

MDA Bulletin



Volume 33, Issue 2,
Summer 2014
ISSN 070-1717

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Your
Manitoba
Dentist

BENEFITS THAT WORK FOR YOU

DURING YOUR CAREER CDSPI GROUP BENEFITS



The **CDSPI Group Benefits** plan (offered through Quikcard) allows eligible* dentists to protect everyone employed in their practices — with employee group benefits.

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www.cdspi.com/benefits

WHEN YOU'RE RETIRED CDSPI RETIREE BENEFITS



Eligible* retired dentists can obtain health and dental benefits coverage — **at greatly preferred pricing with no medical information required** — thanks to the new **CDSPI Retiree Benefits** plan. When your health benefits end at retirement, CDSPI Retiree Benefits allow you to continue protecting yourself and your family with personal health insurance. (If you are a retired dentist with an existing health benefits plan, you can also apply.) With four levels of protection to choose from, you can select the plan that best meets your specific needs.

www.cdspi.com/retiree

For detailed information, call CDSPI today at **1-800-561-9401**



* CDSPI Group Benefits and CDSPI Retiree Benefits are not available to dentists in Quebec and Ontario. This information is provided for your general guidance. Precise details, terms, conditions and exclusions are set out in the insurance contracts. The CDSPI Group Benefits plan is provided by Quikcard, with insurance products provided by selected Canadian insurers and arranged for by Quikcard Benefits Consulting Inc. and CDSPI Advisory Services Inc. CDSPI Retiree Benefits are provided under the FollowMe™ Health benefit program, through CDSPI's affiliation with Manulife Financial. Coverage is underwritten by Manulife Financial.



NEW CLAIMS PROCESSING SOLUTION (CPS)

Manitoba Health, Healthy Living and Seniors (MHLS) is undertaking a project to replace the current billing system used to process provider claims. The new CPS will allow more efficient processing by adjudicating more claims with less manual intervention.

Over the last few months information has been provided to system vendors informing them of the changes that will need to be made to their billing systems. As well, a February Special Edition Practitioner's Newsletter was issued to provider groups, including physicians, oral / maxillofacial surgeons, nurse practitioners, optometrists and chiropractors.

The new CPS is currently undergoing final development and testing. The new system is anticipated to be operational in late 2014. A number of factors will determine the final "go-live" date and updates will be provided to you respecting the timeframes over the coming months.

The method of claims submission will remain consistent with current practice (i.e. EPiCS). However, the CPS has new mandatory fields, including PHIN. We strongly encourage you to start collecting PHINs from your patients now to ensure a smooth transition to the new CPS.

Explanation of Benefit codes (EOBs) will replace the existing disposal codes reported on your remittances. EOBs provide details about a claim's status, as well as information regarding any action that might be required. The current EOB list is posted on the project web page at: <http://www.gov.mb.ca/health/claims>.

Please watch for periodic updates.

IMPORTANT QUESTIONS

Is your practice management system currently supported by a vendor?

If yes, contact your vendor to ensure that your Practice Management Software will be updated in time to meet the technical specifications to submit your claims in the new system.

If no, there is a list of vendors and service bureaux available through MHLS by calling the Claims Unit general line at 204-786-7271 or find the lists on the project website at: <http://www.gov.mb.ca/health/claims>.

Where can I find the technical specifications for submission and remittance files required for billing in CPS?

The February Special Edition of the Practitioner's Newsletter on the project website at: <http://www.gov.mb.ca/health/claims>.

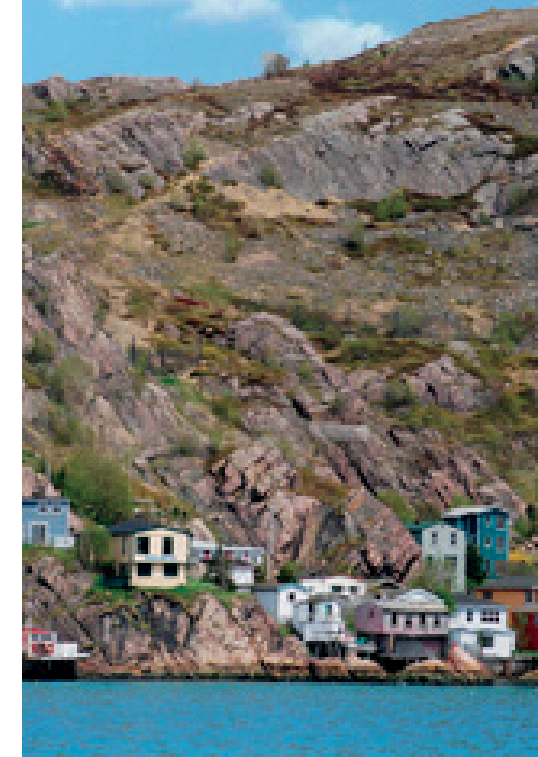
Please continue to refer to the website for further updates and details.

BRIGHTER THINKING

CANADIAN DENTAL ASSOCIATION NATIONAL CONFERENCE

AUGUST 26-29, 2015
ST. JOHN'S, NL

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www.NLDA.net





President's Message

DR. MIKE SULLIVAN, D.M.D.
PRESIDENT, MDA

Congratulations, you have survived the illustrious winter of 2013/2014. As the days get longer and warmer, Manitobans all embrace this season of renewal. The Manitoba Dental Association is no exception. Over the past few months the MDA has been very busy with its various activities and committees and we look forward to what summer brings.

I would like to first highlight our new 2 year agreement with Employment and Income Assistance. Some changes include the increase in the yearly restorative maximum from \$500 to \$600, while also maintaining fees at 90% of the current MDA Fee Guide. We are very pleased to note that 2 units of scaling may be provided if required to those over the age of 18 without preauthorization. Also dental sealants may now be provided on permanent first molars on children between the ages of 5 and 8. I think we can all recognize the value of the enhanced prevention aspects that this new agreement provides. Further, we continue to address the possibility of electronic submission and payment of claims. I would like to thank all members of the Government and the MDA who worked together to create this agreement to benefit those individuals this program touches.

