September/October 2026

the Nugget



Beyond Placement

Dental Implant Care and Maintenance

Also Includes:

» 2026 Dental Day with the River Cats & Ice Cream Social Highlights
» 2027 Capital Region Dental Convention — SDDS MidWinter in Bloom

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

Get Ready For Our UPCOMING EVENTS

September 8, 2026
GM: Oral Appliances for the Management of Obstructive Sleep Apnea
Alexander Malick, DDS
Tuesday • 5:45– 9:00pm • Social/Exhibits, Dinner and Program
Hilton Sacramento Arden West • 3 CEU, Core
Member Price: $89 early (ends 8/25) $99 regular (ends 9/6) $109 late (begins 9/7)
Non-Member Price: $218

September 12, 2026
Anterior Direct Restorations Hands-on Course
Dimple Desai, DDS, AAACD
Sponsored by BISCO and Ultradent Products Inc.
Saturday • 8:30am–2:30pm • SDDS Classroom • 6 CEU, Core
Member Price: $395 early (ends 8/22) $420 regular (begins 8/23)
Non-Member Price: $840

September 16, 2026
Difficult Conversations and De-Escalation Techniques – Live Webinar*
Jessica Rivera, MBA, PHR, SHRM-CP;
California Employers Association (CEA) (SDDS Vendor Member)
Wednesday • 12:00–1:30pm • 1.5 CEU, 20% • Webinar
Member Price: $49
Non-Member Price: $98

September 18, 2026
SDDS 15th Annual Snack & Sip Shred Day
Sponsored by CDA / TDIC Insurance Solutions
Friday • 10am–1:30pm • SDDS Office

September 23, 2026
Next Level Leadership Reception
Wednesday • 6:00–7:30pm • SDDS Office

October 6, 2026
GM: Is It Possible? Predictability, Limitations, and Heroics in Tooth Preservation
NOTE DATE
Katherine Shi, DMD
Tuesday • 5:45–9:00pm • Social/Exhibits, Dinner and Program
3 CEU, Core • Hilton Sacramento Arden West
Member Price: $89 early (ends 9/22) $99 regular (ends 10/4) $109 late (begins 10/5)
Non-Member Price: $218

October 9, 2026
Digital Dentures: Diagnosis, Design and Execution Hands-on Course
Jefferson Clark, DDS
In-kind Sponsor: Straumann USA LLC
Friday • SDDS Classroom
Lecture and Hands-on • 8:30am–2:30pm • 6 CEU, Core
Member Price: $395 (ends 9/18) $420 (begins 9/19)
Non-Member Price: $840

October 14, 2026
Dentists Do Broadway - Water For Elephants
Wednesday • 7:30pm show • SAFE Credit Union Performing Arts Center

October 20, 2026
OSHA Refresher – Live Webinar*
Joy Brack, RDA
Tuesday • 12:00–1:30pm • 1.5 CEU, Core
Member Price: $55 (ends 9/29) $75 (begins 10/1)
Non-Member Price: $150

October 22, 2026
Member Mixer - Folsom
Sponsored by DDSmatch and Bank of America Practice Solutions
Thursday • 6-7:30pm • Zócalo, Folsom
Member Price: $25 / $35 if registered after 10/9
Non-Member Price: $35 (ends 10/9) $45 (begins 10/10)

Join your fellow SDDS Members for a fantastic evening of networking, laughter, and great company at SDDS' Member Mixer!

** Does not qualify for AGD credit*

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2025 • Humanitarian Service, honorable mention
2024 • Special Citation Award
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2022 • Humanitarian Service Award
2022 • Special Citation Award
2022 • Overall Newsletter, honorable mention
2021 • Platinum Pencil, *honorable mention*
Outstanding use of graphics
2021 • Special Citation Award
2020 • Platinum Pencil
2020 • Golden Pen, *honorable mention*
Article / series of articles of interest to the profession
2020 • Special Citation Award
2019 • Special Citation Award

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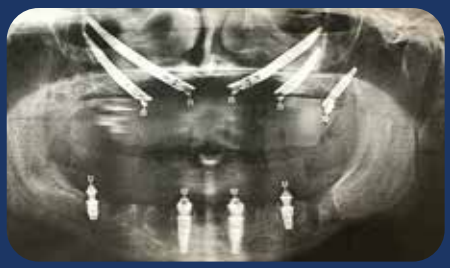
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The New Season Brings ***New Opportunities***

By **Jeffrey Sue, DDS**
2026 SDDS President

Growing up, my favorite seasons were always summer and winter. As the years have passed, fall has become the season I look forward to most. The intense heat gives way to crisp mornings and cooler days, and there is a feeling of renewal. Fall reminds us that each new season offers fresh opportunities to make a meaningful difference. It is a time to reconnect with colleagues, strengthen our profession, and most importantly, renew our commitment to serving our communities.

Our General Membership meetings return this September, and we look forward to seeing you there! Be sure to mark your calendar for Shred Day on September 18, when you can securely dispose of old patient charts and bring accepted electronic waste for recycling. If you've been looking for a way to become more involved with the Sacramento District Dental Society, join us for our Next Level Leadership Reception on September 23 and learn about opportunities to serve. Then, wrap up the season with our final Member Mixer of the year on October 22 in Folsom. It's a great opportunity to reconnect with colleagues, build new relationships, and enjoy an evening together.

Fall also brings new opportunities to make a meaningful impact through service. While Smiles for Kids takes place in February, the work begins long before then. Children's screenings start in September, and the Sacramento District Dental Society is looking for volunteer dentists to donate a few hours of their time. Your participation can help identify children in need of care and ensure they receive the healthy smiles they deserve.

As dentists, we have the privilege of improving lives every day, but our impact extends far beyond the walls of our practices. Whether volunteering at community events, mentoring the next generation of dental professionals, participating in organized dentistry, or supporting charitable programs that expand access to care, each act of service helps build healthier smiles and stronger communities.

Thank you for your continued commitment to our patients, our profession, and the Sacramento District Dental Society. As we embrace this beautiful season, may it be filled with opportunities to serve, to lead, and to leave a lasting impact.

Wishing you a wonderful and meaningful fall season. ■



Register Today - September 18, 10am-1:30pm
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MAXIMIZE YOUR BENEFITS

By **Caroll Badgley**
SDDS Executive Director

It's hard to believe September is already here. As students head back to school and summer winds down, we're also heading into one of the busiest times of the year at SDDS.

Our fall calendar is filling up with opportunities to connect, learn, and spend time with colleagues. From General Meetings and hands-on CE courses to member events, there are plenty of ways to maximize your benefits. If you've been thinking about becoming more involved with the Society or are interested in Leadership, I encourage you to attend the Next Level Leadership Reception on September 23. One of the things I appreciate most about our dental community is how willing our members are to support one another.

This month also marks the opening of registration for the 2027 Capital Region Dental Convention — SDDS MidWinter in Bloom. Our team has been working hard to put together another great event, and we're excited to share what's in store. Be sure to register early for the best pricing, and plan to bring your team! We also encourage you to share information about the convention with your colleagues, vendors, and partners. After all, this exceptional event is right here in our community!

In November, the California Dental Association House of Delegates will meet in Southern California. In the coming months, your SDDS delegates will be preparing for the meeting and reviewing the resolutions and issues that will come before the House. I encourage you to review them on the CDA website and reach out to your delegates with any thoughts or concerns. Your voice matters, and they are there to represent you.

As always, everything we do at SDDS is centered around serving our members. Thank you for your continued support of our Society and the profession. I hope to see many of you this fall, and don't forget to mark your calendar for MidWinter in BLOOM!.

Warm regards,

Caroll Badgley



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Beyond Placement:
Dental Implant Care and Maintenance

By **Peter Yanni, DMD, MS**
Associate Editor

In the span of just a few decades, dental implants have moved from a specialized treatment reserved for select cases to one of the most common and predictable solutions in modern dentistry. Today, millions of patients worldwide rely on implants not only to restore function and esthetics, but to maintain long term oral and systemic health. As clinicians, we've collectively embraced implants as a cornerstone of contemporary treatment planning. Yet with this widespread adoption comes a responsibility that extends far beyond the surgical appointment. The true success of an implant is not defined at placement, but it is earned over years of thoughtful maintenance, careful restoration design, and collaborative patient care. This issue is dedicated to that essential continuum.

Implant dentistry has matured into a discipline where long term outcomes matter just as much as initial osseointegration. As more patients receive implants that range from young adults replacing congenitally missing teeth to older adults seeking stable alternatives to removable prosthetics, the diversity of clinical scenarios continues to expand. With this expansion comes a growing need for clinicians to refine their understanding of how to protect implants over the long haul. The reality is that implants are no longer a niche treatment; they are a mainstream expectation. Patients arrive informed, motivated, and often with high esthetic and functional demands. They also arrive with the assumption that their implants will last a lifetime. It is critical to set that expectation that a lifetime of function is never guaranteed, but through careful planning, increased longevity can be engineered.

In this issue, we explore the multifaceted nature of implant maintenance, beginning with restoration design, a factor that profoundly influences long term stability. A well designed restoration does more than complete the esthetic picture, it shapes the peri implant environment, directs occlusal forces, and either mitigates or magnifies the risk of biological and mechanical complications. From emergence profiles that respect soft tissue biology to occlusal schemes that minimize overload, the details matter. As implant restorations become more common, the need for restorative dentists to master these nuances becomes increasingly urgent.

We also turn our attention to patient home care, an area where education and empowerment are essential. While implants are resistant to caries, they are far from maintenance free. Biofilm accumulation, inadequate hygiene, and poor compliance remain leading contributors to peri implant disease. Helping patients understand the unique needs of their implants, whether through tailored hygiene instructions, interdental cleaning strategies, or the incorporation of adjunctive tools, can dramatically influence outcomes. When patients feel confident in caring for their implants, satisfaction rises, complications fall, and the financial investment they've made becomes more secure.

Of course, even the best maintained implants can encounter challenges. That is why this issue also examines non surgical and surgical care for ailing implants. Early detection and intervention remain the most powerful tools we have in preventing peri implant mucositis from progressing to peri implantitis. Non surgical therapies, including mechanical debridement, biofilm disruption, and adjunctive antimicrobials, play a critical role in stabilizing early disease. When disease advances, surgical approaches including regenerative and/or resective therapy offer pathways to recovery. Understanding when and how to intervene is essential for preserving both the implant and the patient's trust.

Another key theme explored in these pages is the role of soft tissue management in reducing complications. Adequate keratinized tissue, proper tissue thickness, and thoughtful contouring around the restoration all contribute to a healthier peri implant environment. As research continues to highlight the protective role of soft tissue, clinicians are increasingly incorporating grafting procedures and soft tissue optimization into both initial treatment planning and long term maintenance strategies.

