MANITOBA DENTAL ASSOCIATION

Bulletin

ISSN 070-1717 Volume 25, Number 4, Winter, 2006

Understanding the new Dental Assistant Registration Protocol

The history of the self-regulation debate of allied dental professions in Manitoba transcends over 20 years. There was the Law Reform Commission report in the mid-nineties whose mandate was to investigate the existing governance of professions and occupations and provide advice to government about the necessity to enact general legislation related to professions and occupations. In dentistry, this resulted in the creation of the Dental Profession Act Working Group (DPAWG) in 1998 to investigate the need for self-regulation of dental hygienists, dental assistants, dental therapists, dental technicians and denturists. No real progress or consensus of action was realized from this initiative.

However, in 2003, the Manitoba Dental Assistants Association (MDAA) submitted a task force report to the Province of Manitoba requesting that the regulation of formally trained dental assistants (Level II) in Manitoba could best be served under the current ***Dental Association Act***. This resulted in the development of the MDA-MDAA Joint Task Force whose mandate was to review the present Act and recommend amendments which would allow for the regulation of formally trained dental assistants.

In March of 2006 the Province of Manitoba gave Royal Assent to the amendments thus paving the way for formally trained dental assistants to be regulated under ***The Dental Association Act.***

What does this mean for the dental assisting profession?

The Dental Association Act

- provides a road map to clearly define the length, breadth, and depth of education necessary to register as a dental assistant.
- protects the title of Registered Dental Assistant for those who are formally trained and registered through an established protocol
- Establishes the complaint mechanism for the public
- establishes parameters for fines and disciplinary actions
- establishes representation on the MDA Board

What is the road map and how does it work?

- The process to establish protocols to register and regulate dental assistants is done through the development of by-laws.

Who develops the wording for these by-laws and how are they passed?

- The Manitoba Dental Association Board created a Dental Assistants By-Laws Committee with representation from the dental assistant community, dentists, MDA Registrar, MDA Legal Counsel, and MDA Staff. Their mandate was the development of by-laws relating specifically to formally trained dental assistants.
- The next step in process is MDA Board approval for each by-law. Once approved the By-law must be sent out to all licensed dentists and registered dental assistants for ratification.
- If 10 or more licensed dentists or registered dental assistants or a combination thereof, write in within 30 days of the date of which the by-law was sent out requesting that a special general meeting be called to ratify the by-law then a special general meeting will be called.
- At any special meeting called to ratify any MDA Board approved by-law the proposed by-law can only be passed or defeated. No amendments can be made to the by-law at any special general meeting.

What are some of the by-laws which are to be developed and passed over the next two years?

- They would include;
  - Registration Protocol (By-Law A-06 – passed on September 27, 2006)
  - Annual Registration Fee (By-Law B-06)

Continued on page 17

President's Message

Dr. Lori Stephen-James

The Manitoba Dental Association continues to be a hive of activity all year long. If there is one thing that I have learnt, it is that dentistry does not take a "downtime".

It has been ten months of learning all about the "political" side of dentistry. We are fortunate to have many colleagues that contribute and take up the challenge. This extends through all committees, volunteer days and board members. Over a hundred members are active within the association. This would also suggest how much activity is generated as a result of CHANGE. These changes are national, provincial and association generated. Not only does this keep the office busy but it usually involves committees that make recommendations and ultimately board involvement and decision making. I would like to thank all those people who have contributed to this often arduous task.

Nationally, there are a number of Task Forces that are dealing with current issues. Pat Kmet represents Manitoba on the Dental Hygiene TF. All provinces have their own concerns and the hope is to have a united understanding. Feel free to contact Pat if you would like more information, as a meeting is planned in the near future. Hopefully, there will be an increase in the FNIHB fee guide. Phil Poon can finally see results after years of negotiations.

ITrans continues to increase in membership. The value is in the ability to have a secure transmission of claims, as it meets PIPEDA standards. As well, it has the ability to transmit digital images. There is talk of an EHR (Electronic Health Record) in the future which would also require this type of secure transmission. We are at the forefront with this technology.

Within Manitoba, it has been just as busy. We started in September with a trip to Brandon. There are challenges that are unique to the rural areas. The Recruitment and Retention Committee has been focused on increasing the interest in rural dentistry, addressing some of these concerns.

This was followed with the "Open Wide" Clinic in October. This was a huge success with 344 patients being treated at the university clinic. Tom Colina headed this operation with the help of volunteers, supply companies and Rafi Mohammed. It was a proud day for Manitoba dentists and the University of Manitoba.

A significant amount of time has been spent on the Dental Assisting By-law and a few points should be clarified. This by-law originated from dental assistants. It was brought to the Board via their representative, from there, a committee was struck, and eventually the by-law was brought back to the board for ratification. The proposed fee covers expenses only and the dental association does not see any revenue. Most other provinces have this in effect already and it is tied into a national body. Once the dental assistants are registered they will be able to meet and form their own bylaws.

With respect to dental hygiene, Mike Lasko continues to represent the MDA on the Transitional Council. This committee will insure that the various stakeholders will have a voice before dental hygienists are self-regulated, which will not likely happen until 2008.

Now we are immersed in the annual convention. Mark your calendars as the AGM will be held Thursday, February 1st at the Victoria Inn, in Brandon. This is your opportunity to voice your opinion. Jim Bonar and his committee have put together a comprehensive venue, so come out, relax and enjoy.

See you there.

Lori Stephen-James, D.M.D.
President
Manitoba Dental Association

Manitoba Dental Association Board Meeting October 14, 2006 - Synopsis

Dental Hygiene Transitional Council:
The Dental Hygiene Transitional Council is preparing the regulations to initiate the College of Dental Hygienists under the recently approved Act of the Legislature starting in 2008.

In order to provide some start-up funding for the new College, the Transitional Council asked the MDA, who will be the licensing authority for Dental Hygienists in 2007, if it would support a $60 levy to the existing license fee. The MDA would administer the fund on a Trusteeship basis and make funds available to the College as it required them during the 2007 licensing year.

The MDA Board agreed and passed a motion to allow a $60 levy to be added to the 2007 Dental Hygiene license fee making it $100.00.

Umbrella Legislation:
A timetable was established by the Province of Manitoba to complete the task of preparing an Act of the Legislature that would establish common principles for all health professions relating to registration, licensing and discipline. Scope of practice issues would also be discussed as "reserved action" for each regulated body. Regulations would be prepared relating to standards of practice and competency.

Information was provided indicating that the government would not accept a regulatory body being involved with membership matters.

In order to prepare for discussion of the Health Professions Regulatory Reform Initiative and provide Dr. Lasko with a forum for discussions, the MDA Board decided that a Task Force was necessary.

As a result, the MDA Board created a Future Structure Task Force to deal with the issues of the Umbrella Legislation as it affects dentistry**.**

Communications Committee: the MDA Board approved the Communications Committee's strategies, media, marketing plan and budget of $318,000 for 2007.

Recruitment & Retention:
Dr. M. Van Woensel, Chairman of the Recruitment and Retention Committee, said that a focus for the committee would be to get rural students to think about a career in the oral profession through career days, dental presentations and follow-up with interested students. He also said the MDA redesigned website could help with recruitment activities.

Dr. Van Woensel asked that the Communications Committee allocate funding to Recruitment and Retention in its 2007 Budget for the development of messages to dentists, teachers and students.

2007 Budget:
In the Budget there were increases in the CDA grant, MDA staff salaries, legal fees, printing, postage and meetings. In total the increase amounting to $51, 000 necessitated a $100 increase to cover the costs.

The MDA Board approved the 2007 Operational Budget including a 3% increase for MDA staff salaries. The $100 increase to the license fee means that the 2007 MDA license fee will be $2650.00

Economics Committee:
The MDA Board accepted the Economic Committee's recommendation **of** an overall Fee Guide increase for 2007 of 3.79% with fees for some extractions, composites and removable prosthetics increasing more.

Scaling Module:
Dr. Carmine Scarpino, a member of the Preventive Dentistry Scaling Module Pilot Program Committee, attended the Board meeting to present the Report and Recommendations. Dr. Scarpino said that the program had to be considered a success as the Learning Outcomes established had all been achieved by 15 of the candidates. Some adjustments to future modules about selection of candidates, pre-clinical activities and clinical components were required in order to make the module even better. Successful graduates would be surveyed about their thoughts on the module and their use of it after completing the program.