The efforts of the Fluoride Strategy Working Group continue. With the assistance of Dr. Khalida Hai-Santago, Province of Manitoba Oral Health Consultant, this multidisciplinary group has been very effective in educating not only the public but elected officials on the advantageous use of fluoride in a community's water supply. This has proven to be an effective approach as Manitobans lead the country with 75.3% of its population having access to fluoridated water. With municipal elections approaching in the fall there will be a concerted effort to educate existing and potential leaders on the benefits of fluoridated water.

On Saturday April 26, the Manitoba Dental Association partnered with The Never Alone Foundation to provide a day of free oral cancer screenings at Polo Park Shopping Centre. This foundation was founded by Lyle Bauer, former Winnipeg Blue Bomber player and General Manager, with the purpose of helping those afflicted with cancer. The event was an overwhelming success with 92 individuals being seen and 14 of those being referred for further evaluation. The MDA would like to thank the Never Alone Foundation for its advertising of this event and supply of so many great volunteers. We would also like to thank the 19 dentist volunteers that supported this cause. Further, an event like this would not be possible without the continued assistance from Henry Schein and Sinclair Dental. Thank you. In speaking with Tom Scott, Never Alone Foundation's executive director, there are plans to make this an annual event with possible expansion to help those directly affected by oral cancer.

The Canadian Dental Association's annual general meeting was held recently. There will be a rate increase in 2015 by \$10 to all corporate members. There is a projected deficit of \$500,000 in the fiscal year of 2014. The National Oral Health Action Plan initiative was a huge success resulting in a draft report identifying three priority areas for future collaboration:

- A common position on community water fluoridation
- Oral health standards of care for long-term care facilities
- Oral health education programs for children and parents

Corporatization by large non dental corporations with its potential adverse effects on the dentist patient relationship is having a substantial impact in BC and Ontario. We have seen the negative effects to private practice in the United States and are beginning to see similar results in Canada. The CDA has formed an ad hoc group on practice management to create educational information to inform its membership. The intent is to have this material in members hands by the fall.

The manner in which dentists and dental specialists communicate was also reviewed. With our rush to the digital world, we have embraced new forms of communication. Unfortunately, emailing and faxing documents can put us offside of privacy laws and regulations of various governments and regulatory bodies. eReferral Service has been created as a free and user friendly MDA/CDA member benefit that enables general practitioners and specialists to share patient information in a compliant and secure fashion. I would encourage all to view this on JCDA Oasis.

There is new Anti-Spam Legislation that is coming into effect July 1 of this year. This may have an impact on how we as dentists and dental associations communicate electronically with our patients and the public. The CDA has written a review on how the Anti-Spam Legislation will affect dentists and dental offices in CDA Essentials 2014 volume 1 issue 2. The article has also been reprinted in this issue of the Bulletin. Although there is transition period, I would encourage all to become familiar with this new legislation as the penalties for noncompliance can be quite severe.

I would be remiss if I were not to thank our own Dr. Peter Doig for his many years of service to the CDA. I wish him all the best as he embarks on his new role as Past President. Dr. Gary MacDonald from Newfoundland Labrador has been installed as the new President of the CDA. Gary is a very capable and engaging individual. The CDA continues to remain in good hands.

CDSPI also had its AGM recently. Malpractice Insurance premiums are remaining level as they look to increase plan

participants especially in Ontario. Currently they are looking for better rates for Long Term Disability and Life Insurance policies to make them more competitive in this market place. There will be a slight rate increase for Triple Guard Insurance as a result of flooding and winter storms in 2013. CDSPI continues to create awareness on programs such as the Retiree Benefits and the Wellness, Members Assistance Program. Their Wealth Management division has been very successful. This is an extremely well run nonprofit organization. Their continued support of the profession and the MDA's various functions is greatly appreciated.

Shortly you will be receiving our Revenue and Opinion Survey as well as the Winnipeg Dental Society's Wage and Salary Survey. In addition there will be a few questions regarding your POS [point of sale] system. The MDA is gathering information to see how feasible it would be to collectively negotiate superior rates on behalf of the profession. Please take the time to respond. ALL responses are kept confidential. The more data that is received the more accurate our analysis, the better we can serve our membership.


I would like to welcome Ms. Janice Chase to the board of the Manitoba Dental Association. She will begin a 10 year term as a public representative effective immediately.

Ms. Kari Kauenhofen is stepping down from her role as Director of Facility Assessments. She has been very influential in the development and implementation of this service. Her knowledge and friendly smile will be greatly missed. We are very fortunate to have Ms. Linda Berg assume this position on a full time basis. Her current position of Director of Member and

Public Relations will be filled shortly. We wish Linda all the best in her new position. She will do a fabulous job as she does with all her endeavours on behalf of the MDA.

There are several individuals that work tirelessly behind the scenes for the betterment of the MDA. Dr. Joel Antel, Past President of the MDA is no exception. He currently chairs the Communications Committee and the General Practice Study Club. He is also involved in the Manitoba Dental Foundation, the Information Technology Committee, the Community Water Fluoridation Committee and CDA's Trust and Value Working Group. Recently, Joel gave a "trends in dentistry" presentation to the Insurance Industry. Discussion topics ranged from eliminating the mindset of Basic or Major dental care to trends in current dental care, trends in practice finances and dental plans and trends in patient experiences. The group was engaged and had several questions of Joel. They clearly understood that a decline in the ability to utilize benefits adversely affects both their reputation and their next sale. I would like to thank Joel for his continued efforts on behalf of the profession.

Finally, I would like to congratulate and welcome all the new graduates of Dentistry, Dental Hygiene and Dental Assisting. Manitoba is a wonderful place to call home.

Trust everyone has a great summer and if you have any questions or concerns, please feel free to contact me. 

Michael Sullivan
President,
Manitoba Dental Association

HELPING YOU REALIZE THE VALUE OF YOUR PRACTICE

When it comes to appraising and selling a practice, we understand BOTH your professional and personal objectives.

