Augusta Children's Dental Center

DENTAL SPECIALTY:

Pediatric

What did you want to be when you were growing up?

I used to dream of becoming a pilot or an anesthesiologist—I've always been drawn to travel and making meaningful connections with others. As I got older, I realized that dentistry offered a unique blend of all those passions: the ability to care for people, opportunities to explore the world, and the chance to make a lasting impact in others' lives.

What or who inspired you to become a dentist?

My childhood dentist—whom I visited quite frequently—planted the initial seed and steered me along the path. Later, during a dental school interview, I met a pediatric dentist who showed me how powerful a positive dental experience could be for a child. His energy in the clinic and his dedication to the community were inspiring. I later learned he was the

This column highlights GDA members talking about their path to dentistry and the value they find in GDA membership. This month we hear from **Dr. Akindeko Obebe**.

GDA

official pediatric dentist for teams like the Philadelphia Flyers, Sixers, and Eagles, which added another layer of admiration to his influence.

What was your first job?

My first official job was in high school at a local pizza parlor. I made pizzas, answered phones, ran the cash register—and cooked up a legendary calzone. More than that, I learned patience, manual dexterity, and the art of customer service. Today, those skills—minus the calzone—serve me well with my young patients and their families.

Has anything over the years been a game changer for you and your patients?

The Isolite system has truly been a game changer. Its ability to isolate, suction, and illuminate all in one has transformed how I complete restorations—making the process safer, more efficient, and less





anxiety-inducing for children. Parents are always amazed by how it works, and my chairside assistants love it just as much. It's been a win across the board.

What do you do or enjoy that allows you to decompress?

I'm an avid runner—I run twice a day, often with my dog beside me. It's my way of recalibrating and reconnecting with nature, especially when I hit the trails. Running grounds me, brings clarity, and helps restore a sense of calm and focus in both my personal and professional life.

If you were getting on a plane right now, where would you be headed?

The Galápagos Islands. I first visited the

archipelago during a dental school mission trip, and I've been a fan ever since. It reminds me of "Jurassic Park" with its dramatic landscape and fascinating wildlife. I love the culture, the backdrop, and the sense of discovery every time I'm there.

Without saying, "I am a dentist," how would you answer someone who asks what you do for a living?

I'm a motivational speaker with a special knack for helping children keep their smiles healthy. I spend most of my day turning nervous energy into laughs and giving families the tools they need to care for their little ones' teeth. 



Wise Choices

Celebrate retirement plan appreciation day

It's not really a holiday, but maybe you should take a few minutes to appreciate just how great a benefit your retirement plan really is. The following list might just make you feel like celebrating.

Your plan is convenient

It's simple and convenient—sign up and contribute. The money you contribute to your plan account is deducted automatically from your pay and invested according to your instructions.

It offers pretax savings

The money you contribute is deducted from your pay before federal income (and, possibly, state and local) taxes are taken out. When taxes are deferred on a portion of your income, your tax liability for the year decreases. You end up with more spendable pay than you would if you saved the same amount in a taxable investment account.

Spending vs. Investing

Consider what might happen if you didn't spend money on the items below but instead invested that money in your plan account.

Tax deferral is a big plus

You won't owe income taxes on what you contribute until you start receiving money from your plan when you retire. In addition, any income your plan contributions earn is also tax deferred. Your contributions and earnings will compound over time. Over time, compounding has the potential to impact your plan account balance positively.

The saver's tax credit helps

If you qualify, you may be eligible to claim the "Saver's Credit" on your federal income tax return for contributions to your retirement plan. The Saver's Credit is 10%, 20%, or 50% of a maximum of \$2,000 (\$4,000 if married filing jointly) in qualified retirement savings contributions for the year. Eligibility and the applicable credit rate depend on your income and filing status.

Celebrate with confidence

Your retirement plan means you won't have to rely only on Social Security to pay living expenses when you retire. That knowledge is invaluable.

Your emergency fund can be a financial lifeline in times of crisis

Would you be able to handle a financial emergency, such as a job loss or a major illness? How about a large, unanticipated expense, such as a major auto repair or a leaking roof? Would you need to borrow from your credit card or take a loan from your retirement plan to pay for such a surprise expense?

Many financial professionals suggest that a better option would be to build and maintain an emergency fund for unanticipated expenses. Here's what you need to know about how setting up an emergency fund.

Set a goal

Your emergency fund should have at least three to six months' worth of living expenses on hand. While that may seem impossible to do, you can start small at first. Put the money into a savings account or another cash account that gives you quick access to it if needed.

