MANITOBA DENTAL ASSOCIATION

Bulletin

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Canadian Dental Association

The Canadian Dental Association met on Aug 24 – 25 in Ottawa to deal with ongoing issues important to its members, both corporate and individual, and the profession in general.

On Aug 20, 2007 the CDA President, Dr. Darryl Smith, announced that the CDA Executive Director, Mr. George Weber was leaving the employ of the CDA to pursue other challenges. Mr. Weber assumed the role of CEO of the CDA in February 2000. He brought a wealth of experience in the area of association management at a time when the CDA needed to redefine governance and introduce modern management controls to better serve its diverse membership. The Board of Directors expressed their appreciation for Mr. Weber's efforts on behalf of organized dentistry during his tenure and wished him well in his future endeavors.

The BOD tabled its consideration of the current strategic plan at their August meeting in favour of identifying the immediate priorities of the CDA. To this end lengthy discussions took place and there will be ongoing consultations with corporate members to determine what can be accomplished in the next six months to create the environment for sustained success at the national level. As a result, four priorities were identified by the BOD.

1. Relationships/Satisfaction:
   Listen, understand and plan for actions that will lead to measurable improvement in the satisfaction of corporate members.
2. Roles and Responsibilities:
   Identify who does what in order to better achieve dentistry's goals.
3. Finances/Money:
   Get the CDA's financial house in order.
4. CEO Search:
   Find the right person to implement the priorities of the CDA

Obviously the loss of the CEO of a large organization can cause some concern about the ongoing operations of the organization. The Board of Directors of the CDA has every confidence in its senior management team that they will continue to operate the CDA efficiently implementing the policy directives of the Board.

Mr. Joel Neal, Director, Support Services of the CDA has been appointed Acting Executive Director effective Aug. 23, 2007.

The loss of the CEO and the search for a new one provides any organization an opportunity to reexamine its priorities and internal operations. This is a task that the CDA BOD will have the opportunity to perform over the next number of months. A new CEO would be able to assist the BOD in formulating and driving new policies.

The BOD discussed the application of the Canadian Academy of Dental Anaesthesia to have Dental Anaesthesia recognized as a Dental Specialty. The BOD considered the report of the Council on Education and its recommendation that the specialty of Dental Anaesthesia be recognized. Based on the knowledge presented to the BOD, the recommendation was rejected. Further, the BOD recognized that there was no consensus in the community of interest that the criteria had been achieved.

The BOD dealt with many other issues at its Aug. meetings including approving a Position Statement on Junk Food, approving changes to the Unified System of Codes and Lists of Services (USC&LS), reviewed the efforts of its various task forces, working groups and steering committees and reviewing the financial statements of the CDA.

The CDA BOD is made up of thirteen member dentists who all have a wealth of experience in organized dentistry at all levels. They have the best interest of all the members of the dental community at heart and are approachable and truly interested in the opinions of their members. During this time of transition they will continue to work on your behalf.

Peter J. Doig. D.M.D.
CDA Board Representative

President's Message

Dr. Marcel Van Woensel

When you come to a fork in the road, take it.
Yogi Berra

Is dentistry at a crossroads? Listening to ethicists or management lecturers, there underlies a sense dentistry will soon have to choose the path on how oral health care will be provided to the public. Arguably, consumerism and practice management techniques are impacting on the public's perception of our profession. At the national level, there are discussions on how to maintain dentistry's leadership role in oral health.

My response to the question would be never and always. Never in the sense that no single decision will send us down the "right" or "wrong" path. Always because every decision we make affects how our patients and the public perceive us as a profession. The reality is the choice isn't a group one. It is the choices we make as individuals that determine the nature of our profession. By looking at our everyday decisions, we can continue to advance the quality and character of our profession.

The easiest way to maintain dentistry's role in oral care is through the one on one interactions of our daily practice. As mentioned in the spring *Bulletin*, creating good relationships with staff, patients and the public is essential regardless of the practice management system used. A disconnect between dentist and patient limits the opportunities for us to show our knowledge, leadership and skill. It is surprising how few of my friends outside of dentistry can name their dentists – even if they have gone to the same practice for years.

