

# NODA News

**MISSION STATEMENT**

*To establish and maintain a cohesive organization that serves to promote the art, science, and professionalism of dentistry, and to communicate the value of oral health to the community.*

**VOL. 35    OCTOBER '97    NO. 8**

## BE AN INSIDER

*Membership in ADA/LDA/NODA puts you on the leading edge of dental issues and programs.*

*See President's Message for the benefits and privileges.*

**PAGE 2**

**THE SCOOP ON DENTAL THERAPEUTICS**

### *South Carolina prof to speak at October 15 meeting*

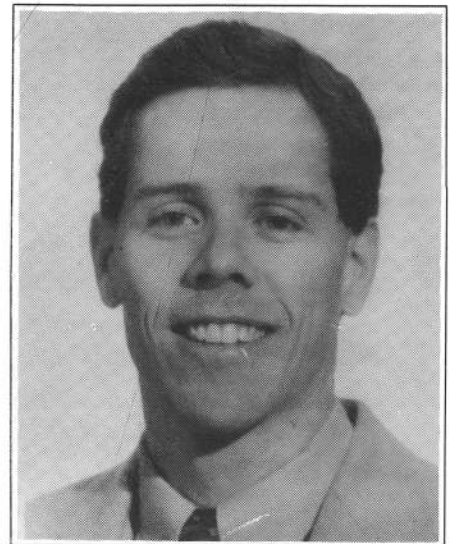
**BY DR. CHRIS BROWN**  
Scientific Program Chairman

Colgate Oral Pharmaceuticals will sponsor our general membership meeting of Wednesday, October 15 at the LSUSD in Auditorium B at 7 p.m. sharp.

Following the usual business meeting and free dues drawing, Dr. Mark Barry will regale us with the latest and greatest in the area of "Drugs, Diagnosis, & Dental Therapeutics".

Dr. Barry is an assistant professor of oral medicine at The College of Dental Medicine, Medical University of South Carolina. In addition to being published in a variety of oral medicine topics, Mark has also attained academic fellowship in the American Academy of Oral Medicine.

In short, he knows his stuff and he will tell us about it. Now our NODA president has announced that no pop quizzes will be given, hence note taking will not be necessary; but your attendance is mandatory.



**DR. BARRY**

As always, a social hour with snacks and drinks will follow as we get a chance to visit with representatives of Colgate. See ya'll there!

## ELECTION TIME SOON

*Your nominations are solicited*

Nominations are now being accepted for the 1998/99 NODA officers. As president-elect, Dr. Ken Schott will serve as chairman of the Nominating Committee for president Dr. Anthea Grono.

Nominations are being solicited from all active NODA members and should be submitted to Dr. Schott at the NODA Central Office, 2121 N. Causeway Blvd., Suite 153, Metairie, LA 70001.

Officers to be elected are: president-elect, first vice president, second vice president, treasurer, one member of the Board of Governors, and one director to the LDA.

Nominations, which must be in writing and signed by two active, retired or life members in

good standing, must be received in the NODA Central Office by Monday, October 20. Nominations must have agreed to serve if elected.

The Nominating Committee's slate of nominees will be announced at the December general membership meeting. At that time, additional nominations may be made from the floor or by vote. The February general membership meeting is the official election meeting. Officers will be installed on March 28 at the installation dinner at the Metairie Country Club.

This is your chance to become actively involved or to involve a colleague in the leadership of your association. Please take the time to help us prepare NODA to meet future challenges and continue its mission.

### LDA WEB SITE

The Louisiana Dental Association now has a web site on the Internet. The address is:

<http://www.ladental.org>

The site is financed by Louisiana Dental Services, the LDA's for-profit subsidiary. Information included encompasses LDA officers and directors, member benefits, calendar of events, the LDA annual session and links to other sites.

**THE CONFERENCE  
IN PICTURES  
page 6**

## President's Message

by ANTHEA GROGONO, DDS

One of the questions I am asked most frequently is why ADA membership is so expensive and what benefits are received by individual members. So, in my column this month, I will try to address that issue.

First of all, I feel that all dentists should belong to the organization that represents us, so that we can be recognized as a powerful unit. And, secondly, I feel that belonging to the tripartite organization (ADA, LDA and NODA) gives us tremendous benefits. Not all of us take advantage of everything that is available – indeed most of us actually have little idea of what is available – even though it is there for the taking.