Think about adding some or all of any bonus, pay increase, or tax refund you may receive to your emergency fund. Once you hit your savings goal, you have to very be disciplined about not spending that money on gifts, vacations, or otherwise upgrading your lifestyle. Focus on the fact that this money shouldn't be used for anything other than a true financial crisis.

Harris M. Gignilliat, CIMA®, C{k}P®, CRPS®
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NON-SURGICAL FACIAL REJUVENATION PART 2: Dermal Fillers



**DR. ELIZABETH
FLOODEEN, DDS**

In the first part of this series, we discussed the uses of Botox to prevent the transition of dynamic to static rhytids. However, Botox isn't ideal for patients with moderate signs of aging and facial folds. For these individuals, dermal fillers offer a non-surgical option for facial rejuvenation or minor augmentation. Fillers are injectable substances used to restore volume, reduce wrinkles, and enhance contours by supporting the skin.

Types of Fillers

There are many materials classified as dermal fillers including autologous products and manufactured products (see table 1). Hyaluronic acid (HA) has become especially popular as a filler for several reasons. The physical properties of HA fillers can be controlled based on manufacturing and molecular cross-linking. This allows for soft and viscous fillers ideal for volumizing the lips all the way to very firm and cohesive fillers which are better suited for cheek

and jawline enhancement. There is also a reversal agent, hyaluronidase, should results be undesirable or complications arise. At least five companies produce over 20 types of HA filler FDA-approved for use in the U.S. Regardless of the selected product, it is essential the practitioner understands the manufacturing process, administration techniques, physical properties, and potential complications associated with use. For the purposes of this article, we will primarily focus on the HA-type fillers.

Injection Technique

HA fillers are intended for subcutaneous administration and generally, low viscosity fillers are best for superficial injections and high viscosity fillers are ideal for deeper planes. There are a multitude of injection techniques, of which we will cover the four most common (figure 1). With any technique, aspiration is mandatory prior to injection, ensuring material is not deposited intravascularly. For this reason, blunt-tipped cannulas are generally safer than needles. After administration, massage the area to evenly distribute and shape the filler.

- **Linear retrograde:** Insert the cannula at a low angle through skin and into the subcutaneous tissues. Advance the cannula to full length in the subdermal plane. Once fully inserted, aspirate and inject the filler in a smooth motion while withdrawing the cannula.
- **Fanning:** Similar to the linear retrograde technique, insert the cannula at a low angle through the skin to full length and inject while withdrawing the cannula. Before removing the cannula fully, pause injection and rotate 15-20 degrees to then thread the cannula to full length again and resume filler deposit in a retrograde fashion. This allows for broad area coverage with only one injection point.
- **Vertical column:** Insert the cannula through skin at a 90-degree angle and advanced to bone. Withdraw so the tip

of the cannula is in the supra-periosteal plane, aspirate, and inject filler while withdrawing the cannula.

- **Supra-periosteal bolus:** The cannula is inserted at a 90-degree angle to the skin and advanced to the supra-periosteal plane. An aliquot of filler is then deposited in the supra-periosteal plane while the needle remains in the deep position.

Common Areas of Treatment

LIPS

Lips are a popular area for enhancement. Ideal lips have a defined vermillion boarder, fullness, and an upper-to-lower lip ratio of about 1:1.6. Fillers for the lips should be soft, bendable, and of low viscosity. There are many described techniques for lip injections; however, one of the straightforward and universally pleasing is the linear retrograde technique. Typically, four injection points are used for the upper lip and two to four for the lower lip (Figure 2). The cannula is inserted near the commissure or at the peak of cupid's bow and the oriented parallel to the vermillion boarder. Filler is administered into either the subcutaneous plane or muscle depending on the selected filler.

NASOLABIAL FOLDS

Nasolabial folds, or smile lines, can be camouflaged with selectively placed filler. A moderate, flexible filler is recommended. Using a linear retrograde technique, insert the cannula near the oral commissure and thread parallel to the fold, with the tip directed toward the alar base. For best results, remain slightly medial to the fold. Use caution in this area, as the angular artery runs parallel to the nasolabial fold.

MELOMENTAL FOLDS

Also known as marionette lines, these extend from the commissure and curve around the chin. Use a linear retrograde technique, inserting the cannula near the mandible's inferior border, just medial to the fold. Direct the tip superiorly toward the commissure in the subcutaneous plane. A second injection point may be used just below the commissure, employing a vertical column technique to improve the contour at the mouth's corner.

Table 1: Types of fillers available for use in the United States.