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Dr. Peter Doig
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Canada's Anti-Spam Legislation: WHAT DOES IT MEANS FOR DENTAL PRACTICES?

Minister of Industry James Moore announced last December that Bill C-28, Canada's Anti-Spam Legislation (CASL), will come into force on July 1, 2014. With CASL, the federal government will prohibit the sending of unsolicited commercial electronic messages (CEMs), in the hope of putting an end to the use of misleading and deceptive spam. In anticipation of the enforcement of Bill C-28, MDA tried to simplify the CASL document to understand what will be required of dental practices when communicating with patients electronically.

What types of electronic communications will fall under CASL?

Bill C-28 will apply to electronic communications of commercial nature, including client recuperation messages, promotional offers, and potentially newsletters. It will encompass all CEMs sent by text, sound, voice or image messages to an electronic address, which includes an email account, instant messaging account, telephone account or similar account (e.g., Facebook, Twitter, LinkedIn).

Dental offices should obtain consent before sending CEMs to patients or other parties in order to avoid the potential penalties applicable under CASL where no exceptions apply.

What types of electronic communications will not fall under CASL?

Exclusions will include, among others:

- Estimates for the supply of a product or service, given that the patient requested to receive them electronically
- Messages that facilitate, complete, or confirm a commercial transaction that has been agreed to by the patient
- Warranty-related communications
- Recall or safety information about a product or service the patient has used or purchased

From a dental office standpoint, it means that appointment reminders, post-treatment follow-up instructions and order notifications should be excluded from consent requirements under CASL. However, it is important to note that such electronic messages will still need to include the prescribed information discussed in this article.

How can dental offices obtain patient consent?

Bill C-28 is built around a consumer opt-in approach where dental practices will need to obtain consent, whether express or implied, from recipients to receive CEMs before such messages are sent to them. It is important to verify and confirm this consent *before July 1, 2014*.

Express consent means that the patient specifically agreed to receive CEMs either orally or in writing. When seeking patient consent, dental offices will need to clearly explain what the patient would be consenting to and identify the person or organization requesting consent.

Dental offices can assume **implied consent** if they have a pre-existing business relationship with a patient, which includes situations where they sold a product or service to that individual within 2 years before sending the CEM or that they received an inquiry related to their services within 6 months before sending the CEM.

In case of an allegation of non-compliance with CASL, it will be the dental office's responsibility to prove consent was obtained before CEMs were sent.

What should CEMs include to comply with CASL?

All CEMs will need to include the following:

- Information that identifies the sender or the person on whose behalf the CEM is sent
- Contact information enabling the recipient to readily contact the sender or the person on whose behalf the CEM is sent (that contact information will need to be valid for a minimum of 60 days after sending)
- An unsubscribe mechanism

What will be the requirements for the unsubscribe mechanism?

- All CEMs will need to include a functioning unsubscribe mechanism.
- The mechanism will need to allow recipients to unsubscribe easily and at no cost. It will also need to be conspicuous and simple.

- Unsubscribe requests will need to be put into effect within 10 business days without any further action required from the recipient.

Will dental practices have a grace period?

Yes, they will. CASL provides a 36-month transition period to comply with the new legislation, considering that small businesses might not have the technology required to automate their distribution lists. Existing implied consents will remain in effect during those 36 months unless recipients specifically withdraw consent.

Are there tools available to help dental offices comply with CASL?

Different companies offer tools and practice management systems that can facilitate compliance with Bill C-28. Dentists are encouraged to discuss this matter with their computer and software vendors. They may also wish to speak with their insurance broker to discuss whether or not their existing policies can be expanded to cover liability for their practices under CASL. ♦

Disclaimer: The information in this article is an interpretation of the legal implications of Bill C-28 for dental offices. MDA assumes no legal liability for the accuracy of this information. When in doubt, dentists are encouraged to consult with a legal advisor.






Canadian Dental Association's Message

DR. A. MUTCHMOR, D.M.D.
CDA BOARD REPRESENTATIVE

In my last Bulletin article, I promised that this time I would report on the CDA Annual General Meeting held in Ottawa in April. The CDA AGM and its related events provide an opportunity for the profession to gather together to exchange ideas, celebrate achievements and collaborate on future initiatives. Most of you will not have experienced one of these meetings, so I thought I would give you a very brief run through of what happens at the busy two-day event along with the highlights from this year's meeting.

It began on the Friday morning with the Dentistry Leaders' Forum. The forum provides advice to CDA on issues of relevance to the dental profession. CDA President, Dr. Peter Doig co-chaired the meeting with Dr. Gary Fong, President of the Alberta Dental Association and College. In attendance were representatives of all the Corporate Members, the academic and the specialties community. The agenda covered a wide range of topics; a review of the next steps from the National Oral Health Action Plan held in February, a discussion of the challenges of corporatization as they relate to the practice of dentistry and to the relationship of associations with individual dentists, the issue of habitual or routine prescription writing which can lead to abuse of the surplus prescription drugs in circulation, the implications of the new anti-spam legislation on our communications with our dental patients, and the re-development of the CDA Seal of Recognition program, to name a few.

Next came the CDA Awards Luncheon, at which time CDA Awards were conferred on the following individuals for their outstanding service to the profession, their patients and their community:

Award of Merit: Dr. Dennis Bedard (AB), Dr. Colin Jack (PEI), Dr. Graham Usher (NS)
Distinguished Service Award: Dr. Walter Dobrovolsky (AB), Dr. Louis Dubé (QC), and

Ms. Susan Matheson (ON)
Honorary Membership Award: Dr. Bill MacInnis (NS)
Medal of Honour: Dr. George Zarb (ON)

That afternoon, a National Dental Forum on optimizing patient care by enhancing general practitioner and specialist communications was held. This is an interactive session and this year it was organized by the Canadian Dental Specialties Association. Dr. Bernie White, Dr. Lee McFadden, Dr. Amarjit Rihal and Dr. Aaron Burry discussed problems arising from miscommunications between specialists and general practitioners and potential solutions. This was followed by Dr. Ron Smith, representing Continovation Services Inc., who presented on CDA's new service, eReferral, for the secure transmission of referrals between general practitioners and specialists.