The Committee would now find out where the module could be offered in the future and on what time frame it could be run (i.e. evening, weekends, or 2 straight weeks). Some attention would have to be paid to events occurring nationally and the need for uniformity in modules to allow portability for successful graduates.

It was anticipated that dental hygienists would want a copy of the Report and Recommendations provided to the Board. The Board said that only the achieved outcomes would be provided once a written request had been received.

The Board passed motions relating to the Selection Committee evaluation report, adjustments to the scaling module and releasing the adjusted module to formal dental assistant education institutions in Manitoba.

Seniors Dentistry:
Members of the Senior's Dentistry Committee had met with people who have responsibility in Manitoba Health and the Winnipeg Regional Health Authority to discuss where dentistry could participate in discussions and decisions affecting oral health of people in personal care homes. Further meetings will be held with representatives of the Long Term Care Association and the Regional Health Authorities. The hope of the Committee was that policy could be created that would require a person to have an oral exam shortly after admission to a personal care home and on an annual basis thereafter.

Registrar's Column

Dr. Michael Lasko

Communication:

For the past 123 years the MDA has regulated the profession of dentistry in Manitoba by virtue of the authority given to it by the Dental Association Act. It has the dual responsibility of service to the public and oral healthcare providers. It is dedicated to the promotion of optimal oral healthcare for Manitobans. The goals of the MDA are to ensure appropriate licensure standards, to provide responsible and representative leadership, and to develop and monitor effective communications.

The MDA has committed a significant amount of human and financial resource to the communication activities that the MDA provides for its members. The goals of the Communications Committee includes organizing all internal and external communications efforts for the MDA; developing oral health educational tools for use in dental offices; promoting dentistry in positive ways through mainstream advertising and developing public oral health education options. We all benefit from the activities that provide TV ads; public service announcements; the MDA Bulletin; in-office "Behind the Smile" bulletins for dental office use; and the "Tooth Fairy Saturday" booth at the annual Children's Festival. The volunteer members of this committee have done a remarkable job in bringing the message to the public, but consumer focus group sessions have indicated that our member dentists are not making the best of the opportunities being presented to them with a better-informed patient.
The consumers indicated that better communication is necessary from the individual treating dentist.

On a daily basis, the staff at the MDA receives calls from the public requesting information that they are unable to obtain from the treating dental office. Often the caller indicates that they are unable to discuss this with the treating dentist or the dentist is too busy to talk to them and answer questions about treatment costs, options, or financial arrangements. The Chairperson of the Communications Committee has brought this problem to the attention of all members and the staff in the MDA office would like to underscore this issue as well - take the time to discuss treatment issues with your patients. They, as educated and informed consumers, have placed trust in you as a chosen healthcare provider - EARN THEIR TRUST - it is your obligation as a self-regulated professional.

2007 License Fee:

Please note that the License By-law is sent out to all licensed dentists at their mailing address provided to the MDA. The MDA routinely gets calls at the deadline for license renewal with comments that the renewal notice was not received by the dentist – this is not valid. All members are mailed the By-law and license renewal notices. ***The deadline for all license renewals is February 28 of each year***. ***There is a penalty for late payment included in the By-law – please read it and be aware that unpaid license fees will result in a late fee and cancellation of license after 30 days***.

Michael A. Lasko, D.M.D.
Registrar
Manitoba Dental Association

Preventive Dentistry Scaling Module takes flight in Manitoba

On November 1, 2006 the MDA Board provided the three formal dental assistant educational institutions in Manitoba notification that they can start delivering the Preventive Dentistry Scaling Module as an independent approved program.

The educational institutions delivering the module must ensure that all the learning outcomes are achieved and that the clinical requirements as established must be followed. The use of the specific texts is also a requirement.

If any registered dental assistant is interested in taking the Preventive Dentistry Scaling Module they should contact the education institution directly and inquire about starting dates and cost. The education institutions in Manitoba who can deliver the scaling module are Red River College, CDI College, and University College of the North (The Pas).

The requirements to enroll in the scaling module are:

1. Must be a registered dental assistant with the Manitoba Dental Association
2. Must have been working as a registered dental assistant (formerly Level II) in 3 of the last 5 years

Congratulations to the following dental assistants who completed the Pilot Program successfully: Cathy Bedard,

Continued on page 12

10 GOOD REASONS TO INVEST IN THE CDA RSP

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CANADIAN DENTAL ASSOCIATION

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The Dental Specialist

"The Dental Specialist" is written by Manitoba Dental Specialists. Each issue features one of the dental specialty groups (on a rotational basis). In this month's issue, the article is submitted on behalf of the Orthodontists of Manitoba.

Utilizing Fixed Orthodontics to Prepare Cases for Invisalign®

In our Taylor Avenue office, we do a lot of Invisalign cases. There is a great deal of patient demand: we'd like to do more. There are a number of orthodontic movements, however, that the aligners are not the devices of choice for. These include:

- Extrusion
- Derotation
- Uprighting
- Deimpaction

As well, there are cases that are destined to be very difficult and lengthy treatments: we'd like to make them more straightforward Invisalign cases: perhaps even qualify them for the shorter and less expensive Invisalign Express® system.

Enter fixed orthodontics.

Many orthodontic cases that would otherwise be extremely difficult Invisalign submissions can be made into excellent, predictable, and shorter-term treatments by providing a course of fixed orthodontics prior to taking the PVS impressions for Invisalign. The need for fixed orthodontics can come at other time points in the treatment as well. Often a course of 6-9 months in braces will take a really difficult Invisalign submission, and make it a much more straightforward case. The case goes much more smoothly with Invisalign: and often with less interproximal reduction for space creation.

The treatment sequence for fixed orthodontic preparation for an Invisalign case is as follows:

1. Identify the case as a potential combination regimen.
2. Take full orthodontic records: excluding only the PVS impressions.
3. Plan and perform the fixed orthodontic preparation.
4. Debond. Hold with clear retainers.
5. Take PVS impressions, and fresh photos, and submit the case to Align Technology for Invisalign treatment.

Many patients really appreciate this: and will agree to the braces: knowing that it is only for 6-9 months.

Case 1: HW:
This 13 year-old male wanted Invisalign treatment, but we were aware that aligners are not able to emerge partially erupted cuspids. (Fig 1).

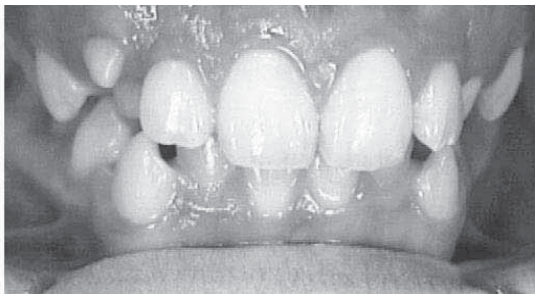


Figure 1

We placed HW in esthetic brackets in an upper 2 X 6 configuration. The lower cuspids were left free to erupt on their own. We saw him at six-week intervals, and ran through the archwires: .014, .018, and .0195 X .025 Nickel Titanium. We then debonded him, and sent his records to Align for upper and lower Invisalign treatment (Fig 2).

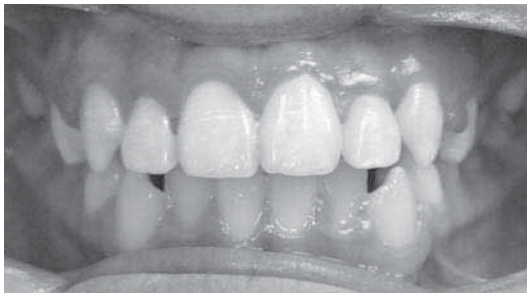


Figure 2

After thirty-six aligners (seventy-two weeks), HW was ready for Case Refinement (Fig 3).