The MDA uses its role to facilitate organized dentistry's response on issues like access to care, professional recognition and national standards for accreditation. Our effectiveness is dependent not only on the support but also the ideas of our members. If you have ideas on improving our profession, I encourage you to send them to me or your region's Board member.

Of more importance than giving suggestions, is active participation in strengthening the profession. It is easier to complain than to fix problems. If you are unhappy with the profession's path, do something to change it.

- Concerned about the public's perception of the profession – schedule regular time to provide care for an institutional or charitable organization. Join with other dentists to donate to a cause you all value.
- Worried about the abilities of new graduates? Spend a half day a week instructing at the faculty (there is a real need for clinical instructors in the endodontics programme). Teaching too big a commitment? Become a student mentor.
- Uncertain about the MDA's priorities? Talk to us. Want to move an issue forward? Join a committee or run for the Board.

These are just a few ideas. With everyone's involvement, our profession will be able to manage any issue. I look forward to hearing your ideas on positioning dentistry.

I would like to welcome the Faculty of Dentistry's new Dean, Anthony Iacopino. I met Dean Iacopino over the summer and he is working hard to address MDA concerns and build stronger relationships between the Faculty and the province's dental community. He will be speaking at the October 12 Winnipeg Dental Society meeting.

I would also like to express my appreciation to Acting Dean Mazurat for the leadership he showed at the Faculty during the transition.

Best Regards,

Marcel L. Van Woensel
President, Manitoba Dental Association

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OCTOBER 19, 2007

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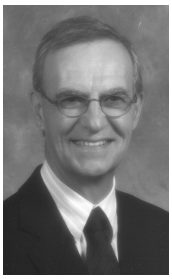
Registrar's Column



Dr. Michael Lasko

Another wonderful Manitoba summer comes to a close!

Manitobans are known to fully enjoy the great weather and opportunities to escape the city environment and head out to cottage country……this is a great opportunity to relax and enjoy all the activities that abound in our province……a time for regenerating the body and mind!

This period affords the staff at the MDA the same privilege but also allows for preparation for the renewal of the many activities that abound in the dental community.

I had the distinct privilege to attend a reception, along with other MDA Executive and Board members, welcoming the new first-year dental students to the Faculty of Dentistry. It was a wonderful evening that allowed that group of future dental professionals to interface with members of the practicing profession, Faculty, and senior dental students. They are the future of our profession.

The new Dean, Anthony Iacopino has assumed his role as the Faculty's senior administrator and has immersed himself almost immediately upon his arrival in Winnipeg on July 1. It is a daunting responsibility to take over the reins of a dental faculty, but he has in fact quite actively sought information from all segments of the dental community including staff and executive of the MDA. We all look forward to working with Dr. Iacopino and welcome him to our Faculty.

The Faculty is currently in the midst of significant staff changes……the baby boomer generation has now reached the time period of significant proportion and a number of dentists, including Faculty members, are now retiring. There are currently three full-time searches underway in the Departments of Periodontics, Oral & Maxillofacial Surgery and Restorative Dentistry – with more to come in the next few years. As usual, faculties of dentistry are having considerable difficulty in attracting North-American trained individuals to assume those teaching positions and the majority of applicants come from many other countries.

Activity is ongoing with many of the regulatory issues that have been presented to you in this column over the last year. The Dental Assistant Registration process is progressing and we look forward to continued work to develop and support a process for finalizing by-laws to support those regulatory requirements with the members of the dental assistant group. Remember to ensure that any dental assistant in your office providing intra-oral duties is REQUIRED to be registered as well as completing the requirements for the annual renewal of that Registration Certificate.

The College of Dental Hygienists of Manitoba is proceeding with developing its support system to begin registering dental hygienists that will take place for the next renewal period – January, 2008. Information will be sent to dentists and dental hygienists in the fall months to further explain the process.

The Labour Mobility Mutual Recognition Agreements (MRA's) that exist for all intra-oral dental professional groups are being reviewed starting with the dental assistant MRA. Ms. Maryanne Clark and I will be attending a meeting in Ottawa on September 25 & 26, 2007 to participate as representatives of the MDA. It is expected that the dentist and dental specialist MRA's will be reviewed in the future, but no dates have yet been set.