On Friday night, the day was topped off with the Presidential Inauguration Gala Dinner. This is the black-tie event, attended by some 250 people, where Dr. Peter Doig officially turned over the reigns to the incoming president, Dr. Gary MacDonald.

Then, on Saturday, the actual AGM was held. The CDA Annual General Meeting provides the CDA Board of Directors with the opportunity to present its accountability report to stakeholder groups on past, present and future areas of strategic focus, CDA's year-end financial results and CDA's proposed fee rate recommendation for the coming year. It also allows CDA to thank its current President and Board of Directors, introduce its incoming President and new Board members and hear from internal stakeholder groups on their areas of activity. Following are some of the highlights of this year's meeting.

Changes announced for the CDA Board of Directors in 2015 are that Dr. Randall Croutze is the newly elected Vice-President, and Dr. Linda Blakey and Dr. Daniel Violette were named to replace Dr. Bob Sexton and Dr.


Mike Brown who have completed their six-year terms. Dr. Robert Huff has since been announced as the appointee to fill the spot vacated by Dr. Croutze.

A revised set of CDA by-laws and articles of continuance were approved to conform to the new Canada Not-for-Profit Corporations Act. Significant changes relate to the limited voting rights of affiliate members and to the election of CDA Board Members at the AGM. The new by-laws will come into effect once a certificate of continuance is issued by Corporations Canada.

The 2013 CDA audited financial statements show an excess of expenses over revenues in CDA operations of \$41,069 with expenses of \$9,951,990 exceeding revenue of \$9,910,921. The deficit is less than expected as CDA received slightly more revenue than expected and incurred fewer expenses than budgeted in areas such as advocacy, staffing and as a result of some program delays. Anticipated future deficits led to a proposed \$15 increase for the 2015 fee rate, which was accepted.

Finally, CDA was pleased to launch its new magazine, CDA Essentials. Branded as CDA's magazine to enhance community building, CDA Essentials will focus on:

1. News and views of national importance,
2. Initiatives by dental organizations that enhance the image of the profession,
3. The experiences of dentists who have advice for the profession,
4. The professional accomplishments of dentists, dentists contributing to their community and to the oral health of their patients.

This is a very simplified report on what is a very busy couple of days, but I hope it gives you a little better understanding of what is being done on your behalf. 

Dr. A. Mutchmor, D.M.D.
CDA Board Representative

Pacific Dental Conference

Save these dates!

March 5-7, 2015

Vancouver, BC



- Three days of varied and contemporary continuing education sessions
- Over 130 speakers and 150 open sessions and hands-on courses to choose from, as well as the Live Dentistry Stage in the Exhibit Hall
- Over 300 exhibiting companies in the spacious PDC Exhibit Hall
- Fantastic shopping, beautiful seawall access within blocks of your hotel, and great spring skiing on the local mountains



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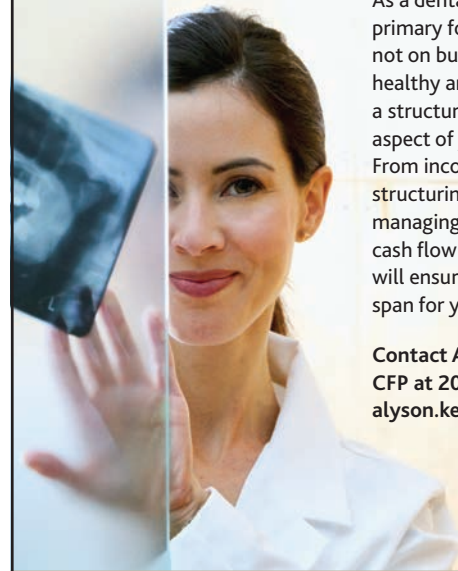
Canadian Association of Public Health Dentistry
Association canadienne de la santé dentaire publique

SAVE THE DATE

2014 SOHP/CAPHD Annual Conference:
Leading Innovation & Change
September 11-13, 2014
TCU Place, Saskatoon SK

TREATING YOUR BUSINESS.
Where do you go from here?



As a dental professional, your primary focus is on your patients, not on business. The key to a healthy and thriving business is a structure that considers every aspect of your professional practice. From incorporation and effectively structuring your business to managing your tax, retirement and cash flow needs, a holistic approach will ensure a long and healthy life span for your practice.

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Faculty Corner

DR. ANTHONY IACOPINO
DEAN OF DENTISTRY
UNIVERSITY OF MANITOBA

A Time of Reflection, Renewal. Focus, combined commitment keys to overcoming challenges ahead

In recent years, I've heard a new phrase – an adage if you will – that goes something like: “if life were easy, it wouldn't be any fun”. Should there be even a shred of truth to this little pearl of wisdom, then it would be fairly easy to conclude that we've certainly been living life to the fullest here at the University of Manitoba.

Yes, it's true that we've indeed experienced another challenging year here at the institution. And these challenges have appeared on many fronts, as dilemmas so often do.

For the second consecutive year, we have seen our operating budget reduced by a significant amount. This, in turn, has placed additional stress on our administrators and front-line staff as we collectively struggle to maintain our imperative of high academic and patient care standards within our core operations.

This, of course, is nothing new. Budget reductions are fast becoming the norm for post-secondary educational institutions across Canada and ours is no exception.

In fact, one could easily argue that we have been more fortunate than some of our academic counterparts in other locations where funding shortfalls have been even more severe and have had major adverse effects resulting in drastic cuts to programming and significant job losses. Indeed, on that count, we must consider ourselves fortunate that we have been spared the turmoil that has engulfed universities in Saskatchewan, Alberta and our neighbours in Brandon; at least for now. Internally, there has also been no shortage of serious issues that we have also been confronted with over the past number of months. We continue to adapt to our newer generations of students and all the issues of professional conduct and performance that require us to develop new approaches and ensure our continued effectiveness. As I said to our most recent group of graduates this past spring during our annual convocation celebration, these are interesting and intimidating times in professional education. Consistent with our

mandate as established some eight years ago, we remain committed to improve the student experience and modernize the curriculum to prepare our graduates for today's practice world within the context of a profession that must maintain extremely high standards for trust and accountability.