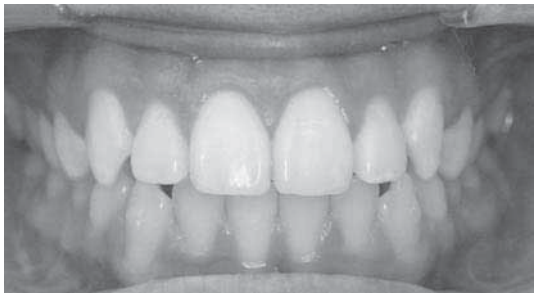


Figure 3

After another seven Case Refinement aligners, he is done. (Fig 4).

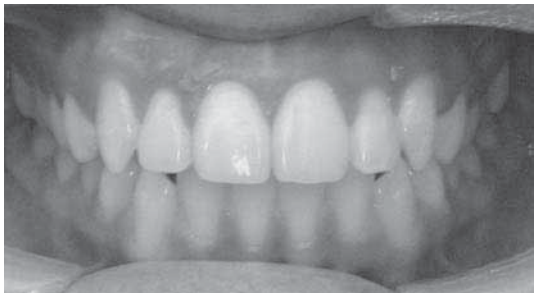


Figure 4

Case 2: NT:
Sometimes, the need for fixed orthodontic augmentation of an Invisalign case comes intra-treatment. This 39 year-old male was started with Invisalign alone. (Figs 5, 6).

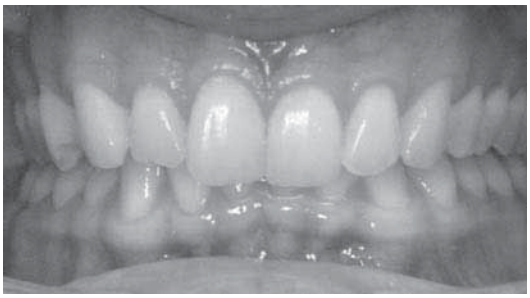


Figure 5

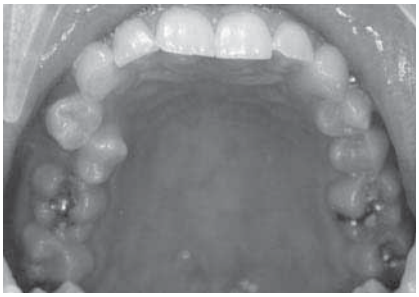


Figure 6

It was recognized in advance that the severe rotation and ectopic positioning of the upper right second premolar was going to be impossible for the aligners to correct, and that space would have to be created to make it possible to correct that tooth with fixed devices. The case was submitted to Align Technology with instructions to open space for, but not correct, the position of the upper right second premolar.

After 22 aligners, NT was ready for case refinement. Prior to re-submitting the case, however, we fitted him with a series of fixed devices including brackets on the upper right first and second molars, and a metal bonded button on the ectopic premolar. (Figure 7)

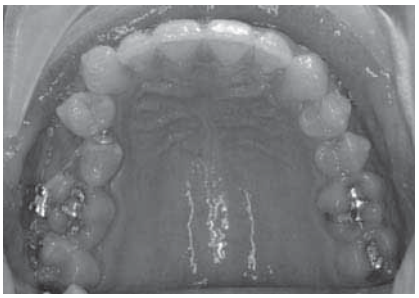


Figure 7

Power chains were used to correct the position of the premolar, and then the case was submitted to Align for Case Refinement. (Fig 8).

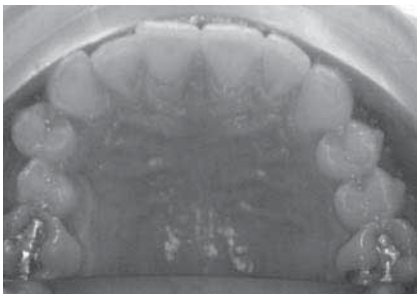


Figure 8

NT is presently finishing with Case Refinement Aligners.

Case 3: TM:

The need for fixed orthodontics can also come after the capabilities of Invisalign (or the patient!) have been exhausted. Figure 9 illustrates a 40 year-old female who required some detailed tooth movement to solve her deep bite and crowding.

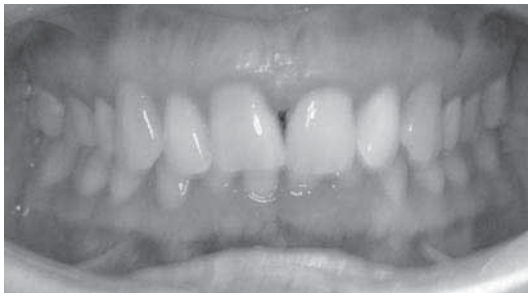


Figure 9

Figure 10 shows how far we were able to get with the first course of (35 upper, 17 lower) aligners.

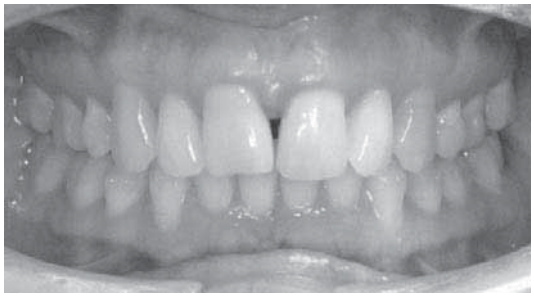


Figure 10

After Case Refinement (Fig 11), the improvement was considerable, but not fully in line with our goals for her. She is now in fixed orthodontics: but her time in braces will be much shorter (about 6 months).

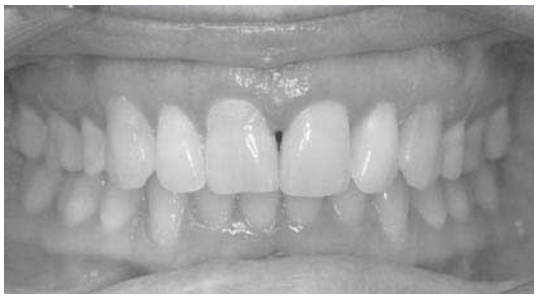


Figure 11

The three cases presented above have illustrated the concept that, with a little imagination, and some fixed orthodontics, many more cases can be treated with Invisalign®.

We are now offering the fixed orthodontic service in our office to general practitioners who do Invisalign: we'll prepare the case with fixed first: and then send them back

Continued on page 8

The Dental Specialist continued from page 7

to be treated in the dentist's office with Invisalign. Clearly, a win-win-win!

The Author - *Dr. McFarlane graduated as a dentist from the University of Manitoba in 1984 and as an orthodontist from the University of Western Ontario in 1992. He practices orthodontics at 1190 Taylor Avenue in Winnipeg. An Invisalign Alpha Doctor and Speaker's Bureau member, he has performed over fifty certifications throughout the United States and Canada for Align Technology. Please direct comments or questions to info@drmcfarlane.com.*

R. Bruce McFarlane DMD BScD MClD FRCD(C)
Diplomate: American Board of Orthodontics

IN MEMORIAM

Isadore Wolch, DDS

Dr. Isadore Wolch passed away in his Winnipeg home on August 29, 2006 at the age of 98.

Dr. Wolch, known to all his friends and associates as Izzy, was born in Winnipeg on January 28, 1908 the child of Russian immigrants. He received his early education in Winnipeg and graduated with his Doctor of Dental Surgery degree from the University of Alberta in 1932. Returning to Winnipeg immediately upon graduation he practiced in his "home city" for 55 years, retiring in 1987.

Dr. Wolch was the first dentist in Manitoba to limit his dental practice to endodontics and was among those pioneer part-time instructors to teach clinical dentistry when the University of Manitoba Faculty of Dentistry first opened the doors to its main clinic in 1960. He was a founder and past president of the Canadian Academy of Endodontists.

An ardent community worked Dr. Wolch was a member of the CCF party, later the NDP, and was elected to both the Winnipeg City Council and the School Board, and served on the Municipal Board of Manitoba. He received the City of Winnipeg Community Service Award in 1967 and 1982.

With energy, the spirit of serving and leadership Dr. Wolch was a founding member of the Rosh Pina Synagogue, served as member and past president of the Alpha Omega Fraternity, the B'nai Brith Lodge 650, the Contemporary Dances and Jewish Historical Society Amongst his numerous activities he found time to be a charter member of the Glendale Golf and Country Club, to play tennis and curl.