The Canadian Dental Regulatory Authorities Federation (CDRAF) is continuing to deliberate to attempt to come to a consensus to develop a process to recognize internationally trained dental specialists and a meeting will be attended by Dr. Marcel Van Woensel and me on October 12 & 13, 2007 in St. John's, Newfoundland to continue these discussions.

While on the topic of renewal and employment issues, I would like to take this opportunity to congratulate Dr. Marcel Van Woensel on his acceptance of assuming the role of Registrar of the MDA. His orientation is ongoing with his Board involvement and I look forward to working with him in the summer of 2008 to complete the transition.

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

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MANITOBA DENTAL ASSOCIATION

ANNUAL MEETING AND CONVENTION

Winnipeg Convention Centre

January 24 – 26, 2008

The 124th Annual Meeting and Convention will return to Winnipeg in 2008. The dates are January 24-26, 2008 at the Winnipeg Convention Centre. The format of the upcoming convention has been changed to allow for greater participation of dentists, dental hygienists, and dental assistants. The new format will be a full two-day convention on Friday and Saturday. Clinical Co-Chairs, Dr. Gary Hyman and Dr. Sandy Mutchmor, have put together a strong slate of speakers:

They are:
Dr. Gordon Christensen: **The Christensen "Bottom Line" – 2008**

This popular course is a concise, pragmatic appraisal of many of the current popular techniques, materials, devices, concepts and controversies in dentistry, based on clinical observation and research. What's new? What's just hype? What's important?

Using verbal explanations, demonstrations, drawings, computer images, and clips from new DVDs, Gordon provides the "BOTTOM LINE" on the confusing array of "advancements" in the profession. Additional study sources, including videos, internet access to research, and published articles are provided for more detailed information.

Dr. Daniel Ward: ***Indirect Tooth-Colored Restorations***
The public is demanding aesthetic restorations, yet selecting the appropriate material for long term success can be challenging. Increased technique sensitivity has made practitioners cautious about using many of the new materials. Learn the indications for indirect tooth-colored restorations and the criteria for deciding which system to use. Significantly reduce post-operative sensitivity. Gain confidence in placing predictable long lasting tooth-colored restorations.

Dr. Paul Belvedere: "Direct Composite Techniques Made Easy... It is Not the Material, it is the Technique!"
This lecture will demonstrate techniques that can be used by every dental team for bulk placement from direct composition restorations. The key to successful compositions, both anterior and posterior, is the control of the shape and position of resins during placement and polymerization that will yield perfect coronal shape and gingival margins. You will learn; how to increase the quality of direct composite dentistry, when the use of a rubber dam is not possible, placement of matrix bands, creation of "adhesive preparations" which eliminate shrinkage failures and where and when to use these techniques.

Dr. Uche Odiatu and Kary Odiatu: **Increase Your Productivity: the Health & Fitness Prescription**
Has your *get up and go*, got up and left? Whether you are a dentist, hygienist, manager, or dental assistant, improving your physical condition will enhance everything you do. Did you know two-thirds of the top Fortune 500 executives exercise at least three times a week? And that the majority of the last six US presidents made time for physical fitness? Being healthy and fit empowers you to handle the enormous demands of a grueling practice, tight schedules, and of course stress. Living a healthy fit lifestyle can increase your personal productivity up to 25%. With the latest research on active living – peppered with a little humour - you will uncover powerful reasons to revamp your health and fitness dreams and goals starting TODAY. This fast paced and inspirational session will have you breaking through to the next level at work, rest and play.

Dr. Karen Baker: **ORAL HEALTH PRODUCTS FOR HOME USE: WHAT SHOULD I RECOMMEND?**
Which powered toothbrush should I buy? Is it safe to use whitening toothpaste every day? Does it make any difference which ADA accepted fluoride toothpaste I use? Which herbal mouth rinse reduces gum disease? How can I get some relief from this dry mouth and the bad breath that goes with it? Patients ask you questions about home use dental products more frequently than they ask about any other oral health subject. They need your professional guidance now more than ever in making the best choices based on their unique set of circumstances. Ms. Baker will compare manufacturer claims and objective clinical data concerning both mechanical and chemotherapeutic products for gingivitis and calculus reduction.

Look for the registration form in the mail in November.

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 Endodontists.