Of last year's \$716 dues, the largest portion of that (\$316) went to the ADA with \$250 going to the LDA and only \$150 being for local NODA dues. At the national level, membership

formed by our national and state organizations is political representation. Some of your dues dollars go to support lobbyists who represent dentistry to our politicians. Some good results for dentistry have, undoubtedly, occurred because of these efforts. This past State Legislative session resulted in several bills which have implications for dentistry. There were two mandated benefits: insurance coverage for the anesthetic and hospital charges for dental procedures performed in hospital; and cleft palate coverage including related abnormalities.

Also, there will be a Water Fluoridation Advisory Board and there is now legislation which will prevent HMOs from inserting "gag" clauses. One final item with dental implications is that dental referral plans cannot collect money for referrals from dentists.

tration for NODA members is free.

Even the welcome reception is included in the registration! Moreover, the New Orleans Dental Conference generates income for the Association to provide other services throughout the year. Other income-producing facets of NODA are managed under our for-profit arm (New Orleans Dental Enterprises, Inc.) These include the NODA Visa Card, and the contracts for cellular telephones. When you use these services you are helping your Association to keep your component dues down.

Lastly, we do not neglect the social aspects of NODA. After every scientific program we provide refreshments so that members can socialize with their colleagues. We also have several meetings that are mainly for pleasure. By the time you read this, we will have had our Staff Appreciation Dinner, but will still have the New Member Dinner to look forward to in February and the Annual Crawfish Party in April – another NODA benefit to members.

Please join in as many of our activities as you can to keep our organization strong. Our office (834-6449) is always ready to answer your questions and hear your ideas. Encourage friends to join and give us your suggestions as to how our Association can grow and continue to respond to the needs of members.

Anthea Grogono

### BE AN INSIDER

*"We have scientific programs throughout the year, but our most important endeavor is the New Orleans Dental Conference . . . Registration for NODA members is free. Even the Welcome Reception is included in the registration."*

of the ADA allows participation in group insurance plans and retirement programs, perhaps the most important benefit to many of us. Although most of us have the "it will never happen to me" attitude, there are also mechanisms in effect to provide disaster and relief assistance and special financial help in times of need. Of course, these are benefits that we certainly hope we will never need.

At the ADA headquarters (1-800-621-8099) you can reach specialists in numerous departments who can guide you to the information you need and send you the many publications which are available free to members.

Recent examples include several addressing the managed care issue. The ADA also has an excellent library service; members can borrow books and articles for just the cost of postage and handling. In keeping with the technological times, ADA and LDA are now "online". The ADA page on the Internet can be reached at <http://www.ada.org> and the LDA address is <http://www.ladental.org>. Through the ADA site you can search for an article that has appeared in JADA through the Medline database.

One of the most important functions per-

As individual members, most of our exposure to membership services is at the local level, and the officers and staff of NODA work hard to get good value for your local dues dollar. Providing quality continuing education for our members – usually at no charge – is one of our most important goals. We have scientific programs throughout the year, but our most important endeavor is the New Orleans Dental Conference.

As you know this is an outstanding meeting at which you can receive your 20 hours of our annual required continuing education, and regis-

**NODA News is published every month with the exception of June and August. Deadline for ads and editorial material is the 10th of the month preceding publication. Ads and news should be sent to Dr. Kristi Soileau, 2820 Napoleon Ave., Suite 470, New Orleans, LA 70115.**

**NODA News is a publication of the New Orleans Dental Assn., 2121 N. Causeway Blvd., Suite 153, Metairie, LA 70001. Phone (504) 834-6449.**



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## NODA PROFILE

*NODA News* continues a series of profiles of members of all ages and various lengths of membership in the Association. You may be next! Dentists are selected at random.

## *Dentist likes intra-oral camera*

Dr. Raymond J. Unland, Jr. is an enthusiastic convert to the intra-oral TV camera.

"I love it," he says. "It's excellent for patient education. You can show the patient his or her problem instead of just describing it."

Dr. Unland is also getting more and more into 35 mm still photographs. "They're valuable in recordkeeping," he explains, "and in communicating shades to the lab."