Contributions to Dr. Izzy Wolch's memory may be made to the Berry and Isadore Wolch Fund at the Jewish Foundation of Manitoba.

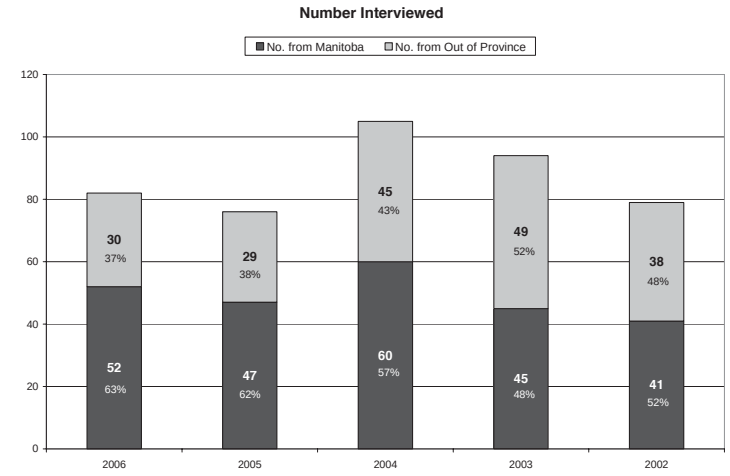
FACULTY CORNER

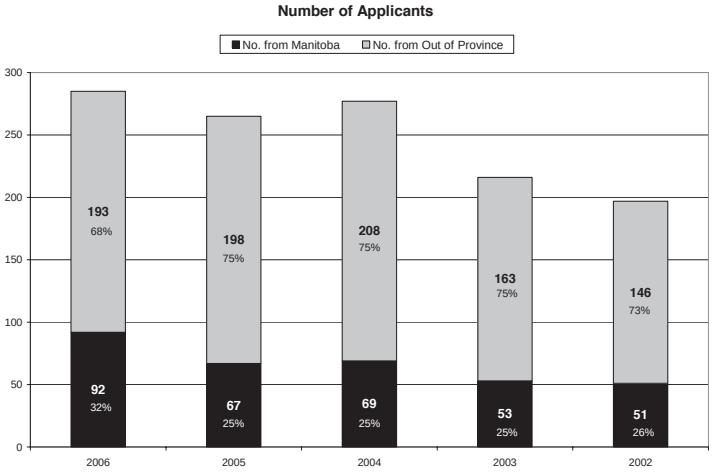
PREFERENCE GIVEN TO MANITOBANS IN UNDERGRADUATE DENTISTRY SELECTION PROCESS

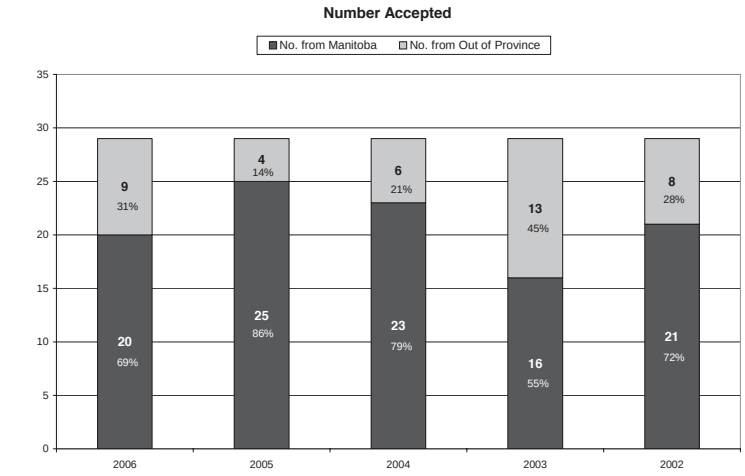
Each year 29 students enter the undergraduate dentistry program at the University of Manitoba, Faculty of Dentistry. Students are selected from three applicant pools – the Aboriginal (applicants from the Aboriginal populations of Canada), the Special (holders of a Master or PhD degree and/or applicants with extensive work experience in a health related field), and the Regular categories. Up to six students from the combined Aboriginal and Special categories, and a minimum of 23 from the Regular category are selected. Although all Canadian citizens and permanent residents are considered in the selection process, Manitobans are advantaged, particularly within the Regular category where preference is shown in two ways.

Regular category applicants are ranked based on academic, Dental Aptitude Test (DAT) and interview performance. Preference is shown, in the first instance, when offer of interview is determined. In 2006, interviews were granted to Manitoba Regular applicants attaining a minimum core course average (average of grades in five specific science courses) of 3.00 and a minimum DAT score of 18.00, whereas Out of Province Regular applicants required a minimum core course average of 3.75 and a minimum DAT of 20.00 to be granted an interview. The second manner of preference is applied at the time of final selection, when Regular category applicants are ranked based on an overall score derived from an Adjusted Grade Point Average (reflective of the entire university academic performance), the DAT score, and the Interview score. Recognizing that some of the 29 top ranked applicants may decline their offers of acceptance, an alternate list is established. To preference Manitobans, only Manitoba applicants are placed on the alternate list.

In the Aboriginal and Special categories, when applicants demonstrate similar academic, DAT and interview performance, Manitobans are selected over Out of Province applicants.







The significant preference shown to Manitobans at the time of interview and at the final selection stage is illustrated in the graphs below. When considered in total, the 2002-2006 statistics show that although only 27% of the 1,240 applicants were Manitobans, 56% of applicants who were granted interviews were from Manitoba, and 72% of the first year dental students were Manitobans.

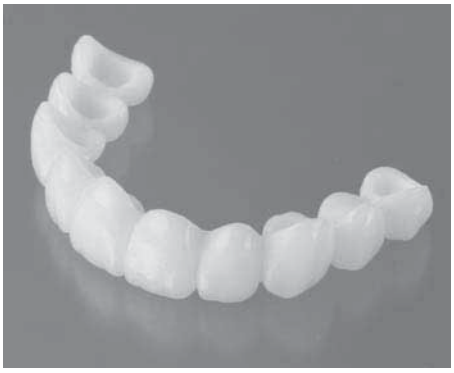
The Faculty of Dentistry will continue to select high-quality applicants with preference given to Manitobans.

John Perry, D.M.D.
Chair, Committee for Selection in Dentistry

Manitoba Billboard

Zeno® Tec System

The Strength of Zirconia.
The Precision of CAD-CAM.
The Esthetics of Nature.



- Anterior/posterior crowns and ***up to fourteen unit bridges****!
- Unique adaptive "Smart Scanning Technology" automatically recognizes and re-scans missed areas.
- Unparalleled accuracy (< 20 µm).
- Yttria Stabilized Zirconium frameworks precision milled from largest solid Zirconia disk on the market.
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CDA Working on Your Behalf

Canadian Dental Association

The Board of Directors (BOD) of the Canadian Dental Association (CDA) met in Ottawa on Nov. 17 and 18 to deal with ongoing issues of importance to organized dentistry and to oversee the management of the Association. The following is an overview of the some of the issues discussed which are of interest to individual members.

The redevelopment of the Uniform System of Codes and List of Services (USC&LS) has been the subject of communication from various stakeholders including the BCDA. There is a divergence of opinions about the redevelopment, whether it needs to remain solely a billing tool or whether it needs to become a standard vocabulary to describe services provided by oral health care providers. The BOD has recommended holding a special forum on this issue, ideally before the April 2007 AGM involving the participation of corporate members, leadership representatives and technical experts. The goal of this meeting will be to arrive at a consensus of the future role on the USC&LS and the changes required to ensure that it is fit for its purpose.

The BOD discussed an oral report of the Roles and Responsibility Committee which will recommend that more decision-making powers be delegated to CDSPI. Two new insurance items were discussed: a change in malpractice insurance to include hygienists under contract to a dentist but not practicing independently and a change to Triple Guard program relating to pandemic coverage.

The financial reports of the 3rd quarter of the CDA were presented. Based on these reports it is anticipated that the CDA will finish the year with a balanced budget.

ITRANS enrolments continue to rise steadily and there are now over 1700 dentists registered with ITRANS. There is also steady increase in the number of transactions processed by ITRANS. CSI continues to work within the budgetary constraints placed on it at the last AGM.