Internal Bleaching

Discoloration of anterior teeth is a cosmetic problem that is often significant enough to induce patients to seek treatment. Internal bleaching can be a simple, effective, and economic option to improve the appearance of discoloured non-vital teeth. The technique was first described in 1961, and the phrase "walking bleach" was coined in 1963. The effectiveness of internal bleaching is dependent on the cause and the location of the discoloring agent.

Causes of Discoloration
Internal bleaching addresses discoloration that originates in the dentin. (Discoloration of the enamel is addressed by external bleaching and will not be discussed in this article.)

Discoloration can occur during or after dentin formation for the following reasons.

- **Pulp Necrosis**. Necrosis of the pulp results in a release of tissue disintegration products that are colored compounds that permeate tubules to stain surrounding dentin. The teeth appear to turn a blue-black color.
- **Intrapulpal Hemorrhage**. Intrapulpal hemorrhage associated with an impact injury to a tooth, results in disrupted blood vessels and lysis of red blood cells. Iron sulfides, that are blood disintegration products, permeate dental tubules and stain the dentin. If the pulp becomes necrotic, the discoloration usually remains. If the pulp survives, the discoloration may or may not revert to its original shade. The teeth appear to be a blue-black colour.
- **Calcific Metamorphosis.** Calcific metamorphosis usually is associated with an impact injury that does not result in pulp necrosis. There is temporary disruption of the blood supply with destruction of odontoblasts. Cells that form irregular dentin replace the odontoblasts. The crowns of these teeth gradually decrease in translucency and may acquire a yellowish or yellow-brown discoloration.
- **Systemic Drugs**. Ingestion of certain drugs, such as tetracycline, during tooth formation may cause discoloration. The drug binds to calcium, which then is incorporated into the hydroxyapatite crystal in both enamel and dentin. Most of the tetracycline is in dentin and is very caries resistant. The discoloration can range from what appears as a yellow line to dark brown or even gray discoloration. The effect of systemic ingestion of drugs/chemicals is distinctive in that all of the teeth are affected and it appears at the same location on the tooth's development as when the ingestion occurred.
- **Iatrogenic Stains**. Obturating materials left in the pulp chamber can result in dark staining of the dentin, and they therefore should be removed to the level just cervical to the gingival margin. Metallic restorations such as amalgam can turn dentin dark gray or may be visible through translucent tooth structure. Composite restorations may result in staining of the underlying dentin via microleakage, or they themselves may become stained and alter the shade of the crown.

Success of Internal Bleaching
More than 90% immediate success has been reported for intracoronal bleaching of non-vital teeth. Proper technique is important to avoid problems and the patient should not anticipate esthetic results that may not occur. Discoloration caused by necrosis, intrapulpal hemorrhage, and tetracycline staining, can be bleached internally, usually with both short-term and long-term success. Discoloration caused by calcific metamorphosis can be internally bleached with fair success, although there is occasional failure to improve. Internal bleaching of teeth affected by systemic compounds is often impractical because it would involve endodontic treatment of all the teeth to carry out internal bleaching. External bleaching in combination with veneering of the teeth is a more conservative approach. Discoloration caused by obturating materials may not always be successful, since the effects of sealers with metallic components on dentin often do not bleach well. Amalgam stains are also difficult to bleach and tend to re-discolor with time.

Internal Bleaching Techniques
The walking bleach technique is safe, effective, and requires little chair time. It may be preformed at the same appointment as the obturation, or later. It is probable that a shorter discoloration period improves the success of the bleaching, as well as reduces the likelihood of re-discoloration. Prior to treatment, the patient should be informed of the limitations of internal bleaching. The existing restorative material in the access cavity should be removed, along with any old obturating materials or pulp horns to a level just below the gingival margin. The bleaching agent needs to be in contact with sound dentin.

A cement base at least 2mm thick is required on the gutta percha to minimize leakage of the bleaching agents. Common bases are polycarboxylate cement, zinc phosphate cement, glass ionomer, or Cavit.

The bleaching agent for internal bleaching is sodium perborate. Sodium perborate is a chemical compound that acts as an oxidizing agent. It is available in powder form or in various commercial proprietary combinations. It contains 95% perborate, corresponding to 9.9% available oxygen. It is stable when dry, but in the presence of water it decomposes to form sodium metaborate, hydrogen peroxide, and nascent oxygen.