Beyond the clinical considerations, it's important to acknowledge the broader impact implants have on patients' lives. For many, implants restore more than a smile as they restore confidence, chewing ability, nutritional options, and improve overall quality of life. They can reduce the long term costs associated with failing dentition, repeated prosthetic repairs, or the functional limitations of removable appliances. When implants are maintained successfully, patients experience not only financial benefits but also improved systemic health outcomes tied to better nutrition and reduced chronic inflammation.

As implant dentistry continues to evolve, so too must our approach to care. The future of implant success lies not only in technological advancements or surgical innovations, but in our collective commitment to comprehensive, lifelong maintenance. This issue brings together perspectives, strategies, and clinical insights designed to support that commitment.

As implants become increasingly common across all patient demographics, the importance of thoughtful, evidence based maintenance has never been greater. Dr. Phuatrakoon, a locally practicing periodontist will walk us through patient home care and maintenance of dental implants, offering clarity on the abundance of instruments and options available to both patients and providers. Dr. Nguyen, another local periodontist, will highlight identification of ailing implants as well as surgical therapy. Dr. Guo-Hao Lin, Director of Periodontics at the University of California, San Francisco, discusses soft-tissue considerations for lowering the risk for implant related complications. Finally, Dr. Stavrou, an accomplished prosthodontist in Southern California, highlights restorative considerations for long-term successful outcomes.

We hope this issue inspires you, challenges you, and equips you with practical tools to enhance the longevity and success of the implants entrusted to your care. ■



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YOU SHOULD KNOW

MENTORING OPPORTUNITY!

We would like to invite you to consider mentoring or sponsoring a UOP or CNU student at an upcoming General Meeting. Students receive a discounted rate to attend GMs, and sponsorship is a great way to welcome them into our community and support their professional growth. If you are interested in sponsoring a dental student at any future General Meeting, please call (916) 446-1227 or email sdds@sdds.org - we'd be glad to help make the connection.

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SAVE OUR DENTAL CARE COALITION APPLAUDS LEGISLATURE AND GOVERNOR NEWSOM FOR SHORT-TERM DELAY IN MEDI-CAL DENTAL FUNDING

The final budget will delay harmful cuts to Medi-Cal Dental; long term solution to protect access is still needed.

The Save Our Dental Care Coalition, a group of more than 150 dental organizations, doctors, social justice groups and patient advocates applaud the Legislature and Governor Newsom for preserving essential access to dental care for Medi-Cal patients in the 2026-2027 budget. The coalition looks forward to ongoing discussions with stakeholders in coming months to ensure a long term solution is in place for continuous access to Medi-Cal Dental for years to come. Dr. Robert Hanlon, DDS, President of the California Dental Association, a member of the Save Our Dental Care Coalition, issued the following statement following the announcement:

"We thank the legislature and governor for approving a budget that protects Medi-Cal Dental funding for another year," said Dr. Robert Hanlon, President of the California Dental Association. "They made the right decision and avoided what would be a devastating collapse of the program that would leave millions of our most vulnerable without basic dental care. At the same time, we must recognize that the uncertainty caused by short-term delays of massive proposed cuts is already reducing access. There is difficult budget work ahead of us, but California must have longer term stability in the Medi-Cal budget to ensure adequate access to essential health care."

SFK SCREENERS NEEDED

Smiles for Kids (SFK) is looking for volunteers to screen kids at area schools in the Fall. Please contact the SDDS office at (916) 446-1227 or email smilesforkids@sdds.org if you are interested in volunteering.

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NON-SURGICAL MANAGEMENT OF IMPLANTS IN HEALTH AND DISEASE

By **Neal Phuatrakoon, DMD**
SDDS Member

Dr. Neal Phuatrakoon received his dental degree at Roseman University of Health Sciences, College of Dental Medicine and his Certificate as well as Masters in Periodontics from Marquette University School of Dentistry. He has joined Dr. Vasanthan, Dr. Yanni and Dr. Nguyen at Perio Specialists in Roseville and is committed to collaborating with you to deliver personalized patient care.

The modern-day implant has become an increasingly appealing treatment option for replacing missing teeth and has helped many in restoring esthetics and improving quality of life, but they present challenges of their own. For instance, implant placement and prosthetic emergence profile play vital roles in success and survival, and when mismanaged, hygiene access for the patient may be limited, resulting in insufficient biofilm removal and impaired patient compliance. In turn, healthy peri-implant tissues have an increased risk of progressing to peri-implant mucositis and eventual peri-implantitis, resulting in potential discomfort, bone loss, increased financial burdens and possibly implant loss as a sequela.

From the first consultation, patients should be made aware that implants require consistent home and professional maintenance. Setting expectations, reviewing hygiene instructions, and establishing a consistent recall program is pertinent for success. In fact, studies have shown that when patients adhere to a maintenance program, the risk for peri-implant diseases and failure is decreased.[1, 2] Non-surgical therapy then is an important first line of defense in monitoring and maintaining peri-implant health but can also influence the reversal of peri-implant mucositis and prepare peri-implantitis sites for future surgical therapy if required. The type of treatment provided for each diagnosis foundationally consists of mechanical debridement, and the use of additional therapeutic modalities may be considered on an individual basis to improve clinical outcomes.

Home Management

Brushing twice a day is still the standard of care, and the use of interproximal appliances like floss and interproximal brushes is highly encouraged.[3] For those with limited dexterity or sites with limited access such as fixed partial dentures or all-on prosthetics, considerations for powered toothbrushes, interproximal brushes with extended handles, and oral irrigators may be more conducive to reducing biofilm accumulation. The use of 0.06% chlorhexidine in oral irrigators instead of water has shown improvements in peri-implant mucositis sites, while use of chlorhexidine as an oral rinse showed limited efficacy and increased staining.[4] It is important to demonstrate how each instrument is used as well as erroneous application may diminish results, but when applied properly will improve overall hygiene .[4, 5]

Professional Management

Mechanical Debridement

Mechanical instrumentation of implant surfaces is the method of choice for debriding implants. It is typically accomplished with hand scalers and cavitrons, as they greatly reduce biofilm, plaque and calculus. Hand scalers composed of steel, titanium, carbon fiber, polyether ether ketone (PEEK), and plastic are the most commonly used and are listed from the most effective to the least.[6] Although metal instruments have the greatest capability of removing debris, their use may also result in implant surface alterations, so great care should be taken with their implementation until a consensus on the ideal material for implant use is established.[4, 6] Cavitron tips also come in a variety of materials, with PEEK and carbon fiber-coated tips recommended as the most efficacious and least damaging, though studies have reported remnant debris on implant surfaces after their use.[4, 6, 7]

Air-polishing devices are a newer introduction to implant mechanical debridement. Using pressure, water, and glycine powder, biofilm can also be effectively removed from implant surfaces. Studies have shown great results with little to no surface damage when used and has similar effectiveness when compared to traditional mechanical debridement, though more evidence is required to determine its efficacy as a standalone treatment modality.[8]

Adjunctive Therapy

The use of locally administered therapeutics such as antimicrobial compounds to assist in peri-implant diseases has been greatly investigated with polarizing results. Though

using chlorhexidine compounds, antibiotics, as well as probiotics may have positive, short-term results, the long-term benefits from using these adjuncts need to be further evaluated.[4, 9] Systemic antibiotic incorporation has also been studied, and when considered for peri-implantitis, its suggested use is limited to acute infections and rapidly progressing peri-implant bone loss.[10, 11]

Lasers and Photodynamic Therapy

The goal of laser therapy when used with implants is to arrest bacterial activity, detoxify implant surfaces, and reduce inflammation to improve clinical results.[11] Current evidence has provided heterogeneous findings, putting its efficacy in treating peri-implant diseases into question. In two systematic reviews assessing the effectiveness of photodynamic therapy and lasers in combating peri-implant diseases, both authors found that though there may be short-term improvements in values like BOP, other metrics such as probing depths and clinical attachment levels showed no additional improvements when compared to traditional methods of debridement, eliciting a need for further standardized studies.[12, 13]

Limiting the occurrence of peri-implant diseases begins with the understanding that health is maintained through a collaborative effort between clinicians and patients. Setting the appropriate expectations, performing thorough implant planning and prosthetic fabrication, demonstrating the correct home care techniques, and incorporating consistent peri-implant maintenance that meet the specific needs of each patient are all key aspects of preventing peri-implant diseases from occurring. Mechanical instrumentation plays a central supporting role in maintaining peri-implant health and, when supplemented with local adjunctive therapeutics in acute cases, may facilitate resolution of peri-implant mucositis sites if identified early enough or, at minimum, condition peri-implantitis sites for surgical intervention. ■

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Figure 1. Peri-Implant Health.
Adapted from Heitz-Mayfield (2024), Peri-implant mucositis and peri-implantitis: key features and differences, British Dental Journal. Used under ***CC BY 4.0*** *(https://creativecommons.org/licenses/by/4.0). Cropped from the original.*



Figure 2. Peri-Implant Mucositis
Adapted from Heitz-Mayfield (2024), Peri-implant mucositis and peri-implantitis: key features and differences, British Dental Journal. Used under ***CC BY 4.0*** *(https://creativecommons.org/licenses/by/4.0). Cropped from the original*



Figure 3. Peri-Implantitis
Adapted from Heitz-Mayfield (2024), Peri-implant mucositis and peri-implantitis: key features and differences, British Dental Journal. Used under ***CC BY 4.0*** *(https://creativecommons.org/licenses/by/4.0). Cropped from the original.*





PERI-IMPLANT PHENOTYPE MODIFICATION: *STRENGTHENING THE FOUNDATION FOR LONG-TERM IMPLANT SUCCESS*

By **Guo-Hao Lin, DDS, MS**

Dr. Guo-Hao (Alex) Lin, DDS, MS, is a Diplomate of the American Board of Periodontology. He is an Associate Professor and Director of the Postgraduate Periodontics Program at the University of California, San Francisco (UCSF) and holds an adjunct professorship at the University of Michigan. Dr. Lin has received multiple honors from the American Academy of Periodontology (AAP) Foundation, including the Dr. D. Walter Cohen Teaching Award (2016), the AAP Teaching Fellowship (2018), and the Dr. Colin Richman and Family Perio-Ortho Interface Award (2021). He was also awarded the AAP Clinical Research Award in 2021 and Special Citation Award in 2025. Dr. Lin's research focuses primarily on evidence-based dentistry and implant-related clinical trials.

As implant dentistry has evolved, so has our terminology. The historically inconsistent term "biotype" has largely been replaced by the more comprehensive concept of the "peri-implant phenotype." This modern framework recognizes that success isn't just about the implant itself, but the complex biological environment surrounding it.