The CDA BOD received reports from the following task forces and working groups:

Member Services Project Team
Dental Hygiene Task Force
Governance Review Working Group
Corporate Member Relationship Task Force
CDA-ODA Working Group
ADA Relationship

The 2006 convention in cooperation with the Newfoundland and Labrador Dental Association was a resounding success, both from a content and financial perspective. The convention finished with a surplus to be shared by the CDA and the NFLDA. Plans are underway for the 2007 convention in Jasper in cooperation with the Alberta Dental Association and College. There have also been positive talks with the Ontario Dental Association towards a cooperative event for 2008 and a letter has been received from the British Columbia Dental Association about partnering with the CDA for the 2009 convention.

As always the CDA continues to work on the behalf of its members both corporate and individual. The CDA is always open to suggestions about how to improve its service to all members. Your MDA Board members as well as I, the CDA Board member representing Manitoba are always open to your input.

Peter J. Doig, D.M.D.
CDA Board Member

Review Committee
Implant Program Protocol, November, 2006

The Implant Program is for those individuals who, through resection for benign disease or because of significant facial trauma, are unable to wear conventional prosthetic devices or have a diagnosis of cleft lip/palate or a skeletal dental dysplasia entitling the patient to be enrolled in the Manitoba Centre for Craniofacial Difference Program. People who have pre-existing facial trauma or benign resection prior to the commencement of this program are not eligible for the program. All cases must be pre-determined by the Sub-Committee.

Principles:

- All treatment must be carried out by certified specialists in Oral & Maxillofacial Surgery and Prosthodontics. All cases must be worked up by an Oral & Maxillofacial Surgeon and Prosthodontist and submitted to the Review Committee, which is a Sub-Committee of the Hospital Dental Services Committee of the Manitoba Dental Association.
- The structure of the Sub-Committee will be:
  - Chair, MDA, HDSC
  - 2 Oral & Maxillofacial Surgeons
  - 1 Prosthodontist
  - The Dental Director Cleft/Dysplasia Program
  - For transparency, an Appointee of the Minister of Health.
- Patients who will have their cases submitted for consideration must be registered with the Craniofacial Difference Program for those people who have dental skeletal deformities.
- The Dysplasia, Trauma and Resection Programs being introduced have a funding level that allows for treatment that restores basic function with minimal implants and removable prosthesis.
- For patients with a diagnosis of Cleft Lip/Palate funding will be for a maximum of 2 implants in the affected quadrant for unilateral cleft and a

Continued on page 12

Review Committee Implant Program Protocol
continued from page 12

maximum of 4 implants in the maxilla if a bilateral cleft. For clefts, funding would usually include fixed prosthetics.

- For those cases accepted as suitable for treatment, the Committee will/may provide the submitting specialist the MDA fee codes which will be covered. Payment will be made for those codes by Manitoba Health, based on the current MDA Fee Guide. Payment is for initial treatment not for maintenance cost.
- There will be a limit to the number of implants required to a maximum of 4 per arch to allow a patient to wear a removable denture.
- Information to be submitted by a Prosthodontist or Oral & Maxillofacial Surgeon to the Sub-Committee on behalf of a patient must include: name, date of birth, relevant dental/medical history, photos, casts, radiographs and a comprehensive treatment plan.
- The program will cover the initial surgical fee, fixture costs and minimum prosthetic fees necessary for basic function. Should a patient select a treatment plan that is more extensive than this, the program will pay up to the maximum of the treatment deemed suitable by the Sub-Committee once the practitioner presents information that the alternate treatment plan has been completed.
- Any appeal for a case not accepted will be considered by an Ad Hoc Committee comprised of the Chair, MDA, HDSC and 2 Oral & Maxillofacial Surgeons and a Prosthodontist – none of whom served on the Sub-Committee making the decision not to accept the case. Reason for an appeal would be that a case was not accepted. An alternate treatment plan suggested by the Sub-Committee would not be a reason for an appeal.
- Patient compliance is a requirement for remaining part of the program.
- The Sub-Committee meets on an ad hoc basis.

Preventive Dentistry Scaling Module takes flight in Manitoba
continued from page 4

Chantal Julien, Delores Saxton, Diane Hannah, Holly Stusiak, Jacqueline Sichewski, Jennifer Matveicikas, Kelly Reilly, Kerri Garbacz-Kuchinski, Leanne Martin, Linda Russo, Michelle Hodi, Pauline Simundson, Vanessa Zebinski, and Wendy Ost.

Thank you to the following dentists who assisted with the clinical component of the pilot program:

Dr. Joel Antel,
Dr. Carmine Scarpino
Dr. Richard Broder

Any questions relating to the Preventive Dentistry Scaling Module can be directed to myself at the MDA office.

Rafi Mohammed
Membership Services Director

Open Wide 2006

On Saturday, October 21st, 2006, the Manitoba Dental Association and the University of Manitoba—Faculty of Dentistry hosted 'OPEN WIDE', a day of free dental services. Over 160 volunteers from all areas of the dental community donated their time and expertise. The Faculty of Dentistry provided their state of the art facility and staffing support for this valuable community event.

"The Open Wide event, which is held every 3 years, provides dentists with the opportunity to give something back to the community. Dentists recognize that there are hundreds of individuals who cannot access dental care because of limiting socio-economic factors," said Dr. Tom Colina, Open Wide Chairperson. "A wide range of dental services were offered including cleanings, fillings, extractions, and simple denture repairs," added Dr. Colina. He also stated that by holding this event the MDA raised the awareness about the importance and need of proper dental care.

In fact 344 people were provided dental treatment at Open Wide 2006. The total value of the dentistry provided at no charge was estimated @ $120,000.00.

There were 163 volunteers from the dental profession involved in the organizing and hosting of this event. The breakdown is as follows:

Dentists	38
Dental Hygienists	25
Dental Assistants	35
Administrative Staff	20
Dental Students	28
Dental Hygiene Students	17

Over 10 sponsors participated in this event, either by donating dental supplies or cash in lieu of. The sponsors were Scotia Bank, Sinclair Dental, Henry Schein Ash Arcona, Southern Dental Industries, Patterson Dental, Hedy, Septodent Inc, Voco Dental, Kodak, 3M and the Winnipeg Sun.

Thank you to members of the organizing committee whose efforts were instrumental in making this event so successfully. They were: Dr. Tom Colina (Chair), Dr. Joel Antel (MDA Communications Committee), Dr. Lawrence Stockton (Faculty of Dentistry), Kristine Carter (MDHA), Maryanne Clark (MDAA), Prahdeep Sandhu (Dental Student), Kenny Cheung (Dental Hygiene Student), Gerry Hagglund (Sinclair Dental), Terrol Rogers (HSAA), and Greta Loewen (Faculty of Dentistry).

Rafi Mohammed
Membership Services Director

Mona Lisa returns to Manitoba.

Almost fifteen years later, reviving a cute, catchy commercial is filled with unique challenges and amazing coincidences. Unlocking the mysterious "time" code behind that famous smile.

*- **by Walter Kulyk**, Traffic Advertising Inc / Communications Consultant to the MDA*

You know the old saying – "Everything happens for reason." Well I believe it, especially as it relates to the resurrection of a great new commercial for Manitoba Dentists. The production update of the classic "Mona Lisa" commercial was filled with fascinating twists and turns, unique challenges and coincidences reminiscent of incidents in this summer's block buster movie, "The Da Vinci Code."

Last April, when the Communications Committee hosted a strategic planning session with the MDA membership, several people suggested that we bring back the memorable "Mona Lisa" television commercial. Your Communications Committee agreed with the idea and I was charged with the task of making it happen. Unfortunately, the original production happened in 1992 and no suitable quality copy of the original could be found. (We did have a VHS copy of a copy, but the quality would not be suitable for broadcast). In addition, the message/voice-over would have to be changed so it was imperative to source a near original version. So I started my investigation.