The walking bleach paste is prepared by mixing sodium perborate and an inert liquid such as water, saline, or anesthetic solution to a consistency of wet sand (approximately 2g/ml). Sodium perborate may be mixed with

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The Dental Specialist continued from page 7

30% hydrogen peroxide for recalcitrant cases as it is a more potent oxidizer. The pulp chamber should be packed with the paste and excess liquid removed by blotting with a dry cotton pellet. The application of heat during bleaching is not indicated, due to the possibility of external cervical root resorption due to irritation to the cementum and periodontal ligament when the oxidizing agent is combined with heat.

A thick mix of zinc oxide eugenol (IRM) is applied directly against the paste to a thickness of at least 3mm to ensure a good seal.

The patient is rescheduled in 2 or more weeks as the bleaching agent acts slowly. It is common to see no change initially, but dramatic results occur in successive days or after a second application. If progressive lightening is not evident after 3 or 4 applications, further walking bleach may not be beneficial. One also must be careful not be over bleach in relation to the approximating teeth, as a tooth that is too light may be as unattractive as one too dark.

A residue of peroxide bleaching agents may affect the bonding strength of composites to the tooth. Therefore, one should wait a few days after the bleaching material has been removed to restore the tooth. The quality of the access restoration is an important factor in the longevity of the bleaching result. If the chamber is filled with too dark a composite there will be a loss in translucency and the tooth will actually darken. It is effective to fill the chamber with a temporary stopping or a light shade of zinc phosphate cement. With the introduction of dentin bonding it is more common to fill the chamber with a light shade dual cure composite and then restore the lingual access with an esthetic light-cured composite that matches the enamel shade of the tooth.

Complications
Patients' expectations should be clearly defined prior to treatment. There are limitations of internal bleaching and often the outcome is unpredictable.
Complications include:

- Relapse. In the period of 1-8 years observation time, 10-40% of initially successfully treated teeth need re-treatment.
- External Resorption. The oxidizing chemicals may be able to diffuse through the dentinal tubules and induce external resorption. This can be prevented by not using heat since the chemicals combined with heat causes necrosis of the cementum and inflammation of the periodontal ligament that leads to resorption. It is also important to adequately seal the gutta percha with a base to a level that the oxidizing agents are placed above the gingival margin where bleaching is required.

Conclusion
The walking bleach technique is a useful option for successful whitening of non-vital root-filled teeth. Proper technique is essential, and a substantial improvement may occur

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Simona Pesun, B.Sc., B.Sc. Dent,
D.M.D., M.S., F.R.C.D.(C)

An Ounce of Prevention

Practical Tips to Mitigate Dental Office Contents Losses

Office contents losses can have a major financial impact on your dental practice and cause time-consuming headaches for you and your staff. Unfortunately, these types of losses are relatively common. Among dentists with office insurance obtained through the Canadian Dentists' Insurance Program, approximately one in twelve will file claims for office losses in a given year. The majority of these claims stem from incidents involving water damage and theft.

The good news is that if you take the proper steps, many such losses can be minimized or avoided altogether. To give you some insights, consider the following suggestions - based on the real-life cases of dentists who experienced water damage and theft losses. I've also included some "Surprising But True" claim scenarios to highlight the importance of having office contents coverage.

Thousands of dollars were stolen from a dentist through forgery
Upon reviewing her account records, a dentist discovered that a cheque had been drawn from her business account in the amount of $4,200. The cheque had been made payable to a name the dentist didn't recognize. Upon obtaining a copy of the cheque, it was discovered that the dentist's signature had been forged. The dentist hypothesized that the blank cheque was left in the reception area, where it was taken by a patient.

Recommendations: Ensure that company cheques and other valuables are locked in a safe and never left in an open area. Blank cheques should only be available to dentists in the practice with signing authority. Continued on page 10

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An Ounce of Prevention continued from page 8

An oversight results in serious water damage
A dental practice had solenoid valves equipped in three of its four operatories. The water line in the one unprotected operatory ruptured, causing major flooding in the practice and the office of the tenant below. The cost of repairs was $9,300.