The peri-implant tissue phenotype is a dual-component system. It includes a soft tissue component—comprising keratinized mucosa (KM) width, soft tissue thickness, and supracrestal tissue attachment—and a bone component, specifically the thickness of the buccal bone plate. Despite frequent comparisons to natural teeth, the peri-implant tissue environment encompasses distinct variables that make phenotype management substantially more complex than in the natural dentition.

The Biological Reality: A "Seal" Rather Than an "Attachment"

One of the most critical distinctions clinicians must recognize is the nature of the soft tissue interface. Unlike natural teeth, dental implants lack cementum and Sharpey's fibers. In the natural periodontium, fibers insert perpendicularly into the tooth structure, creating a strong physical bond. Around an implant, however, connective tissue fibers typically align parallel or circumferentially rather than inserting into the hardware.

This creates a "seal" that is essentially scar-like and significantly less robust than the periodontal attachment. Because this seal is more vulnerable to bacterial insult, bone loss around implants can progress more continuously and is less "self-limiting" than periodontitis. This biological vulnerability is the primary reason why strengthening the soft tissue framework is not just an esthetic choice, but a functional necessity for long-term health.

The 2 mm Rule: Keratinized Mucosa

While the necessity of KM around natural teeth is often debated, its role around implants is increasingly viewed as vital for clinical stability. While a patient with impeccable hygiene can theoretically maintain a healthy implant without KM, the reality of daily home care is different.

Patients with less than 2 mm of KM often experience significantly more plaque accumulation, bleeding, and discomfort during routine brushing. A wider band of KM acts as a protective buffer, facilitating better oral hygiene and reducing the risk of recession. When augmentation is indicated, the autogenous graft remains the gold standard, consistently delivering more stable and predictable outcomes than allogeneic, xenogeneic, or synthetic alternatives.

Respecting The Supracrestal Tissue Dimension

The supracrestal tissue dimension (formerly known as "biological width") typically requires 3 to 4 mm of vertical space coronal to the bone crest. This space is occupied by the junctional epithelium and a connective tissue zone.

If the initial soft tissue height is insufficient to accommodate this physiologic dimension, the body compensates by resorbing crestal

bone to create the necessary space. This is a common, yet often overlooked, cause of early marginal bone loss. Clinically, this highlights the importance of positioning the implant platform approximately 3–4 mm apical to the peri-implant tissue margin and using abutments ≥ 2 mm in height to minimize bone remodeling driven by the establishment of supracrestal tissue dimension.

The Bone Morphotype

Stability begins with the underlying bone architecture. A buccal plate thickness of approximately 2 mm is the benchmark to minimize physiologic remodeling and prevent dehiscence.

In the anterior maxilla, however, anatomical studies show that nearly 90% of sites have a buccal plate thinner than 1 mm. This anatomical reality means that buccal bone augmentation is frequently a prerequisite for successful outcomes. Placing an implant outside the bony housing without appropriate augmentation increases the risk of peri-implant inflammation, soft tissue recession, esthetic complications, and implant failure.

Clinical Takeaway: Phenotype Modification Therapy

When a patient presents with a thin phenotype, a passive "wait-and-see" approach is inadequate. Instead, clinicians should proactively consider peri-implant phenotype modification therapy through appropriate soft tissue and/or bone augmentation procedures. By surgically converting thin tissue to thick—most effectively through autogenous grafting—we can improve bleeding indices, stabilize marginal bone levels, and ensure a more predictable, long-lasting result. Strengthening this framework is the most effective way to protect the patient's investment and facilitate long-term peri-implant health. ■



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UNDERSTANDING PERI-IMPLANTITIS:
DEFINITION, ETIOLOGY, AND CONTEMPORARY MANAGEMENT STRATEGIES

By **Tu Nguyen, DDS, MMSc**
SDDS Member

Dr. Tu Nguyen is a periodontist with advanced training in both clinical care and research. She earned her DDS from the UCLA School of Dentistry, where she developed a strong interest in clinical research and received multiple recognitions, including the AADR Bloc Travel Grant and awards from the AO Annual Meeting and ICOI Winter Symposium.

She went on to complete a residency in Periodontics and a Master of Medical Sciences at the Harvard School of Dental Medicine. During her training, Dr. Nguyen gained extensive experience in full mouth reconstruction, implant placement, soft and hard tissue procedures, and IV conscious sedation.

Dental implants have become a predictable and widely accepted treatment modality for replacing missing teeth in contemporary dentistry. Despite their high long-term success rates, biological complications such as peri-implant mucositis and peri-implantitis can compromise clinical outcomes. Although the biological and pathological mechanisms are slightly different, peri-implantitis is often considered the implant analogue of periodontitis, characterized by inflammatory destruction of the peri-implant supporting tissues and progressive marginal bone loss. Early diagnosis and evidence-based management are essential to prevent peri-implantitis and to maintain implant function and patient satisfaction.

Definition and Diagnostic Criteria

According to the 2017 World Workshop on the Classification of periodontal and peri-implant diseases, peri-implantitis is defined as "a plaque-associated pathological condition occurring in tissues around dental implants, characterized by inflammation in the peri-implant mucosa and progressive loss of supporting bone."

Clinical signs include bleeding and/or suppuration on probing, increased probing depths compared with previous measurements, and radiographic bone loss beyond the expected physiologic remodeling. In daily clinical practice and teaching situations, a case of peri-implantitis can be diagnosed based on the following criteria:

When previous data are available:

- Presence of bleeding and/or suppuration on gentle probing.
- Increased probing depth compared to baseline.
- Bone loss beyond initial crestal bone remodeling.

When previous data are unavailable:

- Presence of bleeding and/or suppuration on gentle probing.
- Probing depth ≥6 mm.
- Bone levels ≥3 mm apical to the most coronal portion of the intraosseous implant surface.

Prevalence and Incidence

Reported prevalence rates of peri-implantitis vary due to inconsistent diagnostic thresholds, study populations, and observation periods. A systematic review reported prevalence rates of 19–25% among patients and 9–15% among implants.

While peri-implant mucositis—a reversible inflammation confined to the soft tissue—occurs more frequently, affecting up to 80% of implant patients, the incidence of peri-implantitis increases over time and correlates strongly with a history of periodontitis and inadequate plaque control.

Etiology and Risk Factors

Peri-implantitis is primarily induced by bacterial biofilm accumulation, which triggers an inflammatory cascade leading to tissue destruction. Multiple modifying factors influence disease onset and progression, including:

- Patient-related factors: Poor oral hygiene, smoking, and uncontrolled diabetes significantly increase susceptibility.
- History of periodontitis: Patients with previous periodontal disease have a markedly higher risk of peri-implantitis.
- Implant-related factors: Surface roughness, residual cement, and excessive thread exposure promote plaque accumulation.
- Prosthetic and occlusal factors: Over-contoured restorations, poor passive fit, and occlusal overload exacerbate inflammation.

Management Strategies

The goals of peri-implantitis treatment are to halt disease progression, control infection, and—where possible—regenerate lost supporting structures. Treatment selection should be individualized based on defect morphology, implant position, and patient-specific factors.

1. Regenerative Therapy

Regenerative surgical therapy is indicated for intrabony or contained defects that can support graft materials. Commonly used biomaterials include autogenous, allogeneic, or xenogeneic bone grafts, often combined with barrier membranes or biologic agents such as enamel matrix derivatives and platelet concentrates.

Clinical studies have demonstrated improvements in both clinical and radiographic outcomes following regenerative therapy, although complete re-osseointegration remains unpredictable.

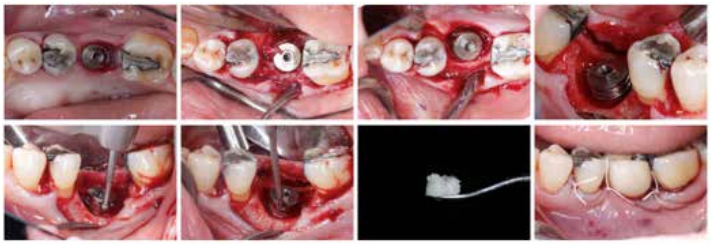


Fig.1: Clinical photos for regenerative surgery.



Fig. 2: Postoperative healing and follow-up at 6 months and 1 year.

2. Resective Therapy

Resective procedures are indicated for non-contained defects or when regenerative outcomes are unlikely. These typically include flap access, thorough debridement, surface decontamination, and implantoplasty to smooth exposed surfaces. An apically repositioned flap may be employed to reduce probing depths and facilitate oral hygiene maintenance. Although resective surgery does not aim to restore bone, it effectively stabilizes the condition and improves long-term maintenance.



Fig. 3: Clinical photos for resective surgery.

3. Explantation

In advanced or non-manageable cases, where severe bone loss or implant mobility is present, implant removal (explantation) becomes necessary. Removal can be performed using trephine burs, piezosurgical devices, or counter-torque instruments. After explantation, the site should be debrided and, if possible, undergo ridge preservation to facilitate future implant rehabilitation.

Prognosis and Maintenance

Long-term success depends on early detection, appropriate therapy, and stringent maintenance. Supportive peri-implant care every 3–6 months, patient education, and the management of modifiable risk factors (e.g., smoking cessation and glycemic control) are critical to preventing recurrence.

Peri-implantitis is a multifactorial, biofilm-driven inflammatory disease and remains one of the most significant biological challenges in implant dentistry. While regenerative and resective surgical approaches can improve clinical outcomes, prevention through meticulous maintenance and patient compliance remains the cornerstone of peri-implant health. Continued research is essential to enhance surgical protocols and improve the long-term prognosis of implant therapy. ■

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YOUR GUIDE TO IMPLANT SUCCESS: STRATEGIES TO REDUCE RESTORATIVE IMPLANT COMPLICATIONS

By **Stella C. Stavrou, DDS, FACP**

Originally from NY, Dr. Stella Stavrou earned her Doctor of Dental Surgery (DDS) degree at Stony Brook School of Dental Medicine in Stony Brook, NY. She then completed a General Practice Residency (GPR) at the West Los Angeles Veteran's Affairs Medical Center followed by an additional year as Chief GPR Resident. Dr. Stavrou pursued a residency in Prosthodontics at the West Los Angeles VA Medical Center followed by a fellowship in Maxillofacial Prosthetics at University of California Los Angeles. Her clinical practice includes complex fixed and removable prosthodontics, full mouth rehabilitation, implant dentistry, maxillofacial prosthetics, and providing high level specialty care. Dr. Stavrou earned her board-certification and is a Diplomate of the American Board of Prosthodontics (ABP).

Dr. Stavrou is currently working in practice in California and has part-time appointment as a Lecturer and Clinical Instructor in Prosthodontics at UCLA School of Dentistry. In her free time, she enjoys skiing, hiking, camping, running, and appreciating the beauty of the west coast!