I first contacted the advertising agency that produced the commercial. They had moved several times and had no record or copy of it. After a couple weeks of checking, I was not surprised. So, I decided to contact the original creator/animator - Winnipeg's own, Academy Award nominee Cordell Barker ("The Cat Came Back" and numerous other NFB classics). But his telephone number was unlisted. My wife Alice, who teaches art classes in several elementary schools throughout River East/Transcona School Division, had all three of his sons in her classes. (Ironically, Alice and I have three sons.) With Alice's help, I was able to track him down. I arrived unannounced at his home. After explaining the situation, dilemma and opportunity, I asked if he had a copy of the original spot. He honestly doubted it. Technology has changed so much, that even if he did, the format would likely be unusable. He suggested I get in touch with Frantic Films and/or the Production House in Vancouver. After numerous phone calls and several weeks later, it looked hopeless. Then, as if by some magical power, Cordell called me back and said that he had found a 1" tape. At that moment, I was excited but didn't realize what that actually meant. It meant that the tape would be extremely brittle, fragile, and could even tear apart if not handled properly. It was after all, almost 15 years old and very old technology – like having a Beta tape. Remember those? But, it was a positive first step. Now I had to find a video provider who could transfer the 1" tape. I first called Gastown Productions in Vancouver. That was the name on the cardboard tape box. They produced the original Master back in 1992. They claimed to have the only 1" tape machine in storage in western Canada. We were talking about an antique piece of equipment. For comparison purposes, it was like comparing an 8 mm home movie film from the 60's to today's HD-DVDs. They suggested that pulling it out of storage, cleaning and servicing the equipment would be a very costly procedure (almost $5,000). So I kept searching, uncovering clues along the way and being referred to several other potential suppliers, until I finally found one - right here in Winnipeg.

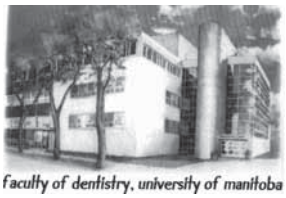
Long story short, the original tape was damaged and extensive electronic retouching was required to fix more than 50 video drop outs (in :30 seconds) and get rid of the closing logo/graphics (almost 300 frames). Regardless, the transfer was successful, and the new technology digital enhancements made it look as good as or better than the original. The "new" video was uploaded to Mid Can's FTP website and within seconds, downloaded in Vancouver. Meanwhile, a revised script was written and approved and now it was time to focus on the new audio production.

Similar to the video challenges, the original audio would have been recorded in analog format on a 2" high-band tape. There was no original tape and no equipment to play it on anyway. Nowadays, everything is totally digital. Back in 1992, Air Waves Audio in Vancouver was the company that did the original studio recording and final mix, but they are not in business anymore. I hired Wave Productions to do the new audio production, partly because I recognized that the announcer was from Vancouver, I had done a lot of projects with them in the past, and I knew that they would do an incredible job. I e-mailed them a QuickTime version of the original spot/transfer so they could see, hear and quote on the project. As fate would have it, as they listened to the old/original music tracks, one of the musicians/partners, a guy named Bob Smart, heard the music from down the hall and rushed into the studio saying, "Hey I recognize that track. I composed it. I wrote that stuff." Bob owned/worked at Air Waves in 1992. Now he's a partner at Wave. How bizarre? Another case of dejavu.

As production started, they (Wave) created much of the exact, original sounds by computer "sampling" - electronically, but they hired a local, jazz piano player to come in and record the piano parts. Bob told me later that during the session, by pure fluke and chance, it was then discovered that the very same player who did the original session almost fifteen years ago did this session. Another strange, unexplained coincidence?

Well-known Vancouver radio personality and character voice/actor Don MacKay, who recorded the original spot, was again recruited to record the new message. This was almost the last piece of the production puzzle. As bizarre as this sounds, Don's son and the recording engineer's son had just had a sleep-over the night before the audio session. This was the last of the many seemingly amazing coincidences in "cracking the code" that convinced me that all the events of this production where meant to happen for a reason - so that Manitobans could once again enjoy the memorable, animated, light-hearted commercial and heed the message to "Brush and floss daily and see your Dentist regularly..."

Yes, I believe that everything happens for a reason. What's old is new again! So, watch for the new "Mona Lisa" PSA (Public Service Announcement) starting this month and throughout 2007 on all Manitoba television stations. Enjoy.



RESEARCH AT THE FACULTY

The genomics of oral precancerous lesion progression and tumour microenvironment.

Inflammation is the root cause of progression of several chronic human diseases such as cancer, diabetes and heart disease. In Oral Epithelial Dysplasia, a pre-cancerous condition of oral mucosa (the lining cells of the oral cavity), leukocyte infiltration increases significantly with progression from mild dysplasia to invasive oral squamous cell carcinoma. The increase in B-lymphocyte cells with cancer progression may suggest skewing of the immune response towards a predominant Th_2 type of gene expression. This is further supported by the presence of mast cells, inactive T-lymphocyte and Natural Killer cells. These events primarily involve expression of immunosuppressive cytokines such as interleukin-10 and transforming growth factor-beta (TGF-β). Active immunosuppression and naive T cell-mediated regulatory pathways are being just unraveled and central to several of these pathways is TGF-β, a potent immunoregulatory cytokine that contributes to the function and generation of regulatory T- cells. Inflamed periodontal tissue contains a 100-fold increase in TGF-β1+ cells compared to healthy gingiva with expression observed in pockets of the epithelium, the lamina propria and adjacent to the oral epithelium. TGF-β1 was initially known as a growth inhibitory, tumor suppressor cytokine in normal epithelial cells acting through Smad2/4 signaling pathway but in most transformed oral epithelial cells these pathways appear to be inhibited by Ras oncogenes. Therefore, only unabated TGF-β1 signaling that diverge into the inhibitory Smads (e.g. Smad7) and Rho activation dependent malignant progression pathways continue to induce pro-inflammatory conditions through positive regulation of STAT3 and NFκB transcription factor dependent genes (e.g. COX-2).

Research in our laboratory has focused on these important mechanisms of progression of pre-malignant epithelial cells to malignancy in correlation with persistence of inflammatory oral conditions. Initially, we followed up on a genomic profiling study of the dysplastic oral biopsy specimens with identification and validation of important target genes that were found to be differentially regulated in various pathways, using the molecular tools of DNA microarray, Real-time PCR, immunological techniques and *in vitro* cell signaling assays. We also performed gene network analysis on positively and negatively regulated genes that differentially express in these pre-malignant lesions and compared it with genes that are known to be involved in squamous carcinoma development. We have also proposed an oral cancer progression model using cell lines established from different stages of pre-malignant and malignant oral cancer tissues to continue on our mechanism based validation studies. These are being used further to decipher several nuances in signaling pathways involved in oral cancer progression. Based on previous publications of the principal investigator of these studies, that characterized deregulation of **COX-2**, aberrant expression and mislocalization of a TGF-β1 inhibitory proteoglycan, **Decorin** and several other novel networks of genes identified through microarray based transcriptome profiling, perturbation of novel signaling pathways and target genes are being examined to understand the systems biology of oral cancer. We hope to delineate the essential cell survival, proliferation, invasion, angiogenesis and above all failure of innate immune response-related mechanisms that are involved in the malignant progression of dysplastic epithelia through various research projects that are currently underway. These studies will provide novel molecular framework and targets for early diagnosis, treatment and prognosis of such lesions in the oral cavity. The research projects in our laboratory are supported through research grants from University of Manitoba and Manitoba Medical Service Foundation.

DR. ABHIJIT G. BANERJEE, Assistant Professor
Oral Biology, Dental Diagnostioc and Surgical Sciences
Faculty of Dentistry

123rd MDA Annual Meeting and Convention

The Manitoba Dental Association has distributed registration forms to all licensed dentists in Manitoba twice now. The latest being on December 13, 2006.

This year's event is being hosted by Brandon & Area dentists at the Victoria Inn, Brandon, Manitoba. The theme is TEAM WORKS. Dentists, oral health team members, and dental hygienists are encouraged to register before the deadline of January 18, 2007. All registrations post-marked or faxed after the deadline will be subject to an additional late registration fee of $50.00 for dentists and $25.00 for OHT members and dental hygienists.

Both the OHT program and clinical programs should provide all with a solid base of knowledge that they can apply to their dental practice environment immediately. The social program will be a party. Both the Friday night social and President Dinner is open to everyone. If you are planning on attending the President's Dinner please order and pay for your tickets ahead of time.

Once you have reviewed the program details and have any further questions, please do not hesitate to contact the MDA office.