This is juxtaposed against the ever-changing nature of our student body and the near-constant demand of keeping up with advancing technology. These days we are seeing a new wave of students enter our hallowed hallways; ones who arrive with different expectations, study habits, ways of thinking, and social and cultural behaviors shaped by new media and technologies. This is a new reality that sometimes has the unfortunate side-effect of creating a face-paced, high-stress environment; one where it is often far too easy to focus on the negative, far too easy to criticize, far too easy to lose track of the bigger picture. Addressing and resolving these matters – both internal and external – is the challenge before us today. And make no mistake: these issues are real and require substantial effort to properly resolve. At times, they have forced us into making difficult decisions and sometimes unpopular choices. On this, I would like to be perfectly clear: these are situations that I never take lightly. Such is the

reality of the office, as unpleasant as it sometimes is. In my role as Dean, I have come to learn that there are times where there are no “right” or “wrong” decisions; just a menu of less than ideal options to choose from. Striking and maintaining this delicate balance between what is necessary, and what we wish would be, becomes the ultimate challenge. And while there really are no simple solutions, there are intelligent choices, and this is where we may find our strength and ultimately our answers. What I'm saying is, in the end, our collective solution must come from within. And this is the gauntlet that I have dropped before us all: our ultimate success may be dependent on how well we can work together towards our continued success and still uphold our high standards of trust and accountability. And I'm more than optimistic of our chances for success. In recent months, we have committed to a series of workplace initiatives designed to build trust and teamwork within our ranks by establishing an atmosphere of open dialogue and mutual respect. In so doing, we can demonstrate that in spite of any budgetary challenges, we will find ways to overcome and deliver high-quality programs and services. I see this as an approach that we can take towards each and every challenge before us now and

in the foreseeable future. As mentors, advisors, friends and colleagues, I am hoping that members of our alumni and practicing communities will see this as an opportunity to lend a hand; to share your guidance and expertise in helping us negotiate these often tumultuous times.

Our mandate has always been consistent and will not change: to produce competent, caring professionals focused on delivering positive outcomes and satisfied, grateful patients. It's what we're all about, and what we will always be about. This is the common core that forever binds us together as professionals and colleagues.

The end of another academic year is often a time of reflection and renewal. With that in mind, I can hardly think of a better place to be. While our challenges remain, with our alumni and practicing community on our side, our ability to rise above remains greater and a successful future is assured.

I would like to take this opportunity to wish everyone the very best in what we hope will be a warm and rewarding summer season. ▲

Grazie.

Western Manitoba Dental Society's Clear Lake Golf Weekend

Friday & Saturday
September 5 & 6, 2014
Clear Lake, Manitoba



Accommodations:

Mooswa Lodge – Phone: (866) 848-2533

www.mooswa.com

Aspen Ridge – Phone: (204) 848-2511

www.aspenridgeresort.com

Or visit: www.discoverclearlake.com

Please reserve your rooms early!

Highlights

Friday, September 5, 2014

- All evening steak dinner; meet and greet; hospitality suite at Mooswa
- Arrange foursomes and tee-times.

Saturday, September 6, 2014

- 8:00am – 10:30am Breakfast at Clear Lake Golf Course (Duff's Steak House).
- 9:30am – 4:00pm Golf
- 4:30pm – 5:30pm Lecture
- 5:30pm Dinner at Duff's Steak House

Registration Fee: \$185.00



BY RENATA WHITEMAN

Have You Protected Your Dental Office Against Possible Risks?

Fire, water damage and ice storms were just some of the catastrophic events that disrupted the lives and businesses of Canadian dentists last year. Using past real-life claim examples, I'll show you how taking preventive measures can protect your dental office against possible risks and minimize interruptions. This information can save you money and allow you to resume normal office routines as soon as possible, if disaster strikes.

WATER DAMAGE

Situation: On a Friday evening in winter, a dentist closed his practice for the weekend. Upon returning to the office on Monday morning, he discovered the office under a foot of water. A window in the washroom had been left open, causing water in a toilet bowl to freeze and split the bowl, and the water lines for a dental unit to rupture and flood the office. The floor was warped. The basement ceiling had collapsed, and wooden cabinets were damaged beyond repair.

Water damage is a leading cause of property insurance claims in Canada, with an annual average of about \$1.7 billion paid by insurers in recent years, according to the Insurance Bureau of Canada. It's also a top reason for claims in the Canadian Dentists' Insurance Program's TripleGuard™ Insurance plan.

In the above claim situation, a walk-around inspection of the premises to check that windows and doors were secure could have prevented the approximately \$50,000 in damages that occurred. In cold weather it's also important that sufficient heat is maintained to avoid freezing of water lines and, if you have a master solenoid switch to control the water lines, ensure it is in the correct position at the end of the day.

If you are in your practice when a water leak begins, you can take steps to reduce the severity of the damage. Turn off the water supply immediately and clear floor drains of any obstructions. Carry movable items from the flooded area to a dry area of your practice. Mop or wet vacuum the floors and wipe excess water from furniture. To speed drying, open drawers and cabinets and, in seasonable weather, open windows. If the practice has a basement level, installing a backwater valve can stop sewage from entering the basement. Contact your municipality for information about installing a backwater valve.

EXTENDED POWER FAILURE

Situation: An ice storm caused power lines near a dental practice to buckle. The dental practice was closed for several days until power was restored. The dentist's practice interruption coverage reimbursed his income loss of nearly \$10,000 while the office was closed. The office lost power during cold weather, which could have caused plumbing to freeze and burst. Therefore, a plumber drained the pipes in the office to prevent damage from flooding.