Implant dentistry has become a routine part of dentistry, yet implant complications remain frustratingly common. Screw loosening, fractured restorations, hygiene challenges, and peri-implant diseases are issues most clinicians will encounter sooner or later. The good news? Many of these complications are preventable and this article outlines practical surgical and restorative steps clinicians can take—starting well before the final crown—to reduce risk and improve long-term implant success.

Successful implants are rarely the result of a single "perfect" step. Instead, outcomes are shaped by a series of surgical and restorative decisions that either reduce risk or quietly add to it. Unlike natural teeth, implants lack a periodontal ligament (PDL) and are supported by more delicate peri-implant soft tissues. These biologic differences demand a more intentional approach to implant restorations. Current evidence reinforces that both implant position and prosthetic design significantly influence peri-implant health, making implant success a shared responsibility from surgery through restoration.[1]



Surgical Decisions That Influence Restorative Success

Implant Position

The implant position sets the foundation. Facial or lingual malposition, excessive angulation, or implants placed too shallow or too deep often force restorative compromises later. While these challenges can happen, they should prompt a restoratively-driven approach to implant placement rather than relying on the restoration to compensate for suboptimal planning.

Implants placed too facially or lingually frequently result in bulky emergence profiles that trap plaque and frustrate patients. Poor angulation can lead to unfavorable screw access locations or non-axial loading. Although angulated screw channel (ASC) restorations offer some corrective flexibility, they often come at increased restorative complexity and lab cost. Shallow placement may compromise restorative material thickness, while excessive depth can complicate seating and hygiene. These factors do not doom an implant—but they significantly increase restorative risk. When implant placement is compromised, restorative decisions should actively reduce biologic and mechanical risk rather than rely on esthetic crown contouring to mask positional errors.

Soft Tissue is the Issue

Soft tissue management is often underestimated yet plays a critical role in long-term success. Ideally, implants should be surrounded by at least 2 mm of width and thickness of circumferential keratinized tissue.[2] This is particularly important around implants, as peri-implant soft tissues are inherently less robust than those around teeth.

When implants are buried and later uncovered, the incision at the stage 2 surgery becomes especially important. Thoughtful incision design can preserve keratinized tissue, improve restorative access, and enhance peri-implant health. Seemingly small surgical decisions can have lasting restorative consequences. If keratinized tissue is still inadequate, free gingival grafting may be necessary to increase width of keratinized tissue.

Restorative Design: Where Clinicians Can Make the Biggest Impact

Implant Crown Site Preparation

Predictable implant restorations often begin with preparing the surrounding dentition before impressions or scans are taken. Long-standing edentulous sites commonly exhibit adjacent tooth drifting or opposing tooth supra-eruption.

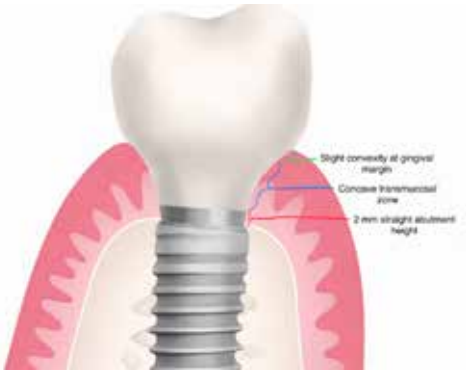
Creating guide planes on adjacent teeth and performing selective odontoplasty on sharp opposing cusps can significantly improve outcomes. Broad, flat interproximal contacts are more favorable around implants than tight point contacts, reducing food impaction and stress concentration. Selective cusp adjustment helps direct forces more axially, reducing lateral loading and lowering the risk of screw loosening. When performed conservatively, these adjustments are a simple yet effective way for clinicians to improve both biologic and mechanical predictability of implant crowns.

Emergence Profile and Cleansability

The transmucosal emergence profile is one of the most important—and most overlooked—factors in implant health. Steep emergence angles and convex contours hinder hygiene and are strongly associated with peri-implant inflammation, particularly around bone-level implants.[1]

An ideal implant restoration should emerge straight from the implant platform for approximately the first 2 mm, creating a narrow, cylindrical zone through the soft tissue.[3] This design minimizes plaque retention, preserves biologic width, and facilitates patient hygiene. An initial emergence angle of greater than 30 degrees increases risk of marginal bone loss (MBL) and can often reduce the width of keratinized tissue in posterior sites.[1,4] Beyond the initial straight emergence at the implant connection, the crown should transition into a gentle S-shaped profile—concave through the transmucosal zone and subtly convex at the gingival margin—to support soft tissue.[5]

Ridge-lapped contours should never be incorporated into implant restorations. They create plaque-retentive areas, compromise cleansability, and significantly increase the risk of peri-implant disease. Overcontouring to mask implant position may appear acceptable initially but frequently leads to chronic inflammation, mechanical complications, and eventual failure.



Retention Choices: Screw-Retained vs. Cement-Retained

Retention strategy has major biologic and mechanical implications. Screw-retained restorations offer clear advantages, including retrievability, elimination of cement-related complications, and simplified long-term maintenance. For these reasons, they are often preferred for single-unit implants when conditions allow.

Cement-retained restorations may still be indicated in select situations, but they carry a well-documented risk of residual cement—particularly with deep abutment interfaces—which is strongly associated with peri-implant inflammation and marginal bone loss. Angulated screw channel (ASC) restorations provide a valuable alternative, allowing screw retention even in non-ideal implant angulation while preserving retrievability and biologic safety.

Ti-Base and Abutment Selection

Abutment selection plays a critical role in emergence design. In sites where soft tissue contours have been carefully developed—especially in the esthetic zone—custom abutments allow precise replication of those contours. In less critical areas, stock abutments or Ti-base abutments are often appropriate, but height selection is key.

Ti-bases that are too short create bulky emergence at the bone level, while overly tall Ti-bases can introduce abrupt angles and plaque traps at the crown–abutment junction. In most cases, a Ti-base height of ≥ 2 mm provides a straight emergence at the transmucosal implant abutment connection while allowing a smooth transition to crown contours, decreasing risk for marginal bone loss.[1,3]

Occlusion: Designing for Implants, Not Teeth

Implants are far less forgiving of lateral forces than natural teeth. Occlusion should be designed with axial loading in mind, avoiding heavy excursive contacts whenever possible. Slight reduction of occlusal table width—particularly on molars—can significantly decrease bending forces without compromising function.

Occlusion should be slightly lighter than adjacent teeth with more subtle cusp inclines. Shim stock should pass through the implant crown in light closure but hold in firm occlusion.

The Steps to a Successful Crown Delivery

1. At delivery, confirm complete seating by verifying interproximal contacts clinically and radiographically. If resistance is encountered during hand torquing, this may indicate soft tissue compression and blanching that requires time to resolve or interproximal contacts that are overly tight. Implant contacts should be broad and flat but lighter than tooth-supported contacts, as implants lack a periodontal ligament. Excessively tight contacts may mimic seating while actually compressing adjacent teeth, increasing the risk of screw loosening over time.

Continued on page 18...

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2. Shim stock should pass through the implant crown in light occlusion but hold in stronger occlusion. After final torque, occlusion and interproximal contacts should be rechecked.
3. Temporary sealing should be done on day of delivery and retorquing after two weeks is recommended to compensate for initial screw settling.
4. Annual recall visits should include reassessment of interproximal contacts and occlusion, as the dentition and occlusion can change over time.

Conclusions

Implant dentistry is such a rewarding service we can offer our patients, providing fixed, long-term solutions that restore function, comfort, and confidence. However, these benefits are only realized when implant treatment is navigated thoughtfully.

When implant placement, soft tissue management, restorative design, occlusion, and maintenance are approached as an interconnected process—from surgery through final crown delivery—clinicians can meaningfully reduce both biologic and mechanical complications. Great implant outcomes are built by design, carried through each step from placement to restoration. ■

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SFK Screeners Needed - Smiles for Kids (SFK) is looking for volunteers to screen kids at area schools in the Fall. Please contact the SDDS office at (916) 446-1227 or email smilesforkids@sdds.org if you are interested in volunteering.

Smiles for Big Kids is ongoing all year long – we need volunteers to adopt the BIG kids too (especially vets and the elderly)

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The 2027 Smiles for Kids Program Begins

The Sacramento District Dental Foundation (SDDF) is kicking off the 2027 Smiles for Kids (SFK) program with our School Nurse Meeting in mid-September, at the SDDS office. Nurses and staff from participating schools will receive detailed information about how to get involved and prepare for school dental screenings, which run from September through the end of November.

Throughout the year, the SDDS team works closely with school nurses and staff to navigate children with a dental home and ensure those with urgent dental needs receive timely care.

If you would like to volunteer for the SFK program, here are ways you can help:

- Volunteer to do school screenings (September–November 2026)
- Open your office as a site on Smiles for Kids Day (February 6, 2027)
- Volunteer to assist at one of our Smiles for Kids Day sites
- Volunteer to Adopt-a-Kid (for children who need immediate care or children who need additional care after SFK Day).



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WATER FOR ELEPHANTS

After losing what matters most, a young man jumps a moving train unsure of where the road will take him and finds a new home with the remarkable crew of a traveling circus and a life–and love—beyond his wildest dreams. Seen through the eyes of his older self, his adventure becomes a reminder that if you choose the ride, life can begin again at any age.



THURSDAY, FEBRUARY 25, 2027

BUENA VISTA SOCIAL CLUB

It's been years since legendary singer Omara Portuondo last entered a recording studio. Once known as the "Queen of Feeling," her voice was celebrated throughout Cuba – until she vanished from the spotlight. But when an ambitious young record producer brings her a rare opportunity, the elusive diva must finally reckon with her past.



WEDNESDAY, MAY 12, 2027

THE NOTEBOOK

Based on the best-selling novel that inspired the iconic film, THE NOTEBOOK tells the story of Allie and Noah, who share a lifetime of love despite the forces that threaten to pull them apart. "Full of butterfly-inducing highs and beautiful songs" (Entertainment Weekly), THE NOTEBOOK is a deeply moving portrait of the enduring power of love, and features music by singer-songwriter Ingrid Michaelson and a book by TV's Bekah Brunstetter ("This Is Us").



THURSDAY, JUNE 3, 2027

A BEAUTIFUL NOISE

Created in collaboration with Neil Diamond himself, A BEAUTIFUL NOISE is the uplifting true story of how a kid from Brooklyn became a chart-busting, show-stopping American rock icon. With 120 million albums sold, a catalogue of classics like "America," "Forever in Blue Jeans," and "Sweet Caroline," numerous awards, and sold-out concerts around the world, Neil Diamond's story was made to shine on Broadway—and head out on the road across America.