FILLER MATERIAL	CLASSIFICATION	LONGEVITY	COMPOSITION	UNIQUE FEATURES
Fat grafting	Autologous	Varies	Fat harvested from the abdomen is purified and then injected to the face	Involves specialized equipment, results in more bruising, minimal risk of reactions
Platelet-rich plasma	Autologous	Varies	Blood from patient is centrifuged to separate PRP which is then injected	Less invasive than fat transfer, requires specialized equipment, helps to smooth skin
Hyaluronic acid	Temporary	6-18 months	A natural glycosaminoglycan, now synthesized from bacterial fermentation	Soft and gel-like filler, reversal agent available (hyaluronidase)
Calcium hydroxylapatite	Temporary	12 months	microscopic CaHA particles (25-45 μ m) suspended in a neutral gel matrix	Rather thick and best for deep injections, avoid lips and eyelids, is radiopaque
Poly-L-lactic acid	Temporary	2+ years	Biodegradable synthetic material that is biocompatible	Comes as a powder that is then reconstituted for injection
Polyalylimide	Semi-permanent	Many years	A biocompatible synthetic polymer	Low popularity, risk of delayed granuloma formation, difficult to remove
Polymethylmethacrylate	Semi-permanent	Many years	20% PMMA microspheres (30-50 μ m) suspended in bovine collagen	Low popularity, risk of delayed granuloma formation, difficult to remove

Figure 1: Several techniques for administration of dermal fillers including a) linear retrograde, b) fanning, c) vertical column, and d) supra-periosteal bolus.

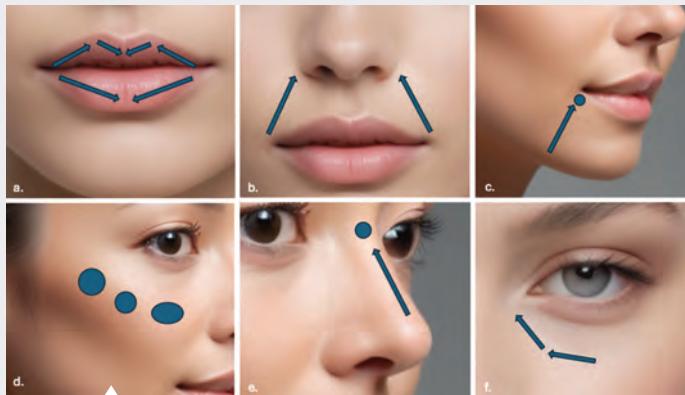
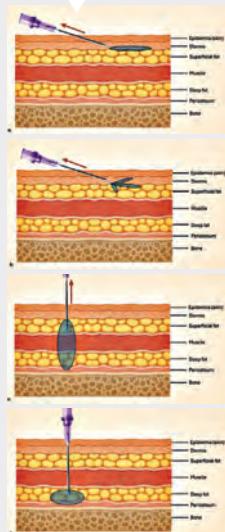


Figure 2: Injection patterns of dermal filler for the treatment of a) lips, b) nasolabial folds, c) melolental folds, d) cheek enhancement, e) nasal dorsum and bridge, and f) tear trough deformity. Arrows represent pathway for use of the linear threading technique and circles represent supra-periosteal bolus or vertical column techniques.

CHEEKS

Select a firm, robust filler for this area. Injections are typically made in the deep planes using a supra-periosteal bolus technique. Use caution in the malar region around the mid-pupillary line, as the infraorbital neurovascular bundle exits here.

NASAL DORSUM & BRIDGE

The nose is a defining facial feature, and small augmentations can be achieved with a firm filler. Start with small, precise amounts, as there is little margin for error. Overfilling can create an unnatural appearance. The dorsum may be defined, or a small hump masked, using a linear retrograde technique or several small aliquots placed in the supra-periosteal plane. Additional definition can be added to the bridge using a supra-periosteal deposit, but caution is warranted, as this is a highly vascular area.

TEAR TROUGHS

A tear trough deformity presents as a sunken appearance of the globe, creating shadows under the eyes and a fatigued look. A soft, low-viscosity filler can help mask this. Avoid firm fillers here, as the skin is extremely thin.

Use multiple supra-periosteal deposits or a linear retrograde technique in the same plane. Shallow injections should be avoided to prevent bluish discoloration known as the Tyndall effect.

Complications

Minor issues include discomfort, bruising, or palpable lumps. To help with injection pain, apply a topical anesthetic such as LET or EMLA prior to administration and select a filler manufactured with lidocaine. Bruising can be minimized with the use of ice packs. To avoid lumps, use smooth administration technique followed by massage of the area to evenly distribute the filler.