In this situation the dentist was back to work quickly, so he did not need to establish a temporary office. However, his TripleGuard™ Insurance plan would have covered expenses related to setting up and operating a temporary location, if one is needed. If closure of the practice is expected to last several weeks or months, your contingency plan may include renting an office elsewhere or sharing another dentist's office. Storing secured back-up computer files at an off-site location can allow you to continue your practice at another location if your office is inaccessible.

FIRE

Situation: The timer on a sterilizer unit failed. The unit overheated and started a fire in the dental office. Luckily everyone escaped injury, but the fire caused \$11,000 in damages to the practice. To avoid a similar situation, ensure electrical appliances are monitored and not left unattended for long periods of time. All equipment, including sterilizers, should be serviced regularly to prevent malfunctioning.

If, in spite of such precautions, a fire occurs, evacuate everyone from the office immediately and call the fire department, since a small fire can get out of control quickly. Install approved fire alarm systems and test and maintain them regularly. As well, hold regular fire drills, showing all your employees how to exit the building safely and quickly. Keeping updated video evidence of your office contents and copies of receipts for office purchases at an off-site location will help you provide proof of your loss to the insurance adjuster in a claim situation.

Approximately one in 15 dentists will experience a fire or other office mishap this year.¹ Being adequately insured can reduce the financial impact on your practice if disaster strikes. Before an emergency happens, find out the current replacement cost of all the items in your office, including your dental equipment, furnishings and supplies, and buy office contents insurance coverage based on that amount. If you own the building in which your dental practice is located, ensure that you have sufficient coverage to allow you to rebuild in the event of a total loss.

To report a TripleGuard™ Insurance claim, contact CDSPI's Claim Support Centre at 1 800 561 9401 (outside business hours, call 1-866-556-2821). For assistance protecting your office with appropriate insurance and keeping it up-to-date, please call me at 1-800-561-9401, ext. 6806 or send an email to rwhiteman@cdspiadvice.com.

Renata Whiteman, a licensed life and health insurance agent and a licensed general insurance broker, is a Professional Insurance Advisor at CDSPI Advisory Services Inc.

¹Source: Based on data from the Canadian Dentists' Insurance Program. TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada.



**Manitoba
Public Insurance**

HOW MANITOBA PUBLIC INSURANCE WORKS

All treatment other than emergency treatment needs pre-approval and therefore the patient should not be asked to pay in advance.

When a dental request is received by Manitoba Public Insurance, the claim is investigated and processed using the following information:

1. The first statement from the claimant;
2. Photographic evidence and the verbal description of the damage to the vehicle;
3. The ambulance report;
4. The police report;
5. Mechanism of Injury – this is the description of the motor vehicle accident provided to you and how it relates to the dental complaints;
6. The report from any health care providers attending to the claimant; the chiropractor, the physiotherapist, and the Emergency Medical Team at the hospital. They report their initial findings and subsequent treatment;
7. A detailed report from you.

TEN WAYS TO GET A QUICK ANSWER AND PAYMENT FROM MANITOBA PUBLIC INSURANCE ABOUT YOUR CLAIM

1. Write legibly so a scanned document can be read
2. Complete all segments of the Manitoba Public Insurance dental report.
3. Include and forward to Manitoba Public Insurance, the clinical diagnostic findings:
 - The dental charting in full;
 - For TMD treatment requests, the following is acceptable for assessment:
 - i. clinical examination
 - ii. a Panorex
 - iii. the TMD range of motion measurements [ruler method is sufficient];
 - Radiographs:
 - i. For a crown – a Panorex, periapical of the whole tooth and photograph of the damage;
 - ii. For complicated treatment for example – implant or bridge – a Panorex, individual periapicals of each affected tooth, periodontal charting, photographs, and upper and lower study molds which are trimmed, labelled and dated. These diagnostic aids should accompany the dental report. Without these aids, the treatment plan cannot be processed.

4. If the treatment is complicated, for example will take several months or years to complete, or involves several other dentists or specialists, please type the entire treatment plan documenting the staging of the treatment, for example healing times between procedures, who will do what tasks and ultimately, who is responsible for the coordination of the treatment.

5. Give alternatives for the treatment plan that considers the best prognosis for the tooth;
6. Obtain the name (if available) of the previous dentist[s] and list the dentist[s] on the form;
7. It is important to discuss with your patient that Manitoba Public Insurance does not pay for:
 - i. Treatment that is needed for a condition that was present pre-motor vehicle accident and any that is unrelated to the motor vehicle accident. This treatment should not be included on the Manitoba Public Insurance dental form;
 - ii. Treatment which is not considered medically required;
8. Ensure that:
 - i. The claimant understands the complexity of each dental procedure, how long it will take to achieve, and how it is related to restoring the claimant to the pre-MVA status only;
 - ii. The claimant is aware that Manitoba Public Insurance expects all claimants receiving treatment funded by Manitoba Public Insurance to perform regular home dental care and attend dental offices for regular checkups and hygiene appointments. This routine dental maintenance is not funded by Manitoba Public Insurance.

9. Manitoba Public Insurance is responsible to return the claimant's dental tissues to their pre-accident dental status as much as is reasonable. It can only fund treatment that is shown to be medically required as a result of the motor vehicle accident. The term "medically required" is part of Manitoba Public Insurance's legislation and refers to the standard to be met by all external health care professionals.

10. Basically, the speed of Manitoba Public Insurance's decision whether your dental treatment request can be approved depends on you. The more clinical information provided by you, the dentist, to show the relationship between your dental findings and the motor vehicle accident, the faster will be the response.

The dental report form with instructions can be found at the following link:

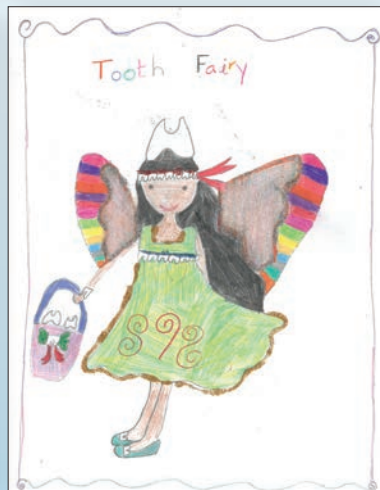
<https://apps.mpi.mb.ca/HealthCareServices/DentalReport.aspx>

Dr. Elizabeth Tippett, Dental Consultant, Manitoba Public Insurance



"WORKS OF ART" FROM TOOTH FAIRY SATURDAY CONTEST WINNERS.