TUESDAY, AUGUST 10, 2027

MAYBE HAPPY ENDING

Winner of 6 Tony Awards, including Best Musical, MAYBE HAPPY ENDING tells the deeply human story of a chance encounter that sparks connection and maybe even love. Helmed by Tony Award-winning director Michael Arden (Parade), MAYBE HAPPY ENDING has been called "one of the best musicals in years" (USA Today) and even "The best musical in eons!" (Observer). Don't miss the totally original new musical adventure that explores what it means to be human. Even if they're not.

Purchase Tickets online with this QR code.

Where Elegance Meets Holiday Cheer

THE SDDS YEAR-END PREMIERE

Join us for SDDS' 2026 Holiday Party & Silent Auction
Friday, December 11, 2026 | 6:00pm-10:00pm
Sutter Club, downtown Sacramento

$150 per person | Visit www.sdds.org for full details and to register

Celebrate with us as we honor Dr. Jeffrey Sue's outstanding year as President and welcome Dr. Craig Alpha as our incoming President, along with the installation of the 2027 SDDS and SDDF Board of Directors.

Your ticket includes a festive reception, delicious dinner, and an evening of fun!

HELP SUPPORT THE SDDS FOUNDATION

Please consider donating an auction item to help us create the most fabulous Silent Auction ever! Your contributions make our silent auction unforgettable! Here are some items that went for high bids in the past:

- Private chef dinner in your home
- Local artwork or hand-crafted items
- Your favorite wines or make a wine basket
- Sports tickets (i.e. your King's seats)
- Unique experiences

The best silent auctions are those where you're given the opportunity to bid on one-of-a-kind items and special experiences. If you have questions, email della@@sdds.org or call SDDS at (916) 446-1227.
Silent Auction donation deadline is November 18.

Sponsored by Bank of America Practice Solutions

MIDWINTER IS BLOOMING INTO SOMETHING NEW!

Capital Region
DENTAL
CONVENTION
SDDS MidWinter in Bloom

Highlights for 2027 include:

SUNRISE OPENING SESSION
HANDS-ON LEARNING
STUDENT RESEARCH
POSTER PRESENTATIONS
CUTTING-EDGE SPEAKERS
41 COURSE OFFERINGS AVAILABLE

2027 CAPITAL REGION DENTAL CONVENTION — SDDS MIDWINTER IN BLOOM MARCH 18 & 19!

The Sacramento District Dental Society is excited to announce our annual convention's rebrand to the Capital Region Dental Convention — SDDS MidWinter in Bloom! While we retain our beloved roots, this new name better reflects our growth and the vibrant, expanding dental community we serve in the greater Sacramento region.



WHAT'S IN A NAME?

- **Capital Region Dental Convention:** Highlights our status as the premier event for dental professionals in the Greater Sacramento area.
- **SDDS MidWinter in Bloom:** Celebrates the continued growth, evolution, and flourishing of your practice(s), your teams, and the dental profession… and MidWinter this year is in March when everything is in bloom.

You will still experience the same premier CE course offerings, networking opportunities and helpful staff that you have come to know and rely on from the Sacramento District Dental Society.

Join us for our next evolution of the region's largest dental event at the SAFE Credit Union Convention Center. We are more excited than ever to gather, connect, and help your dental practice bloom!

Sunrise CE DURING BREAKFAST

We'll kick off the meeting with a Breakfast lecture on Thursday, March 18. This event is open to all attendees—come reconnect with colleagues, meet new friends, and help us launch the meeting in style.



SO MANY AWESOME SPEAKERS & TOPICS!

Navneet Arora, DDS, MPH, DABP
All-on-4 Full-Arch - Digital Workflow

Sara Baker, MBA, CEO/Partner;
SD Dental Solutions
(SDDS Vendor Member)
HIPAA

Greg Campbell, DDS
Adhesive Dentistry

Leslie Canham, CDA, RDA, CDIPC, CSP; Leslie Canham & Associates, LLC
California Dental Practice Act, Infection Control, OSHA

Darren Cox, DDS, MBA
Oral Ulcers

Keith Dunnagan, Esq., CEO;
BPE Law Group
(SDDS Vendor Member)
Practice Transitions

Roy Fruehauf, Owner;
DDSmatch (SDDS Vendor Member)
Practice Transitions

Ron Goldman, Esq.
Oral Cancer

Susan Gunn, President;
Susan Gunn Solutions
Practice Management, Financial Oversight, Fraud Protection/Embezzlement

Marshall Hanson, DDS, FAACD
Class 4 Restorations

Jianing (Jenny) He, DMD, PhD
Endodontics

Amanda Hill, BSDH, RDH, CDIPC
Hygiene Instrumentation, Clinical Innovations, Emerging Therapies, Preventing and Treating Disease

Phill Hoover, MBA;
Western Practice Sales
(SDDS Vendor Member)
Practice Transitions

Pamela Humann, RDH
Home Healthcare Products

Hyuk Sang (Al) Kwon, DDS
Periodontal Diagnosis

Kim Lucas Benton, DDS, MPH, FICD, FACD
Diabetes, Oral Health & GLP-1

Apolinar Madrigal, DDS
Lasers/Restorative

Michael Miyasaki, DDS
Occlusion, Restorative Records and Clinical Predictability for the Dental Team

Amy Morgan, Faculty Facilitator;
Spear Institute
Dental Practice Leadership, Business Management, Patient Communication and Case Acceptance

Lenny Naftalin, DDS
Patient Communication, Medical Emergencies

Shannon Nanne, RDH
Xerostomia Relief, Oral-Systemic Connection

Viren Patel, DDS
Oral Cancer, Temporizations

Lindsay Quinn, CEO;
Heartwise Collective
Artificial Intelligence

Santosh Rohira, BDS
Dental Billing, Insurance

Todd Schoenbaum, DDS, MS
Implant Prosthetics

Hardev Singh, DMD
Complex Exodontia and Ridge Preservation

Taiba Solaiman, PHR, RDA, Risk Management Analyst;
TDIC (SDDS Vendor Member)
Risk Management

Grant Vigil, President;
Desco Dental
(SDDS Vendor Member)
Equipment Maintenance

Michael Weis, DDS;
Western Practice Sales
(SDDS Vendor Member)
Practice Transitions

CJ Williams, VP; Bank of America
(SDDS Vendor Member)
Practice Transitions

Alex Zamansky, Executive Territory Manager;
Dentsyply Sirona
Temporizations

LEARN MORE & REGISTER ONLINE!

Dental Day with the River Cats
EVENT HIGHLIGHTS



















Dental Day at the River Cats continues to be an evening to remember. A special highlight—our very own President, Dr. Sue, kicked things off by throwing out the first pitch! We love seeing all the dental office teams and family members - thank you to everyone who enjoyed the evening!

226 TICKETS FOR FAMILY, TEAMS & FRIENDS

Upcoming HANDS-ON CONTINUING EDUCATION

OCT 9

Digital Dentures – Diagnosis, Design and Execution

Presented by Jefferson Clark, DDS, MS, FACP
In-kind sponsor: Straumann USA LLC



This course is designed to help dentist who want to improve the quality, predictability, efficiency, and esthetics of their digital complete denture treatment. The primary goal is not simply to teach dentists how to order a digital denture. It is to teach them how to diagnose, design, evaluate, and deliver an excellent denture using sound prosthodontic principles, with digital technology making the process more efficient and reproducible. Dentists should leave the course with a systematic workflow they can begin applying immediately to improve clinical outcomes and provide their patients with dentures that fit, function, and look natural.

Learning Objectives:

- The foundational principles required to fabricate stable, retentive, comfortable dentures
- Diagnosis and treatment planning for completely edentulous patients
- Denture anatomy, support, retention, border extension, and impression techniques
- How to establish vertical dimension, centric relation, lip support, and the occlusal plane
- Digital denture workflows, including scanning, records, try-ins, and fabrication
- Immediate denture and conventional complete denture workflows
- Denture esthetics and facial analysis
- Anterior and posterior tooth selection and placement
- Smile design, midline, smile arc, tooth proportions, gingival display, and buccal corridors
- Phonetic evaluation and its use in determining tooth position
- Occlusion, tooth arrangement, and methods for creating a natural rather than artificial appearance
- Patient communication, expectation management, and case acceptance
- Troubleshooting common problems involving fit, function, comfort, and appearance

6 CEU, Core • $395

$420 after 9/18

8:00am: Registration
8:30am–2:30pm: Class

SDDS Classroom:
2035 Hurley Way, Suite 200
Sacramento

Register online today with this QR code.

2026 Calendar of Events

Get your CE units THROUGH SDDS!

Learn more and register today!

Step Up. Get Involved. Make a Difference.

Expand your involvement with SDDS in 2027! Volunteer for a committee, task force, or workgroup and help keep SDDS strong, innovative, and member-focused. Your involvement makes us better, builds our impact, and keeps organized dentistry thriving.

You're invited to join us at the Next Level Leadership Reception
Wednesday, September 23, 2026 | 6:00-7:30pm at the SDDS Office
Please RSVP to sdds@sdds.org by September 18.

If you'd like to network with fellow members of SDDS, meet new people, and do great things for SDDS – we'd love for you to join us. Most committees meet only 3-4 times a year and the committees come up with ideas, programs and events that enhance the Strategic Plan.

STANDING COMMITTEES

Membership / Engagement Committee

This committee will address topics such as member benefits, engagement, retention, communication with members, strategies to recruit new members & serve our existing members, thereby keeping organized dentistry strong.

CPR Instructor Committee

Instructors help provide mandatory CPR training to SDDS members and their staff.

ADVISORY COMMITTEES

Nugget Editorial Advisory

Committee members serve as the associate editors for *Nugget* topics and issues (must be able to write and/or know people who do!)

Continuing Education Advisory

Be a part of planning for CE programs, speakers, topics, Business Forums, MidWinter Convention, Lunch & Learns, HR programs and more; we need your fresh ideas to keep on the cutting edge of the science of dentistry and practice management!

Social Media Advisory

Help increase SDDS' social media presence by providing engaging content for SDDS to post or share on various social media platforms.

If you're interested in serving on a committee, complete the enclosed form and get it back to us. It can be emailed, mailed or faxed to the SDDS office.