Recommendations: Use solenoid valves on all water lines in your practice. These devices detect faults in water lines and shut off the water supply. Ensure a procedure is in place to verify that solenoid valves are engaged when your practice closes for the day. Additionally, ensure that all floor drains in your office are not blocked. To help minimize flood damage, do not keep electronic equipment (such as computers) on floor level. Regularly schedule maintenance checks on all plumbing equipment and water lines in your practice. Older equipment and pipes may need to be replaced.

Ruptured plumbing due to freezing causes nearly $50,000 damage
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 premises were flooded and in a state of freeze-up. He found that a window in the washroom had been left open. Water in the toilet bowl and piping to a dental unit froze, and then split both devices. The resulting flood caused the floor to warp, the basement ceiling had collapsed and pieces of furniture were damaged beyond repair. The dentist received a claim payment of approximately $45,000.

Recommendations: Before closing your practice for the day, do a walk-around inspection to ensure the premises are secure. In extreme cold weather, make sure sufficient heat is maintained on the premises.

Thieves break into a partially alarmed office
Thieves broke into a vacant office and accessed a neighbouring dental practice via a tile ceiling. Because only portions of the dentist's practice were equipped with an alarm system, the culprits were able to enter undetected and steal $5,600 worth of computer equipment and other supplies. Had the dentist installed a motion detector device in all areas of the office, the thieves would have been detected and the police summoned.

Recommendations: A good alarm system, connected to a central monitoring station, can help guard against theft. Ensure the system covers your entire office space. An effective system should include motion detectors, door/window sensors, an indoor siren and, perhaps, special features such as glass breaking sensors. When signing a lease, include a requirement that there is a security barrier in the ceiling so your premises cannot be entered by removing ceiling tiles in another suite. Consider having a security

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faculty of dentistry
The University of Manitoba

FACULTY CORNER

A Foundation of Strength
Pillars of Excellence to Foster Faculty Growth

Research, teaching, service and outreach: these pillars of excellence will form the foundation of the future for the Faculty of Dentistry at the University of Manitoba.

The Faculty is on the verge of exciting times, according to new Dean Dr. Anthony Iacopino, in discussing his plans and priorities for the months and years ahead.

An internationally known and respected scholar, Dr. Iacopino intends to apply his expertise in the areas of periodontal-systemic connections, graduate dental education, and dental curriculum reform for the benefit of students and staff at the University.

Improvements to continuing education and a renewed commitment to alumni, oral health professionals and industry partners were also identified as priorities over the short and long-term.

The challenges ahead, the Dean notes, are all within reach, thanks in large part to the high standard of education, service and support already in place at the Faculty.

“The tools and resources are all in place here, as is the dedication and expertise of our staff,” said the Dean, who began his tenure on July 1, 2007. “Ultimately, our goal is to see the Faculty of Dentistry at the University of Manitoba become one of the top five dental schools in North America. I firmly believe this is an attainable goal.”

Dr. Iacopino comes to Manitoba as a highly accomplished academic and administrator through his tenure as a faculty member at the Texas A & M University Baylor College of Dentistry and Associate Dean for Research and Graduate Studies at the Marquette University School of Dentistry. He has served on several distinguished federal study sections and committees and has organized many national symposia on dental research and education for the American Association for Dental Research, American Dental Education Association, and other international groups/organizations.

Most recently, Dr. Iacopino was a featured speaker at a conference on curriculum change and innovation last June that drew participation from all dental schools in North America. The conference, he noted, could result in sweeping changes to training and delivery models in the field.

“This is very innovative,” the Dean said. “This conference captured the attention of many scholars in our discipline. We believe it may have a significant effect on where we go in the future.”

Developing and strengthening ties with Faculty stakeholders will be achieved by adding to the volume and visibility of programs and events.

A number of initiatives are already underway, including a restructuring of the Faculty’s alumni affairs and continuing education components.

An Ounce of Prevention continued from page 10

company inspect your premises**.**

Janitorial staff inadvertently discards valuable dental supplies
During their evening duties, the janitorial staff at a dental practice discovered unmarked boxes on the floor near an exit door. The staff thought the boxes were garbage and put them in the trash, which was picked up later that night. The boxes actually contained nearly $1,200 worth of dental supplies
Recommendations:
Ensure that all of your practice supplies are always kept secure in a storage area. If space is limited at your practice, never leave boxes unmarked. When appropriate, clearly indicate on all boxes that they are not to be thrown out. Additionally, you may wish to instruct cleaning staff to only throw away boxes that are clearly marked “garbage”.