The MDA was the Children's Festival "Original Art Sponsor" and the kids were asked to draw the Tooth Fairy. Prizes were awarded to each age category winner from 2 to 11 years of age.



**REVIEW COMMITTEE
DENTAL IMPLANT PROGRAM PROTOCOL
JANUARY 2013**

The Dental Implant Program is for those individuals who have a diagnosis of cleft lip/palate or are cancer free for 3 years. In addition, individuals who are judged to have a significant skeletal dental dysplasia, enrolled in the Manitoba Centre for Craniofacial Difference Program, or for those patients who, through resection for benign disease or because of severe debilitating facial trauma, are unable to wear conventional prosthetic devices are also eligible for dental implants. Patients with pre-existing facial trauma or benign resection prior to the commencement of this program are not eligible for the program.

PRINCIPLES

- Treatment must be performed by:
 - certified specialist member in oral and maxillofacial surgery;
 - certified specialist member in periodontics;
 - certified specialist member in prosthodontics;
 - academic affiliate member with practice restricted to oral and maxillofacial surgery who has been assessed by his/her supervisor as meeting Manitoba's standards of practice in this area of dentistry;
 - academic affiliate member with practice restricted to prosthodontics who has been assessed by his/her supervisor as meeting Manitoba's standard of practice in this area of dentistry;
 - academic affiliate member with practice restricted to periodontics who has been assessed by his/her supervisor as meeting Manitoba's standards of practice in this area of dentistry.

DENTAL IMPLANT REVIEW COMMITTEE

- The role of the Dental Implant Review Committee is to review submission for dental implants for Cleft Lip/Palate and Cancer patients.
- The Dental Implant Review Committee is a sub-committee of the Hospital Dental Service Committee (HDSC) of the Manitoba Dental Association (MDA)
- The Dental Implant Review Committee will be comprised of:
 - Chair – Hospital Dental Services Committee
 - 2 Licensed Oral & Maxillofacial Surgeons
 - 1 Licensed Prosthodontist
 - The Dental Director Cleft/Dysplasia Program
 - An Appointee of the Minister of Health.
 - The Review Committee will meet quarterly to review submission for the placement of dental implants.

REVIEW PROCESS

- All cases for review must be completed on the Dental Implant Submission form. To obtain a copy of the form please contact Rafi Mohammed, Executive Director – Manitoba Dental Association.
- A completed submission form must include; patient name, date of birth, relevant dental/medical history, treatment plan, diagnostic radiographs, and models.
- Patients who will have their cases submitted for consideration under the cleft/dysplasia category must be registered with the Craniofacial Difference Program.
- Once an application for coverage has been approved, notification will be sent to the treating dentists as well as a copy to the billing clerk of the Cleft/Dysplasia Dental Insurance Program, Cancer Care and/or to Manitoba Health.

APPEALS PROCESS

- Any appeal for a case not accepted will be considered by an Ad Hoc Committee comprised of the Chair - HDSC along with 2 Oral & Maxillofacial Surgeons and a Prosthodontist who did not serve on the Review Committee making the initial decision.
- An appeal may be made only for a case that was not accepted for treatment. An assessment as to level of funding by the Review Committee will not be a reason for an appeal.

DYSPLASIA, TRAUMA, AND RESECTION PATIENTS

- The Dysplasia, Trauma and Resection Implant Program have a funding level that allows for treatment that restores basic function with minimal implants and removable prosthesis.
- 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.

CLEFT/LIP AND PALATE PATIENTS

- Patients with a diagnosis of Cleft Lip/Palate will be limited to a maximum of 2 implants in the affected maxillary quadrant for unilateral cleft and a maximum of 4 implants in the maxilla in the case of a bilateral cleft.
- Funding for implants in patients with isolated palatal clefts will not be covered.
- Patients with cleft lip and/or cleft lip and palate with missing dental units as a result of their clefting will be covered.
- Application for treatment to be covered under this portion of the plan must be submitted to the committee prior to the patient being 25 years of age.
- It is also necessary for the patient's oral hygiene to be acceptable for approval for implant treatment.
- For cleft patients only, funding would usually include fixed prosthetics.

CANCER PATIENTS

- For patients who are cancer free for 3 years they may be eligible for therapeutic options under the Cancer Care Dental Program. If the Review Committee feels that the medical condition warrants the use of dental implants or under extenuating circumstances, the committee could approve the use of dental implants before the third year.
- All billings should be forwarded to Cancer Care Manitoba for payment

THERAPEUTIC OPTIONS CANCER PATIENTS

- Crowns required to retain the obturator or prosthesis;
- Implants based on the criteria below with the understanding that:
 - Most tooth supported situation will not require implants.
 - The stability of the prosthesis is paramount in preventing osteoradionecrosis
- Maxillary reconstruction
- 2 – 4 implants when needed to retain
- Overly large bulbs.
- Where free flaps have been used to reconstruct the defect and are required to retain the prosthesis.
- Some completely edentulous situations where there is involvement of the soft palate and retention cannot be achieved or greater than 50% of the palate has been removed.
- Mandibular reconstruction
- 2 implants if sextant or less mandibular resection stabilize "J" denture.
- 4-5 implants (dependant on arch size) if tissue bed will not support CLD e.g. – An alveolar bone resection. – Tongue or Buccal Mucosa resection with attachment to each other or crest of alveolar ridge.

**PROGRAM PARAMETERS CLEFT/LIP PALATE,
DYSPLASIA & TRAUMA**

- Payment is for initial treatment for the completion of treatment plan but will not cover maintenance costs.
- The treatment cost will include the initial surgical fee, fixture costs and prosthetic fees necessary for basic function.
- Should a patient select a treatment plan that is more extensive, the program may pay up to the maximum of the treatment deemed suitable by the Review Committee once the treating dental specialist presents information that the alternate treatment plan has been completed.
- Patient compliance is a requirement for remaining part of the program (as determined by the Review Committee).