2026 SDDS Committees Schedule

Leadership

Board of Directors
Jan 6 • Mar 3 • May 5 • Sept 1 • Nov 3

Executive Committee
Feb 13 • Apr 10 • Aug 7 • Oct 16 • Dec 4

Foundation

Foundation Board
Jan 27 • Sept 29

Standing Committees

Membership/Engagement
Jan 20 • Apr 21 • Sept 29

CPR Committee
Jan 20

Nominating/Leadership Development
Feb 24 • Oct 13

Advisory Committees

CSUS Pre-Dental Advisory
Feb 10

Continuing Education Advisory
Jan 6 • Apr 21 • Sept 15

***Nugget* Editorial Advisory**
Feb 3 • Sept 22

Social Media Advisory
Feb 10 • Apr 21 • Sept 15

Strategic Plan Advisory
TBA

Budget and Finance Advisory
TBA

Bylaws Advisory
TBA

Legislative Advisory
TBA

GMC/Denti-Cal Workgroup Advisory
TBA

Other

CDA House of Delegates
Nov 13-14

3rd Annual "SDDS Members Get The Scoop"

Ice Cream Social

The 2026 SDDS Ice Cream Social was one for the books! Thank you to our sponsor Dandy and members who made this such a wonderful summer evening full of connection!















YOU
THE DENTIST, THE EMPLOYER

DO YOU USE THE HR HOTLINE?

The SDDS HR Hotline is an exclusive benefit to SDDS Members. It's powered by the California Employers Association and they are ready for your call.

SDDS HR Hotline
FREE TO SDDS MEMBERS!
888.784.4031

MEMBER BENEFIT!

Empowering the Women Who Power Your Practice

By **Sara Baker, MBA, CEO/Partner; SD Dental Solutions** (SDDS Vendor Member)

One of my favorite parts of my job is getting to visit dental practices of every shape and size. Every office has its own personality and unique challenges. But after more than 20 years in dentistry, I've noticed one thing that's remarkably consistent: women are everywhere, making it all happen.

Many practices today are led by women dentists. In fact, according to the American Dental Association, women made up 51.6% of U.S. dental school graduates in 2021. But beyond dental degrees and practice ownership, every day I see women coordinating treatment, untangling insurance headaches, keeping schedules on track, calming nervous patients, managing teams, solving problems, and somehow remembering that Ms. Khan only wants appointments after 3:00pm on Tuesdays.

Of course, every member of your team matters. However, I wouldn't be keeping it real if I didn't acknowledge just how much women specifically contribute to the world of dentistry. They wear a lot of hats… sometimes all before lunch. (Which you are hopefully taking. Right? Right?!) Women bring knowledge, empathy, grit, and an incredible ability to pivot when the day doesn't go according to plan…which, let's be honest, is most days in a dental office.

Something else I've come to appreciate is the incredible diversity among the women who make up our industry. They come from different cultures, generations, family structures, identities, and life experiences. I firmly believe that this condition is a strength, not a challenge. Different perspectives make better teams, spark better ideas, and help practices connect with the equally diverse patients they care for.

Supporting women isn't just about offering a competitive salary or a benefits package. It's about recognizing that fulfilling careers rarely happen by accident. Life happens. That might mean supporting a team member through pregnancy or parental leave, providing reasonable breastfeeding or chestfeeding accommodations, offering flexibility when possible, understanding the realities of menopause, ensuring pay equity, preventing harassment, or simply creating a workplace where people feel respected, safe, and heard.

Inclusion doesn't mean treating everyone the exact same. It means giving your people what they need to succeed. Sometimes that's flexibility. Sometimes it's mentorship. Sometimes it's simply feeling like your voice matters and that you are seen as a human being.

I've been fortunate to work alongside dental teams for more than two decades, and one thing has become super clear: when you invest in the women on your team, everyone wins. Continuing education, leadership opportunities, mentorship, and cross-training aren't just employee perks; they're investments in the future of your practice. People who are encouraged to grow tend to stick around… and help others grow too.

The most successful practices I've worked with don't succeed because they have the newest technology or the fanciest office. They succeed because they actively, intentionally, build great teams. They recognize talent, encourage growth, and create a culture where people genuinely want to come to work.

So, I'll leave you with one question: If you asked every woman on your team whether she feels respected, supported, and encouraged to grow, what would they say? Their answer might tell you more about the future of your practice than any production report ever could. ■

Want to get more involved with SDDS?

Your chance is now! Use the committee and volunteer signup form included in this issue and we'll make sure to find the right place for you!

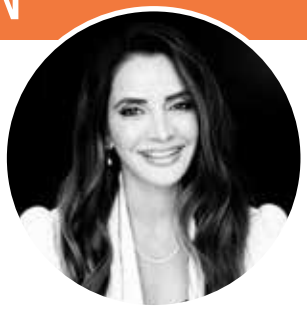


Upcoming HANDS-ON CONTINUING EDUCATION

SEP 12

Anterior Direct Restorations Lecture and Hands-on

Presented by Dimple Desai, DDS, AAACD
Sponsored by BISCO and Ultradent Products Inc.



This hands-on restorative dentistry course is designed to strengthen clinicians' skills in contemporary restorative techniques through practical, evidence-based instruction. Participants will learn how to create predictable, functional, and esthetic restorations using a systematic approach. The course will focus on conservative strategies for anterior composite restorations.

Dr. Desai will demonstrate how to restore worn incisal edges, peg lateral veneers, and Class IV restorations following clear aligner therapy. Step-by-step clinical protocols for composite bonding will be reviewed and shown in detail. These techniques will help clinicians improve composite shade selection and bonding procedures. Finally, shaping, contouring, and polishing of composite restorations will be demonstrated.

Learning Objectives:

- Restore worn incisal edges, peg laterals, and Class IV restorations with predictable composite techniques.
- Improve composite shade selection, bonding, contouring, and polishing skills.
- Apply conservative, esthetic restorative protocols in everyday practice.

6 CEU, Core • $420

8:00am: Registration
8:30am–2:30pm: Class

SDDS Classroom:
2035 Hurley Way, Suite 200
Sacramento

Register online today with this QR code.



YOU
THE DENTIST, THE BUSINESS OWNER

YOU ARE A DENTIST. You've been to school, taken your Boards and settled into practice. End of story?

Not quite. Are you up to speed on tax laws, potential deductions and other important business issues?

In this monthly column, we will offer information pertinent to you, the dentist as the business owner.

MEMBER BENEFIT!

Managing Last-Minute Scheduling Disruptions in Dental Practices

By **Wendie Richards, Dental Hiring Solutions Partner; NW Staffing** (SDDS Vendor Member)

Last-minute staff absences are a common operational challenge in dental practices. Whether the issue involves illness, a family emergency, or an unexpected scheduling conflict, the effects often begin before the first patient is seen.

A hygienist calls out. An assistant becomes unavailable. A front office team member needs emergency time away. In many practices, these situations are handled quietly and quickly, but repeated disruptions can create larger operational challenges over time.

When a team member is unavailable on short notice, the schedule may need to be adjusted quickly. Appointments may be rescheduled, clinical flow may slow down, and administrative responsibilities may shift to already-busy employees.

Although these disruptions may appear routine, repeated scheduling challenges can have broader consequences for practice performance, patient experience, and team stability.

One of the most immediate effects is lost production. When hygiene schedules are reduced or clinical support is limited, practices may need to shorten appointments, delay treatment, or leave chair time unused. Even a single missed hygiene day can affect daily revenue, future treatment opportunities, and overall schedule continuity.

The operational impact extends beyond revenue.

Patient experience is often affected when teams are required to absorb unexpected coverage challenges. Wait times may increase, communication may become less consistent, and the overall visit may feel less organized. Patients may not see the cause of the disruption, but they often notice the result.

Frequent disruptions can also place sustained pressure on the team. Employees may need to assume additional responsibilities, work through breaks, or extend their day to maintain operations. Over time, this can contribute to fatigue, lower engagement, and turnover.

Workplace culture may also be affected. Dental practices often depend on small, closely coordinated teams, and repeated instability can strain communication, reduce efficiency, and increase stress across roles. Even strong teams can become less effective when coverage challenges are ongoing.

For that reason, contingency planning is an important part of practice management. Offices that wait until a scheduling issue becomes urgent often face fewer options and more pressure when trying to maintain daily operations.

A practical plan may include cross-training team members where appropriate, documenting key workflows, and identifying reliable coverage resources in advance. Preparation can help practices respond more efficiently when unexpected absences occur in either clinical or administrative roles.

Retention also remains a critical part of long-term stability. Practices that support communication, consistency, and a healthy work environment are often better positioned to reduce turnover in today's competitive hiring market.

In a dental practice, operational consistency supports more than day-to-day convenience. It influences patient satisfaction, team retention, financial performance, and long-term growth. While unexpected absences cannot be eliminated entirely, planning for them can reduce disruption and support more stable practice operations. ■

Wendie with NW Staffing can be reached via email at wrichards@nwstaffing.com or by phone at (916) 299-8179.

The Osborne Group is a leading provider of commercial real estate services to dental and medical office users, owners and developers within the greater Sacramento Area.



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GALLELLI REAL ESTATE

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We enjoyed meeting you all at the Midwinter Convention in March! We are here to help – please let us know how we can support your commercial real estate needs.

Upcoming GENERAL MEETING



OCT 6

NOTE DATE

Is It Possible? Predictability, Limitations, and Heroics in Tooth Preservation

Presented by Katherine Shi, DMD

This presentation will explore the complex decision-making process behind saving teeth from an endodontic perspective. Through real-world cases and input from current literature, we will examine when preservation is predictable, when it is not, and when extraordinary measures we've taken have succeeded — or failed.

Course Objectives:

- Review clinical and radiographic tools that are helpful in diagnosis, treatment planning, and determining prognosis.
- Recognize situations where treatment outcomes are less reliable and extraction may be the better choice.
- Discuss our "heroic" attempts with what has worked, what hasn't, and the lessons we have learned from pushing the limits of biology and technique.

3 CEU, Core • $89

5:45-9:00pm: Social, Exhibits, Dinner and Program

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

Register online today with this QR code.



From Proposal to Procedure Code: Cracking the CDT 2027 Process

By **Cherag D. Sarkari, BDS, MDS, DDS,**
Chief Dental Officer; LIBERTY Dental Plan
SDDS Member

Last month, the American Dental Association (ADA) released the approved CDT 2027 code changes following the annual meeting of the Code Maintenance Committee (CMC). Effective January 1, 2027, these changes will influence how dental procedures are documented, reported, analyzed, adjudicated, and communicated across the profession. While most dentists interact with CDT codes every day, relatively few have the opportunity to see the collaborative process that determines how the profession's coding language evolves.

As a member of the ADA Code Maintenance Committee representing the National Association of Dental Plans (NADP), I have had the privilege of participating in those discussions. This article provides an overview of how the process works, who participates, and the key CDT 2027 changes that every dental professional should know.

WHY CDT MATTERS

The Code on Dental Procedures and Nomenclature (CDT) serves as dentistry's standardized language for documenting and reporting care. Since its adoption as the HIPAA-recognized code set for dental procedures, CDT has become essential for clinical documentation, claims processing, electronic health records, research, and communication among providers, payers, educators, and regulators.

WHAT IS THE CODE MAINTENANCE COMMITTEE?