Rafi Mohammed
(204) 988-5300

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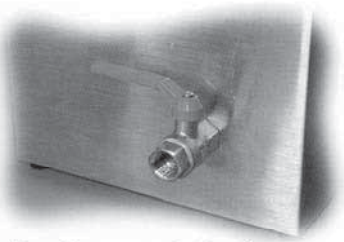

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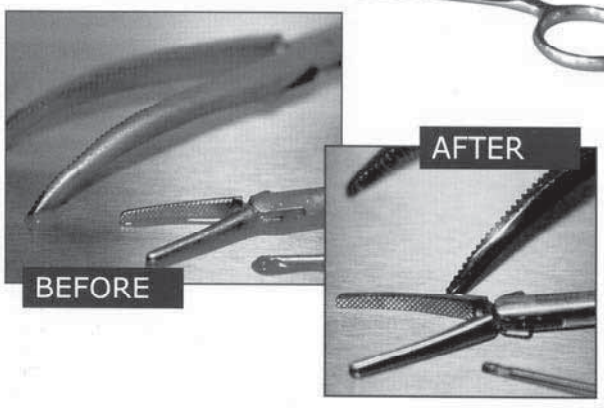

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Understanding the new Dental Assistant Registration Protocol - continued from page 1

  - Malpractice Insurance
  - Protocol to elect a register dental assistant representative to the MDA Board
  - Continuing Education
- Other by-laws may be developed on an as needs basis to reflect the ongoing growth, development and changes to the dental assistant profession in Manitoba

Do I need to register my credentials if I am formally trained dental assistant and doing receptionist duties or non intra-oral duties only?

- The obvious answer would be no. But if you choose not to register remember you cannot at anytime engage in intra-oral duties. You may want to discuss this with your current employer before making a decision.

What if I choose not to register my credentials and continue working as a dental assistant doing intra-oral duties?

- The MDA, as the steward of ***The Dental Association Act,*** has an obligation to enforce all aspects of *The Act*. Dentists who continue to allow their dental assistant to work intra-orally are jeopardizing their malpractice insurance, acting illegally, and potentially could face charges by the MDA Board. The dental assistant is also in contravention of *The Act* and potentially could face similar charges.

Is Manitoba the only province in Canada that will regulate formally trained dental assistants?

- No, in fact we are the 6th province to enact legislation to regulate formally trained dental assistants. The other provinces that have legislation in place are BC, Alberta, Saskatchewan, New Brunswick and Nova Scotia.

The proposed annual registration fee is $180.00, how does this compare with other provinces?

- The fees in other provinces are quite similar to the one proposed here in Manitoba:
  - BC - $222
  - Alberta - $165 (does not include provincial or national membership fees)
  - Saskatchewan - $190
  - New Brunswick - $205
  - Nova Scotia - $196

The one time registration fee is $25.00, how does this compare with other registration fees in Canada?

- Manitoba's one time registration fee is one of the lowest in Canada
  - BC - $225
  - Alberta - $65
  - Saskatchewan - $75
  - New Brunswick - $30
  - Nova Scotia - $55

Does the malpractice insurance that a dentist carries cover the activities of the dental assistant while working in a dental office?

- The present dental malpractice insurance does afford all employees in dental office coverage in cases where the dentist or dental corporation is sued. In the case where individual staff members are named in the law suit we cannot confidently say that dentist's insurance will protect those employees. The MDA feels it has an obligation to enact a by-law that will protect registered dental assistants in the case of litigation bought against him/her.

Is the cost of malpractice insurance affordable for dental assistants?

- The Canadian Dental Assistants Association can provide $1,000,000 malpractice insurance for a premium of $23 per year.

What benefit is continuing education for dental assistants?

- In general terms, continuing education is defined as the continued application of knowledge upon which standards of practice are based upon
- It will assure both the government and the public that registered dental assistants are competent to practice
- It is also one of the corner stones of any regulated health profession.

As a registered dental assistant, how can I be assured that my personal information is protected?

- Under the federal Personal Information Protection of Electronic Data Act (PIPEDA) all personal information is protected and cannot be released to any third party with each individual's explicit permission.

What are the other benefits of regulating formally trained dental assistants?

- Some of the other benefits include the potential to identify human resources issues not only provincially but regionally within Manitoba, the collective development of the profession, and funding of the Commission on Dental Accreditation of Canada for the purpose of ensuring that Manitoba's formal dental assistant education institutions are fully accredited.

If you have any further questions relating to the regulation of formally trained dental assistants in Manitoba please contact the MDA office.

Rafi Mohammed
Director,
Membership Services Director

Long Term Disability Insurance from The Canadian Dentists' Insurance Program

Still putting off topping up your disability coverage?

If your income from dentistry has risen but you haven't kept your disability insurance up-to-date, you could be in serious financial trouble if you become disabled.

Fortunately, you can apply for additional coverage through the Canadian Dentists' Insurance Program, regardless of whether your existing disability coverage is elsewhere or through the Program.

The Program's **Long Term Disability Insurance** offers comprehensive coverage to protect your income, including features you won't always find in other plans, such as HIV and Hepatitis B and C coverage — at no extra cost.

A disabling illness or injury can strike any time, so don't delay. Apply for coverage today. (To qualify for coverage, medical and financial evidence of insurability is required.)

1-877-293-9455, extension 5002*

* Restrictions may apply to advisory services in certain jurisdictions.

Long Term Disability Insurance is offered through the Canadian Dentists' Insurance Program and underwritten by The Manufacturers Life Insurance Company (Manulife Financial).

CANADIAN DENTISTS' INSURANCE PROGRAM

CANADIAN DENTAL ASSOCIATION

CDSPI

Professional Guide Line
A CDSPI Affiliate

05-99 10/06

Put income protection at the top of your list. Call Professional Guide Line Inc. at the number shown for help determining the maximum monthly disability benefit amount that you may apply for through the Canadian Dentists' Insurance Program.*

Some Common Insurance Pitfalls

A Professional Guide Line Inc. Bulletin Article

Used properly, insurance can be an effective tool to guard against the financial consequences of specified risks. However, certain costly mistakes could render your coverage ineffective, at a time when you may need it most. Here are some common pitfalls people make with their coverage and how to avoid them.

1. Keeping Coverage Static. Your insurance needs will evolve over time, so be sure to review your coverage annually and update your plans as required to avoid having them fall short in a claim situation. For instance, it's vital that you have adequate office contents insurance to cover the cost of replacing all your practice furnishings, equipment and supplies. Many insurance plans offer automatic increases each year to account for inflationary adjustments in replacement costs. However, your own replacement costs may exceed that amount, especially if you have made improvements or added new equipment to your practice.

If you own your practice building, ensure it stays adequately covered by assessing the replacement value regularly with the assistance of a professional real estate appraiser. The cost of reconstructing your building could rise rapidly, especially in booming real estate markets. As well, if your disability coverage doesn't kept pace with your income, you may not have sufficient funds to pay your household's normal expenses let alone additional costs, such as medical expenses, during a disabling illness or injury. Obtain coverage for the maximum monthly benefit amount that is available for your income level and update it whenever your income increases.

2. Not Specifying a Beneficiary. When an individual is named as the beneficiary of your life insurance policies, rather than your estate or corporation, this will allow the policies to bypass probate and the associated estate administration taxes. Naming a family member as your beneficiary may also prevent creditors of your estate from seizing the proceeds.

3. Cancelling Coverage Before Being Approved For Replacement Coverage. Never cancel your existing coverage until your replacement coverage is in place. If you jump the gun, you could find yourself without any coverage at all if you aren't approved by the new insurer and your old carrier won't reinstate your policy.

In the case of life and disability insurance, it's generally better to add to your existing coverage, rather than to replace it altogether. Nevertheless, an unscrupulous agent who works on commission may try to get you to switch policies, since the highest commissions are usually paid out in the early years of these policies. Be sure to seek competitive quotes well in advance of your renewal date, since it can take some time to arrange your new coverage.

4. Assuming You're Covered by the Principal Dentist's Insurance. Dental practice owners need to protect their practice against insurable risks. But principals aren't the only ones who may require insurance. For example, associates need their own practice interruption coverage to guard against interruptions to the practice that can affect their income (e.g. fire, water damage, theft and vandalism) as well as commercial general liability coverage to insure against third-party legal actions arising from the practice such as a patient slipping and falling on the premises.