- Funding Limitations:
 - Maximum \$3,000 per maxillary implant for the cleft patient inclusive of lab fees
 - Maximum \$6,000 in the case of 2 abutments and a removable prosthesis inclusive of lab fees
 - Maximum \$8,500 in the case of 4 abutments and a removable prosthesis inclusive of lab fees.
- Billing:
 - Surgical fees for stage I and II will be paid according to the current MDA approved specialist's fee guide.
 - Prosthodontic fees will be submitted to the cleft/dysplasia dental program and will be paid, according to the current MDA Prosthodontic fee guide

• Submission for payment should be made using the standard dental claim form with the accompanying letter of approval and sent to: Sheryl Clark, Billing Clerk
Manitoba Cleft Lip/Palate Program
FW109-685 William Avenue
Winnipeg, Manitoba R3E0Z2
Ph: (204)787-4882 Fax: (204)787-8042

REMINDER

Manitoba Cleft/Dysplasia Coverage
Just a reminder that individuals with operated clefts, or with significant oral-facial dysplasias who are registered in the plan, are covered for most dental procedures by this provincial program.
For more information call Sheryl at 787-2207

The Annual Tradition Returns!

ALUMNI 2014 OF DISTINCTION AWARDS EVENING

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EMAIL: CHERYL.DEMOISSAC@UMANITOBA.CA

MANITOBA REGULATION 341/88R

The Government of Manitoba has, for over 50 years, contracted with Cancer Care Manitoba, to provide radiation protection services to the province. Legislation covering this program falls under the authority of Manitoba Health, while also supporting Medical Device licensing, as stated in Health Canada Medical Devices regulations.

The main areas of responsibility with respect to radiation protection are outlined as follows and are covered by the X-ray Safety Regulation 341/88R:

LIMITING WORKER EXPOSURE TO RADIATION

- be at least 3 metres from the x-ray beam
- personnel must not be directly exposed to the x-ray beam
- use protective devices available
- be outside the x-ray room during radiography, inside control booths or behind protective screens or walls
- personnel who routinely take x-rays must wear x-ray badges at all times during the course of their duties
- National Dosimetry Service 1-800-261-6689

LIMITING PATIENT EXPOSURE TO RADIATION

- x-rays must only be prescribed by dental, or orthodontic DDM practitioners
- x-ray doses must be kept as low as reasonably practicable
- dental x-rays must not be taken with voltages less than 60 kVp
- lead protective aprons and shields must be available for patients

PREVENTING GENERAL PUBLIC EXPOSURE TO RADIATION

- x-ray rooms must be designed and constructed to ensure protection of the public who are near x-ray equipment (www.CancerCareManitoba.mb.ca > Departments > Radiation Protection > Brochures > Wall shielding Specifications)

The X-ray Safety Regulation, in summary, specifies the following: Persons that may use x-ray equipment for the irradiation of patients

The owner's responsibilities regarding radiation exposure control for x-ray workers, patients and members of the public

The criteria to follow in order to obtain approval for the installation and use of an x-ray machine including: RED Act compliance, active licencing, and C.S.A. or equivalent approval.

Note: This Regulation allows the inspectors to enter the place where the equipment is used, to request information, and to perform tests related to equipment use.

REFERENCES

Manitoba Regulation 341/88R:
X-ray Safety Regulation pursuant to the Public Health Act.

Federal Safety Codes 35 and 30:
Codes published by Health Canada as compliance standards for the use of X-rays and x-ray equipment.

Online registration of new dental radiographic equipment:
www.CancerCareManitoba.mb.ca > Radiation Protection > Dental X-Ray Equipment > Dental Registration Form

Medical Device Active Licence Listing:
Check on line site listed below:
MDALL: www.hc-sc.gc.ca

Health Canada licencing contact info:
General enquiries: 204-984-1341

Health Canada has certain regulatory requirements with respect to Class 3 medical devices which include, but are not limited to, the necessity that all purchased radiographic equipment (new and/or re-furbished) must have an approved active Medical Device licence.

Licencing enquiries:
ms-med@hc-sc.gc.ca

For more information, please contact:
Chester Neduzak, R.T.R., Charge RPO*
(204) 787-2114
chester.neduzak@cancercare.mb.ca

Ed Hordienko, R.T.R., Senior RPO*
(204) 787-2023
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Greg Zaporozan, R.T.R., Senior RPO*
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Phone (204) 787-4145
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Dr. Ingvar A.J. Fife Ph.D.
Head, Radiation Protection
(204) 787-2213
ingvar.fife@cancercare.mb.ca

www.cancercare.mb.ca

Radiation Protection Section
Medical Physics Department
Cancer Care Manitoba
675 McDermot Ave.
Winnipeg, Manitoba
R3E 0V9
Fax (204) 787-1684

*RPO: Radiation Protection Officer

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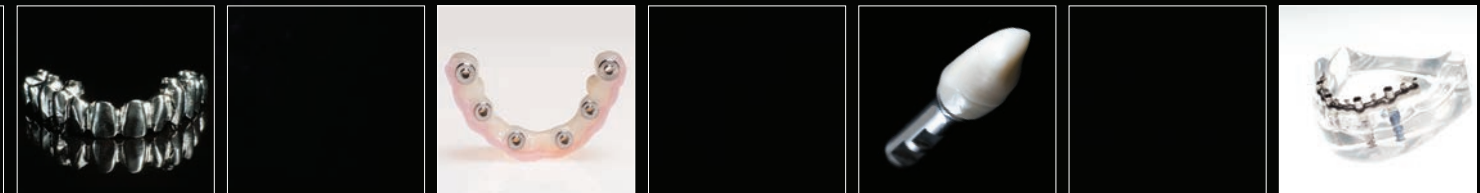
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