A general practitioner with offices in Metairie and uptown New Orleans. Dr. Unland, as with other dentists, finds himself getting increasingly into cosmetic dentistry. He is a member of the American Orthodontics Society. "I'm learning more and more about the cosmetic area," he says.

Ray Unland supplemented his DDS from the LSU Dental School with a two-year residency in general practice at Charity Hospital. He entered the University of New Orleans after his graduation from Archbishop Rummel High, earning his BA in chemistry in 1978.

He graduated from LSUSD in 1982 and after

his post-graduate work at Charity joined Dr. Joseph Locantro on Magazine St. in 1984, purchasing the practice in 1985.

In 1990 he purchased the practice of Dr. Tom Spranley in Metairie, at 1000 Veterans Blvd. The same year he entered into an office-sharing arrangement with Dr. Bill Kramer at 2820 Napoleon Ave.

Dr. Unland is active in d'Etudes Dentaire Study Club which meets monthly, in addition to NODA, LDA and ADA. A past president of the Foundation for Dentistry for the Handicapped, he continues to be active in that program.

Dr. Unland's wife Janice is an attorney practicing in Mandeville. The Unlands live in Metairie with their daughters, Lindsay, 10, and Rebecca, 9, both students at St. Christopher parochial school.

The family enjoys active vacations, especially water-rafting in North Carolina and Tennessee. As for hobbies, Dr. Unland admits: "I'm a computer junkie."

### HYGIENISTS' 5-K RUN IS OCT. 12

Dentists, spouses, staff and friends are invited to participate in the New Orleans Dental Hygienists Association fifth annual Molarthon Sunday, October 12 at Audubon Park.

A 1-mile Fun Run/Walk will begin at 8:30 a.m. and the 5-kilometer Run/Walk will start at 9. There will be prizes for winners and other random giveaways for contestants.

To register, call Southern Runner at 891-9999 or meet at the Magazine St. entrance to the park at 8 a.m. October 12.

### TELL 'EM YOU SAW IT IN NODA NEWS

When you patronize our advertisers – and we hope you will – tell them you saw their ad in *NODA News*.

These loyal friends help defray the costs of this monthly publication. ■

## *Want to be immortalized in print?*

By

**Jamie M. Manders, DDS, Chairperson  
Dentists' Well-Being Advisory Committee**

(Reprinted from the LDA Journal)

Have you ever had the desire to be "published?" How about being immortalized in the annals of Louisiana dentistry for all posterity? Fifteen minutes of fame? Now is your chance! The Alliance of the Louisiana Dental Association and the Dentists' Well-Being Committee have joined forces to produce a very special cookbook, and we would like every member of the LDA to contribute.

Do you have a favorite recipe? It could be an old family recipe handed down from generation to generation in your family, or it could be a "heart-healthy" recipe that you use often. Please submit one or more recipes, but we would also like something else from you. We would like a story with your recipe.

We would like to hear about you, about your practice, about your component society, where you live, what your life as a dentist is like. It should not be TOO long, or this book could end

up rivaling the Bible in size. We may have to edit the stories in some cases. If you have a photo to include, that would be nice, too.

It could be a photo of you, your office, your community, or anything you feel may be appropriate. Please print all pertinent information on the back of the photo. We may not be able to return the photos, so please do not send ones that you cannot bear to part with.

Please send your recipe, story and photo as soon as possible after you read this article as we would like to have our "cookbook" available for Christmas-giving this year. We plan to make the price very affordable, say in the \$15 to \$20 range so that you can buy several as stocking stuffers for everyone you know.

The Alliance has very generously agreed to donate all profits from the book to the loan fund which is being established by the Well-Being Committee. This fund will be used to help defray the cost of treatment for chemically dependent dentists within the state.

Do not delay. Sit down at your computer or word processor tonight. If possible, please submit your story on a disk. Please send all stories, recipes and photos to:

**Jamie M. Manders, DDS  
1019 Opelousas Avenue  
New Orleans, LA 70114**

If you have any questions, please do not hesitate to call me at (504) 361-0550.

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# PREVENTION

## BACTERIAL ENDOCARDITIS:

### Prophylactic Regimens

(Reprinted from ADDA News)

**Prophylactic Regimens for Dental, Oral, Respiratory Tract, or Esophageal Procedures. (Follow-up dose no longer recommended.) Total children's dose should not exceed adult dose.**

**I. Standard general prophylaxis for patients at risk:** Amoxicillin: Adults, 2.0 g (children, 50 mg/kg) given orally one hour before procedure.