Review Your Office Contents Coverage
Each of these claim scenarios illustrates why it’s imperative to have insurance.

It’s equally important to ensure your coverage is up-to-date. Your office contents are only covered up to the amount of your loss — and then only to the limit of insurance you’ve paid for. Therefore, if the cost of replacing the existing contents of your office with equivalent items has gone up over time - and you haven’t increased your coverage amount accordingly - you could be caught short when the bills roll in.

It’s advisable to review your office contents coverage with your insurance advisor whenever you upgrade items in your practice - and make any necessary adjustments to your coverage.

Susan Roberts, FLMI, ACS, AIAA
Professional Guide Line Inc

Susan Roberts is an Insurance Service Supervisor at Professional Guide Line Inc. — A CDSPI Affiliate. CDSPI is the administrator of the Canadian Dentists' Insurance Program. The Insurance Program is sponsored by the CDA and is co-sponsored by participating provincial dental associations. Claim information was provided by the Aviva Insurance Company of Canada (the underwriter of the Insurance Program’s office insurance plan — TripleGuard™ Insurance).

Warning

NEW DENTISTS ARE STRONGLY CAUTIONED:

There are many threats that can eat away at a dentist's financial security.
Your established colleagues know how to protect themselves. Do you?

Get a complete understanding early in your career by calling **New Dentist Services** at **Professional Guide Line Inc.** You'll get personalized insurance and investment planning solutions from experts who work exclusively for new dentists.
They're licensed, non-commissioned and their services are free.

CALL OUR HELP LINE NOW:

1-877-293-9455 (toll-free) or (416) 296-9455.
Insurance: Ext. 5007
Investment: Ext. 5009

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Licensed advisors at Professional Guide Line Inc. — A CDSPI Affiliate provide planning advice exclusively to participants in the Canadian Dentists' Insurance Program (which is sponsored by the CDA and co-sponsored by participating provincial dental associations) and the Canadian Dentists' Investment Program (which is provided by the CDA). Restrictions may apply to advisory services in certain jurisdictions.

CDSPI

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A CDSPI Affiliate

Professional Classified

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 busy office. Excellent opportunity available immediately, with a rapidly expanding family practice. We have a large existing patient base ready to go!!! Check out our website: www.gardencitydental.com.
Please contact: (204) 975-3429
Email: c.desousa@mts.net

Winnipeg, MB
Associate dentist wanted to build own patient base in a growing modern family practice. Buy-in potential. Experience preferred especially in endodontics and oral surgery. We require a confident, energetic individual whose attitude will match our practice philosophy. Must be a team player to fit with our friendly and supportive staff.
Please contact: Email: greatsmile1@shaw.ca
(204) 257-1891 (fax)

Winnipeg, MB
A thriving Winnipeg practice with four locations requires 2 Full-time Associates. Excellent opportunity to make an excellent income. Previous associate income over 12K/month. New graduates welcome. Our practice features an on-site dental lab and a part-time orthodontist on site. An excellent management is the key of success for this practice. Your schedule will be fully booked.
Please contact: Dr. D. K. Mittal (204) 297-5344 (cell)
(204) 633-8280 (residence)
Email: dmittal@shaw.ca

Kelowna, BC
Looking for a great opportunity in a desirable city? Our exceptional general practice in fantastic Kelowna, BC is experiencing huge growth in our brand new facility with all digital equipment (x-ray, panorex, CEREC 3D, Casey Adstra imaging) and paperless management. This well-managed extremely profitable practice will welcome an ambitious, skilled and caring practitioner. Buy-ins will be offered the associate with strong leadership, management and clinical skills.
Please contact: (250) 469-3455
Email: thetoothdoc@shaw.ca

Mackenzie, BC
Full-time position open for a general dentist in our busy office. All aspects of dentistry, great team, excellent income potential, superb outdoor lifestyle.
Please contact: (250) 997-3585
(250) 997-6817 (fax)
Email: minko@canada.com

Saskatchewan
A small town dental practice for sale; located in a stable and rising economy that would easily accommodate two dentists. This high grossing practice in Central Saskatchewan has five ops and 3,200 square feet of space! The dentist also owns the stand-alone building. Modern delivery systems are in place. This is a unique opportunity to own a top producing general practice – situated to benefit from everything that goes with a high income/low stress lifestyles!
Please contact: Dr. Wayne Raborn for copy of appraisal
Email: wayne@roicorp.com or
Phone: 866-416-2146

Bay Roberts, NL
Bay Roberts is located less than one hour from St. John's. We, and the surrounding area, are currently experiencing incredible growth. We offer you a full time and diverse schedule, in a brand new, state of the art, high profile facility.