Rarer, but serious complications include granuloma formation, tissue necrosis, and blindness. Granuloma formation is due to a foreign body reaction, which may arise months or even years after filler administration and can result in disfiguring, painful nodules around treatment. Unfortunately, there is no way to predict who will be prone to granuloma formation and there is no cure. Most

recommend treating with intra-lesional steroid injections, which has variable success. Tissue necrosis results from vascular compromise due to occlusion of an artery by inadvertent intravascular filler injection or compression of an artery from too much filler volume immediately adjacent to the vessel. Patients often experience immediate pain and blanching of the skin in the region supplied by the affected artery. If this occurs, immediately stop administration, reverse with hyaluronidase, and consider oral aspirin or nitroglycerine paste to increase blood flow. Finally, there have been several case reports of vision loss resulting from accidental intravascular filler injection. This is due to a bleb of filler migrating from one of the facial vessels to the ophthalmic artery, which is a natural narrowing point, and if this artery becomes occluded blindness may result. Should this occur, immediately administer hyaluronidase and place an emergent referral to an ophthalmologist. The best practice to avoid vascular complications is to practice the safe habit of aspirating prior to each deposit of filler.

Conclusion

This article outlined popular uses for dermal fillers, injection techniques, and potential complications. Dermal fillers are valuable tools for non-surgical facial rejuvenation, and dentists, experts in facial anatomy, are well-suited to provide this service. With proper training, attention to detail, and a respect for the complexities of facial anatomy, dental professionals can confidently and safely offer dermal fillers to enhance both function and aesthetics for their patients.

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⁴ Quach B, Clevens RA. Complications of injectables. *Atlas Oral Maxillofac Surg Clin North Am.* 2024;32(1):57-63. doi:10.1016/j.comx.2023.10.005

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STAT KIT emergency medical kits are designed to give healthcare providers the tools necessary to respond to common medical emergencies. What makes these kits different? They are developed with input from an Independent Medical Advisory Board and registered as medical devices with the FDA. Additionally, these kits include access to OnTraq™, HealthFirst's smart automation platform, which will automatically replenish your expiring kit medications. GDA members save 10% with access to exclusive deals and special offers!

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We are pleased to announce



Dr. Maria Tibavinsky

has joined the practice of

Dr. Grace Gavric

Smyrna, Georgia

Dr. Lauren Bowersox

has acquired the practice of

Dr. Carrie Watkins

Atlanta, Georgia

(Pictured left.)

Dr. Jeremiah Cook

has acquired the practice of

Dr. Paul Hague

Buchanan, Georgia

Practices for Sale

N GA: 100% FFS. 7 ops. Collecting \$1.4M. CBCT. Seller staying on.

NE GA: Jumpstart 1 hour from Atlanta. 5 ops, 2 equipped. Real estate avail.

Bibb Co: 4 ops, 3 equipped. Digital & paperless. Priced to sell.

Dekalb Co: 4 ops, 5th plumbed. Collects \$575K. PPO/FFS patients.

Henry Co: Revenue \$670K. 5 ops. FFS/PPO. Strong hygiene program.

N Fulton: Collects \$575K. 6 ops, 5 equipped. Mainly PPO. Ample parking

Bartow Co: Jumpstart doing \$225/yr. 6 ops, 4 equipped. Digital, paperless.

NE GA: 100% FFS. 5 ops. Standalone building. Collects \$450K. Potential.

Gwinnett Co: FFS practice collecting \$725K/year. 4 ops, room to expand. Digital x-ray, CBCT. Lots of windows.

Cobb Co: Shell practice. Standalone building. CBCT. 4 ops, 3 equipped.

N Atlanta: 3 ops. Adec equipment. 3D printer. Motivated seller.

Atlanta: Large rooms with windows. 4 ops, room to expand. Mainly FFS. Collects \$500K. Digital with CBCT.

Gwinnett: 5 ops with real estate. FFS/PPO. Part-time. Collecting \$325K.

Chatham Co: Paperless, CBCT. Mainly FFS. Collects \$600K. Strong hygiene.

Buckhead: Collecting \$1M/year. 3 days/week. Cosmetic. No marketing.

East of Atlanta: Grossing \$550K. PPO/FFS. 5 ops. Digital and paperless.

Hall County: Newly built office. 4 ops. Busy shopping center. Mainly FFS. Digital, paperless, CBCT.

SE Georgia: 100% FFS. 6 ops. Lots of

windows. Collects \$550K per year.

Lawrenceville: Brand new practice! 3 fully equipped ops with room to add more. Digital and paperless. Windows

N. Atlanta Pedo: State-of-the-art practice in highly desirable location near elementary school.

NE GA: 100% FFS. 5 ops. Standalone building. Collects \$450K. Potential.

Associate opportunities available all over the state of Georgia! Call to learn more about our associate placement program!

BridgeWay
PRACTICE TRANSITIONS
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ACTION

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