**II. Unable to take oral medications:** Ampicillin: Adults, 2.0 g (children, 50 mg/kg) given IM or IV within 30 minutes before procedure.

**III. Amoxicillin/ampicillin/penicillin-allergic patients:** Clindamycin: Adults, 600 mg (children, 20 mg/kg) given orally one hour before procedure.

- OR -

Cephalexin\* or Cefadroxil\*: Adults, 2.0 g (children, 50 mg/kg) orally one hour before procedure.

- OR -

Azithromycin or Clarithromycin: Adults, 500 mg (children, 15 mg/kg) orally one hour before procedure.

**IV. Amoxicillin/ampicillin/penicillin-allergic patients unable to take oral medications:** Clindamycin: Adults, 600 mg (children, 20 mg/kg) IV within 30 minutes before procedure.

- OR -

Cefazolin: Adults, 1.0 g (children, 25 mg/kg) IM or IV within 30 minutes before procedure.

\*Cephalosporins should not be used in patients with immediate-type hypersensitivity reaction to penicillins.

**Prophylactic Regimens for Genitourinary/Gastrointestinal Procedures. Total children's dose should not exceed adult dose.**

**I. High-risk patients:** Ampicillin plus gentamicin: Ampicillin (adults, 2.0 g; children, 50 mg/kg) plus gentamicin 1.5 mg/kg (for both adults and children, not to exceed 120 mg) IM or IV within 30 minutes before starting procedure, 6 hours later, ampicillin (adults, 1 g; children, 25 mg/kg) IM or IV, or amoxicillin

(adults, 1.0; children, 25 mg/kg) orally.

**II. High risk patients allergic to ampicillin/amoxicillin:** Vancomycin plus gentamicin: Vancomycin (adults, 1.0 g; children, 20 mg/kg) IV over 1-2 hours plus gentamicin 1.5 mg/kg (for both adults and children, not to exceed 120 mg) IM or IV. Complete injection/infusion within 30 minutes before starting procedure.

**III. Moderate-risk patients:** Amoxicillin: Adults, 2.0 g (children, 50 mg/kg) orally one hour before procedure.

- OR -

Ampicillin: Adults, 2.0 g (children, 50 mg/kg) IM or IV within 30 minutes before starting procedure.

**IV. Moderate-risk patients allergic to ampicillin/amoxicillin:** Vancomycin: Adults, 1.0 g (children, 20 mg/kg) over 1-2 hours. Complete infusion within 30 minutes of starting the procedure.

*NOTE: For patients already taking an antibiotic, or for other special situations, please refer to the full statement referenced below.*

*Adapted from Prevention Bacterial Endocarditis: Recommendations by the American Heart Association by the Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease. JAMA 1997; 277: 1794-1801, Circulation, July 1, 1997 (in press). (Also excerpted in JADA, 1997 (in press). © 1997, American Medical Association.*

Healthcare Professionals - Please refer to these recommendations (endorsed by the American Dental Association and American Society for Gastrointestinal Endoscopy) for more complete information as to which patients and which procedures need prophylaxis.

## *Mark Your Calendar*

NODA GENERAL MEETING  
Wed., Oct. 15, 1997 - LSUSD - 7:00 p.m.  
"Dental Therapeutics"  
Dr. Mark Barry

NODA GENERAL MEETING  
Wed., Nov. 19, 1997 - LSUSD - 7:00 p.m.  
"Root-Tips"  
Dr. Lisa Germain

NODA GENERAL MEETING  
Wed., Dec. 10, 1997 - LSUSD - 7:00 p.m.  
"Esthetics/Implants"  
Dr. Avishai Sadan

NODA GENERAL MEETING  
Wed., Jan. 21, 1998 - LSUSD - 7:00 p.m.  
"Pedo Update"  
Dr. Clifton Dummett

NODA GENERAL/ELECTION MEETING  
NEW MEMBER DINNER  
Wed., Feb. 18, 1998 - Carlone's Restaurant  
"Posterior Cosmetics"  
Dr. John Schwartz

NODA INSTALLATION DINNER  
Sat., March, 1998 - Dr. Ken Schott  
Metairie Country Club - 7:00 p.m.