The ADA Code Maintenance Committee is responsible for evaluating and voting on proposed changes to the CDT Code. The committee traces its roots to the former Code Revision Committee. Following a major restructuring initiative in 2003, designed to improve transparency and stakeholder participation, the committee's role expanded beyond revising code language alone. In 2013, its name was formally changed to the Code Maintenance Committee to better reflect its broader responsibilities. NADP became a voting member organization in 2004.

WHO SERVES ON THE CMC?

The CMC consists of 24 voting representatives drawn from organized dentistry, specialty organizations, educational institutions, and payer organizations. This broad representation helps ensure that decisions are informed by clinical, academic, operational, and administrative perspectives.

HOW OFTEN DOES THE CMC MEET?

The committee follows an annual maintenance cycle culminating in a formal in-person meeting, typically held each March at ADA Headquarters. During this meeting, stakeholders may provide comments, committee members debate proposals, and votes are cast.

HOW DOES A CDT CODE GET CREATED OR REVISED?

Practicing dentists, specialty organizations, manufacturers, educators, payer organizations, and members of the public may submit requests. Factors driving submissions include new technologies, changing treatment techniques, improved specificity, clarification of terminology, and emerging clinical services. The cycle includes submission, review, public comment, voting, publication of decisions, and incorporation into the next CDT edition.

HOW ARE DECISIONS SHARED?

Following the annual meeting, the ADA publishes a summary of CMC actions and maintains official decisions on its CDT website. New codes receive assigned CDT numbers, revisions are finalized, and the annual CDT publication is updated.

CDT 2027 BY THE NUMBERS

The CMC approved 67 total changes for CDT 2027 compared with 60 changes in CDT 2026. These include 28 new codes, 33 revisions, 6 editorial changes, and no deletions.

KEY CDT 2027 ADDITIONS

Notable additions include D1209 for application of caries preventive medicament, topical non-fluoride; D4324 through D4327 for repair and removal of fixed splints; D5950 auricular molding; D5961 nasal molding; D5998 repair of maxillofacial prosthesis; D6108 placement of a healing cap on an implant body; D6109 removal of a screw-retained indirect restoration on an implant; D6124 and D6125 interim implant-retained dentures; D6126 replacement of all teeth and acrylic on a hybrid prosthesis; D8689 recementing or rebonding of certain orthodontic appliances; and a series of adjunctive services codes addressing chemodenervation, nerve blocks, trigger point therapies, pulse oximetry assessment, and care transition services.

IMPORTANT REVISIONS AND EDITORIAL CHANGES

Many revisions focused on modernization and improved specificity. Preventive dentistry terminology was broadened beyond fluoride-centric language. Orthodontic nomenclature replaced Minor Treatment to Control Harmful Habits with Adjunctive Orthodontic Therapy. Several implant and maxillofacial prosthetic codes replaced the term supported with retained. D2390 was expanded to permit reporting on any tooth rather than anterior teeth only. D9910 was revised to specify reporting per tooth.

HOW PAYERS COMMUNICATE CHANGES

Implementation planning begins months before January 1. Following release of ADA materials, organizations update systems, test adjudication rules, and educate stakeholders through newsletters, webinars, manuals, websites, and clearinghouse communications.

OBTAINING CDT RESOURCES

Dentists, dental organizations, and vendors wishing to access CDT 2027 should obtain official materials directly from the ADA. Resources include the annual CDT code book, companion publications, electronic products, licensing agreements, and ASCII files.

LOOKING AHEAD

CDT codes are often viewed simply as claim-reporting tools. In reality, they represent the profession's shared clinical vocabulary and play a critical role in documenting patient care, measuring utilization, supporting benefit administration, facilitating research, and enabling interoperability across healthcare systems. The recently released CDT 2027 updates continue that tradition, providing dentists, educators, researchers, and payers with a more accurate and relevant language for describing contemporary dental care. ■

ADA Code Maintenance Committee Membership

Membership Category	Organizations Represented
ADA Representatives (5)	American Dental Association
Dental Specialty Organizations	AAOMP, AAOMR, AAOM, AAOP, AAPD, AAP, AAE, AAOMS, AAO, AAPHD, ACP, ASDA
Dental Professional Organizations	AGD, ADEA
Third-Party Payer Organizations	AHIP, BCBSA, CMS, DDPA, NADP
Total Membership	24 Voting Representatives

CDT Annual Change Comparison

Measure	CDT 2027	CDT 2026
New Codes	28	31
Revisions	33	14
Editorial Changes	6	9
Deletions	0	6
Total Changes	67	60

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American Dental Association. Code Maintenance Committee (CMC).

American Dental Association Council on Dental Benefit Programs. Code Maintenance Committee: Composition, Responsibilities and Meeting Protocol. 2024.

American Dental Association. March 2026 Code Maintenance Committee Meeting Decisions and CDT 2027 Actions Summary Report.

Versaci MB. 67 Changes Coming to CDT 2027. ADA News. April 14, 2026.

Versaci MB. CDT 2027 Available for Preorder Through ADA Store. ADA News. June 23, 2026.

Preble D. ADA CDT Code Maintenance Process. NCVHS. 2012.

Cherag D. Sarkari, BDS, MDS, DDS, is Chief Dental Officer, LIBERTY Dental Plan; Co-Chair of the National Association of Dental Plans Codes Subworkgroup; and the NADP Representative to the American Dental Association Code Maintenance Committee.

Upcoming BUSINESS FORUM

SEP 16

Difficult Conversations and De-Escalation Techniques (Webinar)



Presented by Jessica Rivera, MBA, PHR, SHRM-CP
VP of Human Resources; California Employers Association
(SDDS Vendor Member)

Workplace conflict is an unavoidable challenge that can impact productivity, morale and overall performance. When not addressed, it can lead to absenteeism, reduced job performance, and strained customer relationships. However, most employees are unaware of the power they have to resolve conflicts on their own. This training will provide employees with the essential skills of active listening, non-judgmental questioning, and open honest communication to foster a collaborative work environment and empower individuals to resolve conflicts effectively, improving both team dynamics and organizational success.

1.5 CEU, 20%

12:00–1:30pm: Webinar

Member Price: $49
Non-Member Price: $98

This course is a webinar, a link to join will be sent to your email 48 hours prior to course date

Register online today with this QR code.



Building More Than Smiles: Through the Lens of a CNU Dental Student

By **Agampreet Kaur**
D3 Dental Student; CNU

Agampreet Kaur (Agam) is a dental student at California Northstate University College of Dental Medicine. Originally from Punjab, India, she has called Elk Grove, California, home since immigrating to the United States in 8th grade. She is passionate about lifelong learning, innovation in dentistry, and building meaningful relationships with her future patients.

When people think about dentistry, they often see the final outcome: a restored tooth, a healthier smile, or a patient leaving the office with renewed confidence. What is less visible is the journey behind becoming a dentist: the years of education, practice, reflection, and growth that shape us into healthcare providers. As a dental student at California Northstate University College of Dental Medicine (CNU), I have gained a unique perspective on how dentistry is evolving and how we are being prepared to care for the patients of tomorrow.

Dental school has taught me that dentistry is much more than learning procedures. While technical skills are an essential part of becoming a clinician, being a great dentist requires much more. It requires understanding the science behind treatment decisions, communicating effectively with patients, adapting to new technology, and developing the confidence to manage complex situations. Every lesson, whether in the classroom, simulation laboratory, or clinic, contributes to becoming a more thoughtful and well-rounded provider.

The first two years of dental education at CNU focuses on building a strong foundation through didactic learning. These years challenge students to understand the connection between biomedical sciences and clinical dentistry. Learning the "why" behind each procedure is just as important as learning the steps themselves because it allows us to make informed decisions for our future patients.

As students transition into the last two clinical years, the focus shifts from understanding concepts to applying them in real patient care. This is where dentistry becomes more personal. Every patient brings a unique story, set of concerns, and expectations. We learn that successful treatment is about listening to patients, understanding their goals, and creating a treatment plan that improves their overall oral health and quality of life.

One of the most exciting parts of being a dental student today is witnessing how quickly the profession continues to evolve. Technology is transforming the way dentists diagnose, plan, and deliver treatment. Digital impressions, advanced imaging, CAD/CAM technology, and improved treatment planning methods are becoming increasingly important in modern dentistry. At the same time, learning traditional techniques remains valuable because it provides a strong foundation and allows future dentists to adapt to different clinical environments. Understanding both traditional and digital approaches during dental school helps us become more versatile clinicians.

Another important aspect of dental education is learning independence and responsibility. Dentistry requires managing time effectively, communicating with patients, organizing treatment, and making confident clinical decisions. As CNU continues to evolve its clinical curriculum, students will have opportunities to provide care without an assistant. While dentistry is ultimately a team-based profession, these experiences encourage us to become self-reliant, maximize our chairside experience, and develop the confidence and adaptability needed to navigate the realities of independent practice.

Perhaps the most meaningful lesson dental school teaches is that dentistry is ultimately about people. Behind every procedure is a patient who is trusting us with their health and well-being. The ability to educate, reassure, and build relationships with patients is just as important as technical ability. A successful dentist is not only someone who can perform excellent dentistry but someone who can make patients feel heard and cared for.

The journey through dental school is challenging, but every challenge provides an opportunity for growth. There are moments of uncertainty, difficult concepts to master, and procedures that require patience and repetition. However, these experiences shape us into better clinicians and remind us of the importance of continuous learning.