You can look forward to maximum earning potential, low cost of living, and virtually no commute. If interested, please send us an email, fax us your information, or feel free to call:
Dr. Michelle Zwicker
Bay Roberts Dental Health Centre
Phone: (709) 786-0580
Fax: (709) 786-0895
Email: mdzwicker@nf.sympatico.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 part-time associateship.
Please contact: (204) 489-7679

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

For Sale

Dental cabinetry for dental lab and two operatories. Operatory equipment has attached hoses and one has a matching chair.
Please contact: Dr. Eric Parsons
(204) 233-1120 (Monday & Tuesday)
(204) 488-0047 (Anytime)
For specs call Al Hunter at (204) 832-5653

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Equipment and supply inventory;
Equipment replacement costs;
Office design;
Equipment evaluations;
Sale of dental practice;
Placement of Associates;
Placement of Hygienists;
New office locations.

Practice Opportunity
Centre Albert-Galliot
Notre-Dame-de-Lourdes, MB

Office space consisting of 422 sq. feet now available in a newly constructed wellness centre to start a dental practice in South-Western Manitoba (Central Region).

Great part-time opportunity which could develop into a full-time practice.

Ability to speak French would be a definite asset.

Please contact: Yvette Gaultier
C.P. 336
Notre-de-Lourdes, MB R0G 1M0
(20) 248-2553

Looking for a Dental Hygienist?

The Manitoba Dental Hygienists Association's job placement service is your connection to dental hygienists that are looking for full-time/part-time and temporary placement. This service has no fees attached, so if you are looking please leave a message for Cindy.

Phone: (204) 981-7327

Email: mdhajobplacement@hotmail.com

Western Canada Aviation Museum

The Western Canada Aviation Museum requires a cavitron immediately for restoration work on "The Ghost of Charron Lake".

Tax receipt available.

Contact Shirley Render
(204) 786-0733 or
ExecDirector@wcam.mb.ca

Manitoba Dental Association Directory Amendments

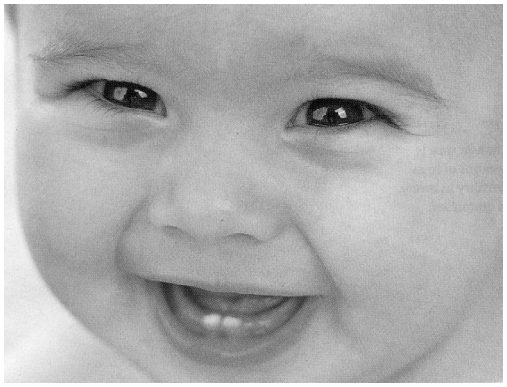
For changes to the MDA Directory please contact:
Diane Troubridge at the MDA office - (204) 988-5300

District #1
Dr. Xi (Diana) Deng
1537 Grant Avenue
Winnipeg, MB R3N 0M3
Phone: (204) 488-7025

Dr. Terence Mancer
1537 Grant Avenue
Winnipeg, MB R3N 0M3
Phone: (204) 488-7025

Paediatric Dentist
Dr. Shylon Mathew
208-233 Kennedy Street
Winnipeg, MB R3C 3J5
Phone: (204) 956-2-60

District #2
Dr. Tabither Gervais
401 North Railway Street
Morden, MB R6M 1S8
Phone: (204) 822-6259



DR. SHYLON MATHEW
wishes to announce that he will be in partnership with
DR. MITCH VODREY
and
DR. NATALIE SANCHE
in
Paediatric Dentistry
at
208-233 Kennedy Street
Winnipeg, MB
Phone: (204) 956-2060

Evening and Weekend Appointments also Available.

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