NODA CRAWFISH PARTY/DANCE  
Fri., Apr. 17, 1998 - 7:00 p.m.  
American Legion Home  
Band - "Stan and the Grooves"

NODA GENERAL MEETING  
Wed., May 20, 1998 - LSUSD - 7:00 p.m.  
"Restorative Materials"  
Dr. John Burgess

49th ANNUAL NEW ORLEANS'  
DENTAL CONFERENCE  
Sept. 2-5, 1998  
Ernest N. Morial Convention Center  
Dr. F. Thomas Giacona



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## Dentists, staff, spouses invited to 'ADA Day on Capitol Hill'

In conjunction with the ADA's 138th Annual Session in Washington, D.C. this month, the ADA is planning "ADA Day on Capitol Hill," a rally on Tuesday, October 21, at 12:30 p.m., on the west steps of the Capitol Building, in support of patient protection legislation.

All Annual Session participants – particularly dentists, their spouses and staff – are encouraged to attend the rally, to which Rep.

Charlie Norwood (R-GA), sponsor of the Patient Access to Responsible Care Act (PARCA), Sen. Alfonse D'Amato, (R-NY), the Senate's major supporter of PARCA, and other key members will be invited. The rally will be hosted by ADA president Dr. Gary Rainwater.

Major news media outlets are being notified about the rally, and coverage is expected.

On the day of the rally, the ADA House of

Delegates will convene early, at 7:30 a.m., to enable it to complete voting by 11:30 a.m., when the House will take an extended break, until 1:30 p.m., so that delegates and others can attend the rally.

Transportation by bus from the meeting of the House (in the Washington Hilton & Towers) and from the science and technical exhibits (in the Washington Convention Center) to the rally and back is being planned.

## Propose new classifications for carious lesions

A new classification system for the identification of carious lesions is based on the site of the carious lesion and the extent to which it has progressed.

In *Quintessence International*, May 1997, Graham J. Mount and W. Rory Hume outline their plan for their proposed system that would allow more relevant detail to be recorded for each restoration.

The present classification used for the identification of carious lesions was devised by

G.V. Black almost 100 years ago. Over the last 20 years, there has been considerable modification of materials available for restoration, and the understanding of the relevance of fluoride and other ions in the prevention and repair of caries has improved.

Mount and Hume suggests three site descriptions and four size descriptions:

- Site 1 – all lesions originating in pits, fissures and other defects on otherwise smooth surfaces;
- Site 2 – lesions associated with con-

tact areas; • Site 3 – lesions originating close to the gingival margin.

- Size 1 – minimal; • Size 2 – moderate; • Size 3 – enlarged; and • Size 4 – extensive.

The authors suggest that classification include two descriptors (one site and one size) for each lesion. They point out that their system is simple and uncomplicated and allows clear communication between dentists. As a digital system, it is compatible with the use of computers.

## Tonsils can impede breathing

The likelihood of airway blockage increases with enlarged tonsils, suggests a study in the *May/June Pediatric Dentistry*.

David F. Fishbaugh, DDS; Stephen Wilson DMD; and James W. Preisch, DDS, investigated the association between the size of tonsils and the degree of expired carbon dioxide and oxygen saturation changes to simulated airway obstruction during sedation. Thirty children, ages 22 to 48 months, participated in the study.

Nine of the study subjects had tonsils spanning one-third to two-thirds of the airway, seven of those nine demonstrated airway obstruction during the Moore head-tilt maneuver.

In the children without detectable tonsils and in two with smaller tonsils, unimpeded breathing occurred despite an attempt to block the airway by the head-tilt maneuver for a period of 30 seconds.

The authors suggest that the presence or absence of tonsils appears to be clinically significant. The results of their study, they add, stress the importance of a proper preclinical examination.

Any candidate for conscious sedation should be evaluated for enlarged tonsils prior to treatment. If large tonsils are present, alternative treatment options should be considered or the airway monitored by capnography if the child falls asleep.