Looking back on my experience as a dental student, I have gained a deeper appreciation for the dedication and responsibility that comes with this profession. The path is demanding, but it is also incredibly rewarding. Every skill we develop and every patient interaction we experience brings us one step closer to becoming the compassionate, adaptable, and knowledgeable dentists our communities need. ■

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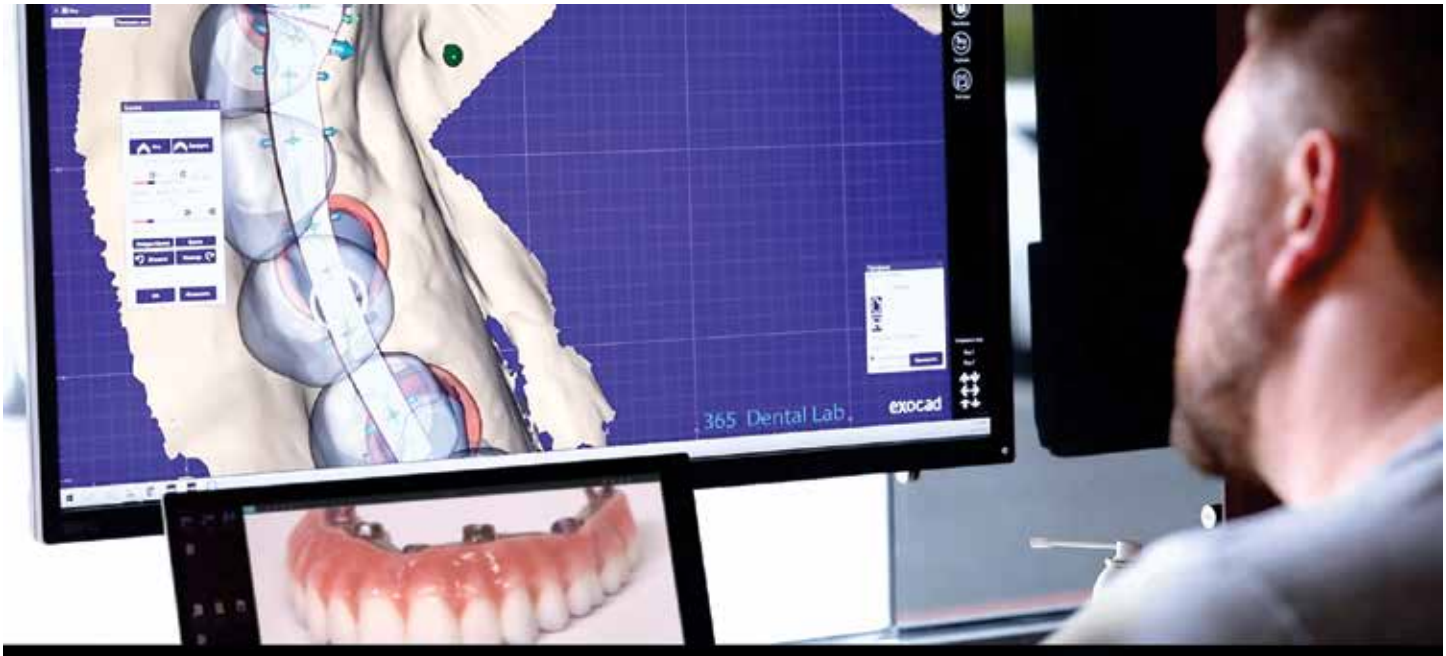
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(as of 8/10/2026)

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RETENTION RATE: 99.5%

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59% retired

MARKET SHARE: 75.2%

TOTAL ACTIVE MEMBERS: 1,410

TOTAL RETIRED MEMBERS: 381

TOTAL DUAL MEMBERS: 11

TOTAL AFFILIATE MEMBERS: 1

TOTAL STUDENT MEMBERS: 198

TOTAL CURRENT APPLICANTS: 0

TOTAL DHP MEMBERS: 56

TOTAL NEW MEMBERS FOR 2026: 158

Member Update

Sept/Oct
2026

Welcome to our newest members

Noor Al Obaidi, DDS, MSD
Orofacial Pain
- Graduated from an International School in 2003 and went on to earn specialty of Orofacial Pain from Eastman Dental Center in 2020.

Atena Azarnia, DDS
General Practice
- Graduated from University of Texas in 2026.
- Currently practicing at Sacramento Dentistry in Sacramento.

Abraham Covarrubias Lozano, DDS
General Practice
- Graduated from Mexico – Universidad De La Salle in 2026.

Amanda Cristobal, DDS
General Practice
- Graduated from Mexico – Universidad De La Salle in 2026.

Mohamed Elrasd, DDS
General Practice
- Graduated from an International School in 2026.
- Currently practicing at Ultimate Dental in Elk Grove.

Parneek Grewal, DDS
General Practice
- Graduated from University of Detroit in 2026.
- Currently practicing at Paramount Dental in Sacramento.

Arashdeep Kaur, DDS
General Practice
- Graduated from Mexico – Universidad De La Salle in 2026.
- Currently practicing at Ultimate Dental in Elk Grove.

Sarita Mannan, DDS
General Practice
- Graduated from Mexico – Universidad De La Salle in 2026.

Jay Patel, DMD
General Practice
- Graduated from University of Pittsburgh in 2017.

Marilyn Ratliff, DDS
General Practice
- Graduated from Mexico – Universidad De La Salle in 2026.
- Currently practicing at Williams Dental Care in Williams.

Karnjit Sarai, DDS
Pediatric Dentistry
- Graduated from Herman Ostrow School of Dentistry in 2024 and went on to earn specialty of Pediatric Dentistry at Nova Southeastern University in 2026.

Welcome Back!
Farzin Farahmandnia, DDS

Congratulations to Our New Retired Members!
William Gilbert, DDS
Richard Kennedy, DDS
Paul Raskin, DDS
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Dr. Don Rollofson on welcoming a new grandbaby in June. **(2)**

Dr. Brock Hinton for winning Best of Show at the recent Pacific Flyway Decoy Association convention. He also served two nights as the Auctioneer. **(3)**

Dr. Nancy Archibald for being awarded 2nd place in her category at the local quilt show in Anderson, South Carolina. **(4)**

California Northstate University, College of Dental Medicine Clinic on the increased access to patient care by launching their pilot Night Clinic on July 14 offering appointments in the evening. **(5)**

Dr. Amanda Chen on receiving an ICD (International College of Dentistry) award for the 2025 Nov/Dec *Nugget*. **(6)**

Dr. Gina Salatino on receiving her mastership with the Academy of General Dentistry. **(7)**

UOP International Dental Studies (IDS) Program's incoming class. **(8)**

California Northstate University CDM's incoming class.

















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Associate Dentist – Jackson, CA: New graduates welcome. One-on-one mentorship, comprehensive specialty training, excellent earning potential, genuine partnership opportunity. Build an exceptional career with us. Contact: askmanor@gmail.com *9-10/26c*

Associate Dentist. Redford Dental Care, Carmichael, CA. M-TH 8 to 6. Guaranteed daily rate, 30% of net production. 175k to 250k annually. Qualifications: CA Dental License, 3+ years of experience. Contact: Colette Montes, Colette@Straine.com *7-8/26*

Join Make a Smile Dental! We're hiring Dental Assistants, Hygienists, and Dentists across specialties. Enjoy competitive pay and a supportive team. Apply today: makeasmile.com/careers *11-12/24*

WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to eljohnson@wellspacehealth.org. *1/15*

Kids Care Dental & Orthodontics seeks orthodontists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us... come find out why! Send your CV to drtalent@kidscaredental.com. *6-7/17*

FOR SALE/LEASE

Dental Suite for Lease – 3960 El Camino Ave. Modern 1,840 sq. ft. suite with 6 plumbed operatories. Ideal for Endodontist or Periodontist. Contact Dr. Patel: (415) 690-6683 | upen49@gmail.com *9-10/26c*

Turnkey dental office in Sacramento's Pocket area. Four operatories with existing plumbing, sterilization, chairs, compressor and vacuum systems. Ideal for startup, satellite, pediatric, orthodontic, endodontic, or general practice. Contact Patrick Dubois at patrickdubois@fortunemgmt.com or (530) 282-6812 for more information. *7-8/26*

Dental Office Condo for sale or lease. One story prime location corner opposite Kaiser Hospital. 2,743 square feet of NRA located at 1603 Eureka Rd., Roseville. Six operatories with equipment. Call (916) 797-7436 for details. *1-2/26*

South Sacramento dental office with chairs available immediately/Roseville New Construction for Lease; Ranga Pathak, Broker Associate, RE/MAX Gold, DRE01364897; Tel: (916) 201-9247; Email: ranga.pathak@norcalgold.com. *8-9/21*

SACRAMENTO DENTAL COMPLEX has one 3 unit suite which is equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: (916) 539-1516. *10/11*

SDDS member dentists can place one *Nugget* classified ad **FOR FREE!** MEMBER BENEFIT!

Selling your practice? Need an associate? Have office space to lease? SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum). For more information on placing a classified ad, please call the SDDS office at 916.446.1227 or visit www.sdds.org/publications-media/advertise/

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SDDS CALENDAR OF EVENTS

SEPTEMBER

8 **GM: Oral Appliances for the Management of Obstructive Sleep Apnea**
Alexander Malick, DDS
Tuesday • 5:45–9:00pm

12 **Anterior Direct Restorations Hands-on** Course
Dimple Desai, DDS, AAACD
Sponsored by BISCO & Ultradent Products
Saturday • 8:30am–2:30pm • 6 CEU, Core
SDDS classroom

16 **Difficult Conversations and De-Escalation Techniques** – Webinar
Jessica Rivera, MBA, PHR, SHRM-CP; CEA
Wednesday • 12–1:30pm • 1.5 CEU, 20%

18 **Shred Day**
Friday • 10:00am-1:30pm
SDDS Back Parking-lot

23 **Next Level Leadership Reception**
Wednesday • 6:00-7:30pm • SDDS Office

OCTOBER

6 **GM: Is It Possible? Predictability, Limitations, and Heroics in Tooth Preservation**
Katherine Shi, DMD
Tuesday • 5:45–9:00pm
NOTE DATE

For full details and to sign up for courses online, visit: www.sdds.org

9 **Digital Dentures: Diagnosis, Design and Execution Hands-on Course**
Jefferson Clark, DDS
In-Kind Sponsor: Straumann USA LLC
Friday • SDDS Classroom • 6 CEU, Core

14 **Dentists Do Broadway - Water For Elephants**
Wednesday • 7:30pm show
SAFE Credit Union Performing Arts Center

20 **OSHA Refresher** – Webinar
Joy Brack, RDA
Tuesday • 12:00–1:30pm • 1.5 CEU, Core

22 SDDS Member Mixer - Folsom Zocalo
Thursday • 6-7:30pm • Zocalo Folsom
Sponsored by DDSmatch and Bank of America Practice Support



Upcoming GENERAL MEETING

SEP 8

Oral Appliances for the Management of Obstructive Sleep Apnea

Tuesday • 3 CEU, Core • $89 early price thru 8/25
Presented by Alexander Malick, DDS

Sleep Breathing Disorders have rapidly become recognized as a possible etiology to many serious medical conditions including Diabetes, Cardiovascular disease, psychiatric disorders, Cognitive impairment, and Chronic Pain Conditions. Dentists can play an important role in the management of Obstructive Sleep Apnea.

Recruitment Night - Bring a non-member dentist at SDDS member pricing!

OCT 6

Is It Possible? Predictability, Limitations, and Heroics in Tooth Preservation

NOTE DATE

Tuesday • 3 CEU, Core • $89 early price thru 9/22
Presented by Katherine Shi, DMD

With our joint presentation between an endodontist and periodontist, we hope to explore with you the complex decision-making process behind saving teeth. Through real-world cases and input from current literature, we will examine when preservation is predictable, when it is not, and when extraordinary measures we've taken have succeeded — or failed.

5:45–9:00pm: Hilton Sacramento Arden West (2200 Harvard Street, Sac)