Additionally, even if you aren't a practice owner but you are responsible for a share of your practice costs, you'll need your own office overhead expense insurance to cover your share of expenses such as rent and utilities when you are unable to work because of a disabling illness or injury.

To contact a personal insurance advisor at Professional Guide Line Inc. — A CDSPI Affiliate, please call 1-877-293-9455, extension 5002.

Please donate dental supplies for disadvantaged African children

"We make a living by what we get, we make a life by what we give." - **Sir Winston Churchill**

The Faculty of Dentistry is pleased to announce a new outreach mission to Ghana, Africa starting in February 2007. This humanitarian project will provide much needed dental care to needy children in remote areas of Ghana. Ghana has over 21 million people, with only a third of the population residing in urban centers. There are approximately 400 dental health providers for the entire country, mostly practicing in cities. Consequently, the rural people of Ghana lack access to even the most basic dental care and many children suffer as a result of poor dental health.

Our small group of 7 volunteers welcomes any donations which will help support this important and worthwhile endeavor. To help make the mission successful, donations can be in the form of consumable goods, instruments, oral hygiene aids, incentives for patient visits such as stickers, pencils, and toys, or any other products that can be spared from your dental office. Especially needed are toothbrushes, gloves, anesthetic, Fuji IX glass ionomer, amalgam, and composite filling materials.

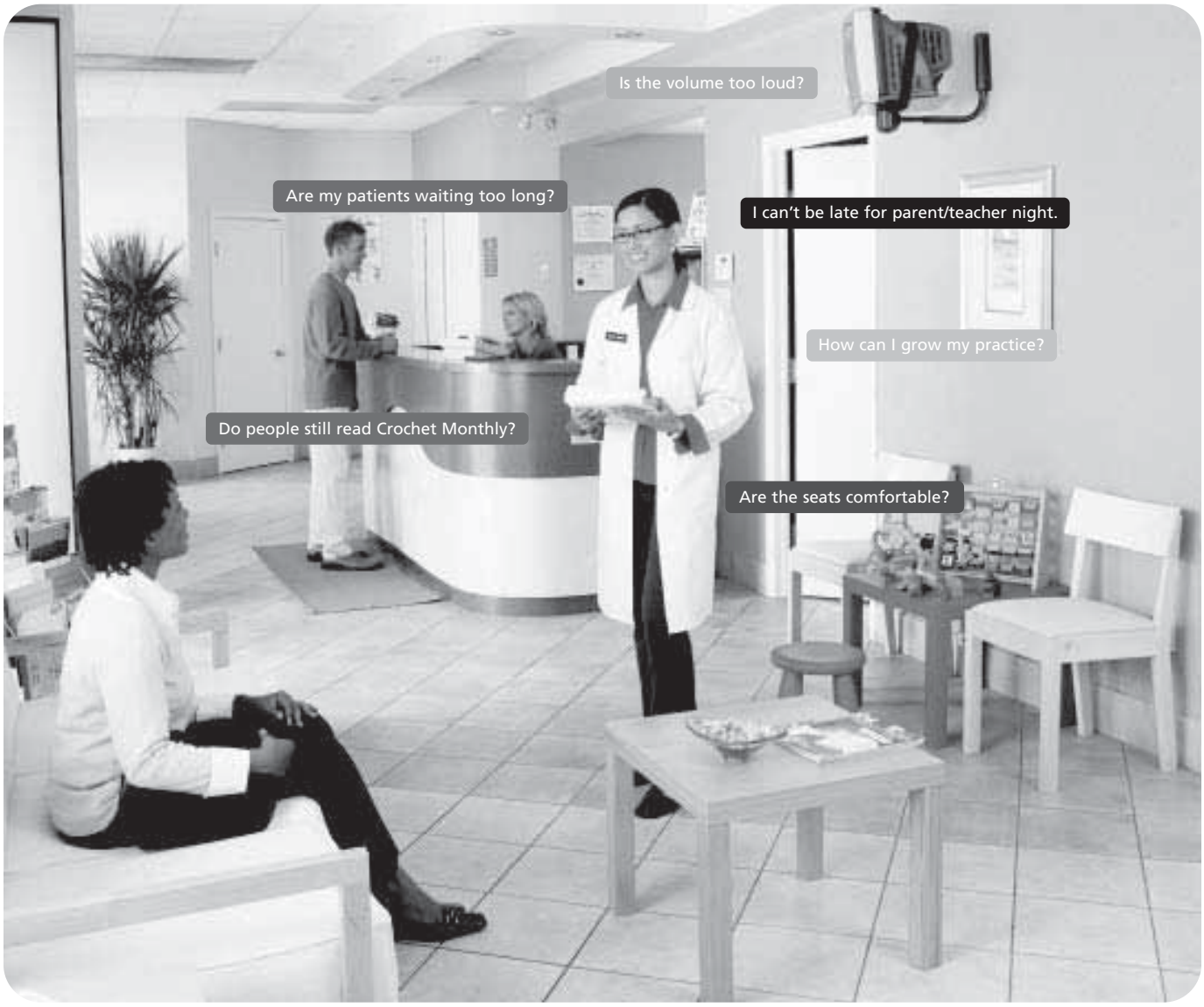
Your generous donations can be sent to:

The University of Manitoba, Faculty of Dentistry
D108, 780 Bannatyne Avenue
Winnipeg, MB R3E 0W2

If needed, we can pick up your donations from your office.

For more information, please contact Dr. Doug Brothwell at 789-3892 or by email at brothwel@cc.umanitoba.ca. We thank you in advance for your support of this worthy and exciting humanitarian project!

Faculty of Dentistry, The University of Manitoba — Centre for Community Oral Health



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The Manitoba Dental Association offers a referral service for: **(I) Dentists with Opportunities**: (practices for sale, space to share and associateship/locums) and **(II) Dentists Seeking Opportunities**: (full or part-time associateships, short-term locums and practice purchases/buy-ins). To list with this service please contact Diane Troubridge at the Manitoba Dental Association Office, Phone: (204) 988 5300.

Practice Opportunities

Winnipeg, MB
Full-time Associate position available in a well established family practice located in North Kildonan area of Winnipeg. A buy-in option is available for the right candidate.
Please send enquiries in confidence to:
Box 123
Manitoba Dental Association
103-698 Corydon Ave
Winnipeg, MB R3M 0X9

Edmonton, AB
Excellent opportunity for dentist looking for busy established full-time Associate position. Professional, team oriented staff, modern newly renovated multi-practitioner clinic. Dentist would be taking over existing highly productive patient base with great new patient flow. Do all aspects of general dentistry, young family profile.
Please contact: Phone: (780) 436 7048
Fax: (780) 436 1466

St. Albert, AB
Fantastic Associate opportunity in St. Albert, AB. We are an established, patient-centred practice with exceptional new patient flow. St. Albert is a beautiful bedroom community of Edmonton, with much to offer for someone looking to relocate. Please forward resume by email.
Please contact: sadick@shaw.ca

Dentists Seeking Opportunities

Winnipeg, MB
Experienced dentist seeking either a locum (i.e. sick leave, vacation, etc.) or a regular 1 or 2 days per week basis.
Please contact: Dr. Julius Wise
(204) 489-2263

Winnipeg, MB
Experienced dentist available for short-term locums (i.e. Sick leave, vacations, etc.). References available upon request.
Please contact: Dr. I. R. Battel
(204) 489-4507

Winnipeg, MB
Experienced dentist available for locums (sick leave, vacations, etc.)
Please contact: Dr. Neil Winestock
(204) 269-4314

Space for Lease

Winnipeg, MB
Dental office space available for immediate lease. Freshly decorated premises with 3 operatories. Located in downtown medical services building.
Please contact: Janice McKeever
Phone: (204) 957-1430

For Sale

14 waiting room chairs in need of some TLC. Asking $20 each.
Please contact: Linda
(204) 257-1891

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All correspondence should be addressed to:
Dr. Danielle Jobb, Editor, MDA Bulletin
103-698 Corydon Avenue, Winnipeg, MB R3M 0X9