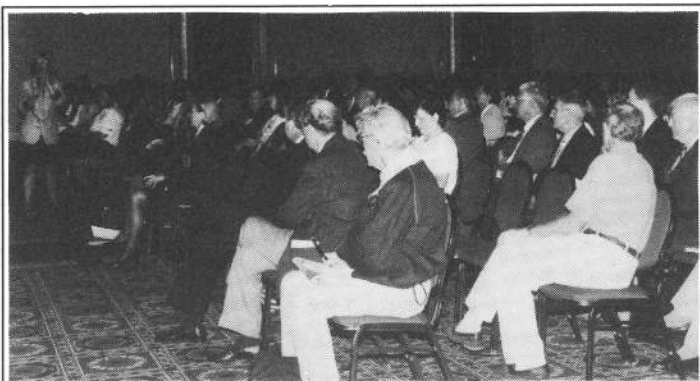


Dr. Gerard Chiche, professor and head of the LSUSD department of prosthodontics, has been elected a director of the American Academy of Esthetic Dentistry. He was program chair of the annual meeting of the academy in August.

### WE WANT YOUR NEWS

Anyone knowing of any dentist who has made a significant contribution, gained an elective or appointive office, written an article, delivered a paper, or rendered unusual public service, please call or write Dr. Kristi Soileau, 2820 Napoleon Ave., Suite 470, New Orleans, LA 70115. Phone: 899-2255.

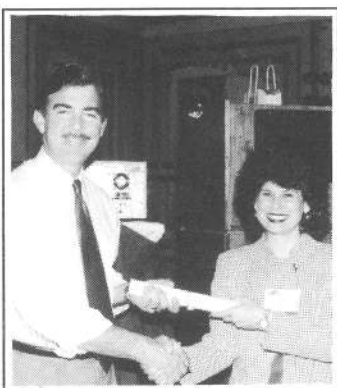
## *NODA News Goes to the N.O. Dental Conference*



Huge crowd attended opening session for Connie Podesta.



Dr. Carol Stuckey handled hosts and monitors.



Dr. Lisa Germain greets pre-conference clinician, Dr. L. Stephen Buchanan.



Dr. George Marse escorts two beauties at fashion luncheon.



Jan Lazarus, RDH, shown during her perio lecture.

Photos by Dr. Debbie Arnold and Dr. Kristi Soileau

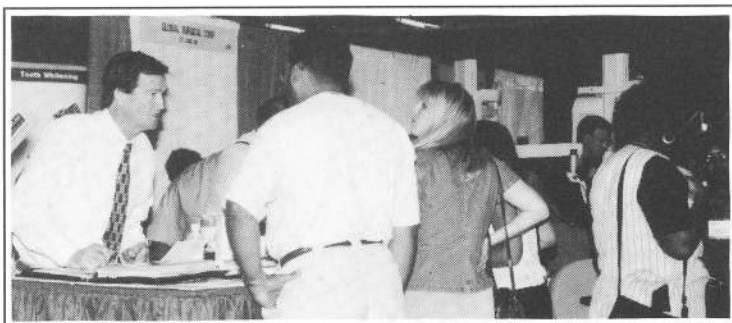


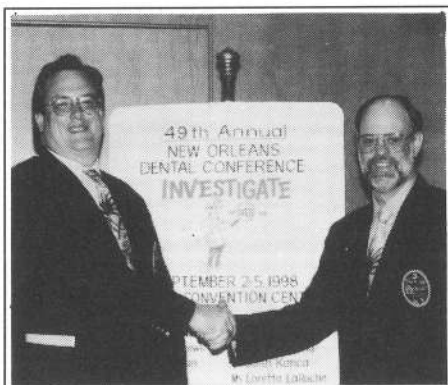
Exhibit Hall was busy place.



Registration of dentists for the recent New Orleans Dental Conference was 1205 by initial count, one of the highest totals in history.

Also striking was the unprecedented number of dental hygienists – 1845 – attending the conference. Counting exhibitors, assistants, technicians and spouses, the total attendance was just short of 5,000.

This was the final conference in the New Orleans Hilton Riverside. Next year's event will be in the much larger Ernest N. Morial Convention Center. This relatively new building is located near the Hilton, the Riverwalk and Canal St.



Dr. Pat Eck, '97 chairman, turns over reins to Dr. Tom Giacona, '98 boss.



Alex DeGenova lost his first tooth at 48th Conference.

## The Golden Age of Dentistry

BY AVRUM R. GOLDSTEIN, DMD



When I completed dental school in 1971, I was told how fortunate I was to be beginning my career during the "golden age of dentistry." My anticipated good fortune was based upon the economic realities of the time – a time when overhead was low (10-25%), staff was readily available, and manpower levels were such that it took several weeks to get an appointment in most dental offices. The state of our art was advancing, with silicates giving way to the first composite resins, with good basic research identifying the cause and nature of periodontal disease, and with fluoride supplements becoming one of the most effective public health measures of all time. It was an exciting time to be welcomed into this respected profession.

Over the past 25 years much has changed. The "golden age" of my early years came to an abrupt halt with the recession of the 1980s. The more recent recession, a decade later, created further economic hardship for the practice of dentistry. Overhead in most offices is up to 65 or 70%. Good staff is difficult to find and costly to employ. The demands of infection control and regulations created by OSHA have changed the nature of dental practice. Increasingly, our patients have fewer discretionary dollars to invest in their dental health, while their insurance benefits have dwindled and become more restrictive. As a profession we are confronted with a balancing act – maintaining our patients' dental health together with our high professional standards, while resisting the inclination of the insurance companies to regulate both, along with our income. If economics were the basis of the "golden age of dentistry," we would hardly be able to consider this to be an opportune time to join the dental profession.

I would like to suggest that we take a different view, because I feel that this is an exceptionally exciting time for dentistry. We can do things we have never been able to do before. We have materials which allow us to carry out our art and give our patients a result which is aesthetic, functional, and long-lasting; furthermore, our understanding of the diseases that affect the teeth and their supporting structures has never been more profound.

Rather than treating the virtual elimination of dental caries as a death knell for our profession, we have developed restorative techniques and materials to provide our patients with cosmetic dentistry we could have only dreamed of 25 years ago. Rather than "resting on our laurels" and accepting resective therapy as the ultimate treatment for periodontal disease, we have developed regenerative techniques which can predictably rebuild bone lost to periodontal pathogens, as well as regenerate soft tissue lost to toothbrush trauma. Rather than accepting removable prosthodontics as the definitive solution to replacing lost teeth, we have developed implant dentistry, in which a foundation can be predictably created to provide our patients with the support and retention necessary for a fixed prosthesis.

We can rebuild jaws, we can prevent ridges with collapsing, we can develop implant supported restorations, we can create beautifully aesthetic veneers, and we can bleach teeth to whiten them. We can give our patients comfort, function, speech, and esthetics. We can do it all – the "golden age of dentistry" is really today. However, rather than on economics, it is founded on skill, caring, technical knowledge, wonderful materials and excellent support from many companies, dental labs, and professional

organizations. If we believe in the high standard of care we can provide for our patients and the well-being they will gain in return, then this "golden age of dentistry" will be with us for many years to come. And the economic benefits will logically follow.

*Reprinted with permission,  
Communicator, Connecticut State  
Dental Society, June-July 1997,  
Howard I. Mark, DMD, editor.*

### *Growth in health care costs slows*

A report from the Center for Studying Health System Change in the July/August *Health Affairs* shows that health care costs grew only 3.1 percent in 1996, according to a report in the July 28 *American Medical News*.

That's down slightly from 3.5 percent in 1995 and in contrast with warnings about an increased growth rate, the report said. Employer pressure helped hold down insurance premiums even further; premiums grew less than 1 percent, *AMN* reported.

Apparently, insurers picked up the difference as just 35 percent of publicly traded health maintenance organizations generated a profit in 1996, compared with 90 percent in 1994, the report continued.

Employers also continued to shift costs to employees, whose share of insurance premiums grew by an average of 7.2 percent annually between 1992 and 1996, the report said.

Source: ADA ONLINE, August 4, 1997

**BULLETIN BOARD**

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**ASSOCIATE WANTED FOR METAIRIE**

**Continuing Education Corner**

*In an effort to keep the membership attuned to available C.E. opportunities at the L.S.U. School of Dentistry, this area will be devoted to informational updates.*

DATE	COURSE / TITLE		COST
Oct. 30-Nov. 1	"Basic Orthodontic Course I" w/Dr. Chris Rankine	21 cr. hrs.	Dentist \$ 895.00
Oct. 31-Nov. 2	"Expanded Duty Dental Assistant"	Sold Out	Auxiliary \$ 369.00
November 8-16	Oral Surgery/Cosmetic Surgery Review Course		*Call for additional info
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