



We are all happy to be connecting in person once again! NYU dental students (left to right) Rebecca Maawad, Miriam Ahmad, Cindy Qiang, Miriam Thomas, Cynthia Devendran, and Pooneh Khazaiepool with President Ioanna Mentzelopoulou (center) and Secretary Vera Tang (far right) during the reception at the November General Membership Meeting.

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PRESIDENT'S MESSAGE



DEFINING SUCCESS

Ioanna G. Mentzelopoulou, DDS

It is the end of 2022 and personally it is the time for reflection. As the year comes to a close, I want to define where I am right now in my career, my work, my personal life. Am I valued for my contributions and my potential? Do I feel my work is leading to a place that will satisfy my ambitions and help make a difference?

My year as president started very slowly and gained momentum. The need for connection, human contact, and the exchange of ideas became more powerful than any health mandate. In October, at the ADA House of Delegates in Houston, Texas the conversation revolved around how we need to connect again; how we need to move forward together. We need to reach out to our communities within the profession – the students, the residents, the new dentists, the seasoned dentists, the retirees.

The challenge has been how to get people to come out of their isolation and mingle again. I was not sure if people remembered how life used to be. As part of the NYCDS team, we decided to give the members more experiences that would help them meet new people and get information that can be useful. We held numerous social events... wine tasting in the Hudson Valley, mixology lessons and practice acquisition lessons. We hosted Dr. Steven Perlman, founder of Special Olympics for our fall membership meeting. We came together...

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Continuing Education

Give yourself some credit.

Mitchell Rubinstein, DMD

Education Director



Twenty-six years ago, I participated in a full-day lecture course with a dentist who was also a very knowledgeable practice management expert. At that point in my career, I was more proficient as a clinician than as a manager, and I had decided I needed to improve. The course was essentially a primer on running a dental practice like a "normal" business. This was something none of us learned in dental school (then or now), and today it is an essential subject for any doctor in private practice. The instructor was Dr. Roger Levin.

There were fewer courses like this in 1997 than there are today, for several reasons. At the time, there was less financial pressure on dentists. Courses in practice management were also less common because both our state regulators and our governing professional bodies often excluded "business" subjects from the list of education topics considered worthy of CE credit. Years ago, there was still a quaint, antiquated notion that the clinical aspects and the business/management aspects of patient care were distinct and separate from one another. That was then, this is now. Our thinking on the subject has become more sophisticated, and more nuanced.

If I am unable to run my recall system properly and efficiently, that is a practice management failure. It is a serious deficiency from a business standpoint. However, it is also a failure to deliver proper preventive care to my patients, and results in losing patients to follow-up. This would be terrible for their health, and a failure on the clinical end. Similarly, those of us who lack adequate case presentation skills won't reap the financial rewards of the big restorative cases, but we will also leave patients with untreated restorative pathology, malocclusions, periodontal disease, and TMJ dysfunction. Yet another clinical failure. Even a knowledge of business analytics leads to improved patient care. Without understanding these principles,

we can't properly evaluate the cost/benefit of new technologies in the rapidly expanding digital realm. This makes it extremely difficult to stay current and pursue clinical excellence.

We now have a much greater understanding of the many complex factors interacting in the delivery of excellent clinical care, and excellent clinical education. Thankfully, this view is accepted by our professional associations. The American Dental Association's guidelines for CE credit now permit courses which "enable the dental professional to enhance the dental health of the public, either directly or through improved effectiveness of operations in dental practice." Unfortunately, many state governmental agencies that set rules for licensure (including New York) have not caught up. The New York State Education Department regulations state explicitly "courses such as PRACTICE MANAGEMENT, accounting, finance, statistics, and how to use the Internet are NOT ACCEPTABLE."

Of course, Statistics is an essential body of knowledge in evaluating clinical research, and it is impossible to provide HIPAA training without teaching participants "how to use the Internet". It would seem the NY State regulations are overdue for an upgrade. This is something I will be working on in the coming year, both as your Education Director and as Chair of the NYSDA's Technology Committee.

In 1997, I received no official CE credit for Dr. Levin's course, but I didn't really care. The course helped me immeasurably, both as a clinician and as a businessman. In my view, I received a different type of credit. I learned many things which led directly to better patient care. This was one of the reasons I invited him to lecture at our Henry Spenadel CE program last year, more than a quarter of a century later.

So give yourself a little credit – the kind that really matters. Continuing education credit is only one of the reasons we continue to educate ourselves as professionals. There are so many venues, modes, and outlets we can use to improve. We have live webinars, recorded webinars, in-person lectures and hands-on courses. Look for the topics, the courses and the speakers who can help you get better in every possible way and...get to work!

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Dentists' Quarterly, ISSN #017522153, is published four times a year by the New York County Dental Society, 622 Third Avenue, New York, NY 10017. © 2021, New York County Dental Society.

The opinions and information in the articles in this publication are those of the authors and do not necessarily reflect those of the Editor or the Officers and Board of Directors of the NYCDS. Subscription \$20 per year.

Dentists' Quarterly

New York County Dental Society

622 Third Avenue, New York, NY 10017

NEW DENTIST EVENTS

Members Enjoy a Hudson Valley Wine Outing

In a first for NYCDS, members and guests boarded a bus in midtown Manhattan on October 2 and enjoyed a scenic autumn drive to two Hudson Valley wine destinations. Everyone enjoyed tasting different wines, apple cider donuts, and a “deluxe” indoor picnic at a picturesque winery overlooking the Hudson. The event, hosted by the New Dentist Committee, brought a mix of members, residents, and students together for a pleasant autumn outing. It was a wonderful way for members to interact with one another in a new setting. Many appreciated the opportunity to explore New York beyond Manhattan with colleagues and friends. Special thanks to MLMIC Insurance Company for their sponsorship of this outing.



Members enjoyed two wonderful wine venues in the Hudson Valley on October 2.

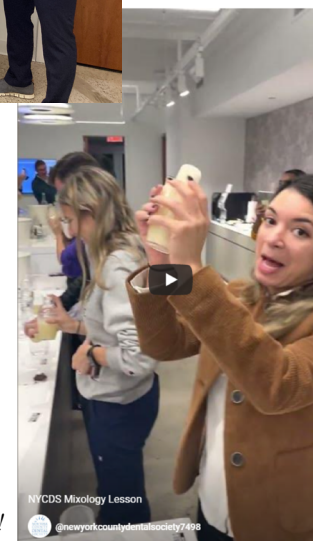


Path to Practice Ownership with a Twist

New dentists were welcomed to NYCDS on November 3 with a hand-crafted autumn cocktail which set the tone for a terrific evening featuring an informational panel on practice ownership, followed by a hands-on session with a mixologist. The panelists were Rob Malandrucolo, vice president, NY&CT regional manager (dental division); Jarrett Mathews, vice president, regional sales manager, dental practice sales and acquisitions with Bank of America Practice Solutions; and Melody Lins, associate attorney at the National Dental Law Group at Mandelbaum Barrett P.C. They provided attendees with insights into the necessary financial steps and legal “best practices” when either starting or acquiring a practice. Their answers were informed by their years of experience working with dentists seeking to become practice owners. After the panel portion, everyone had the opportunity to mix a drink of their own called an “electric daisy” which uses the buzz button herb (aka “the toothache plant”) which has a numbing effect when chewed. Between the drinks, the information imparted, and the conversations taking place it was clear the program was a hit!



(left to right) Robert Malandrucolo, with Bank of America Practice Solutions; Kevin Flatko, mixologist; attorney Melody Lins with Mandelbaum Barrett, PC; and Jarrett Mathews, with Bank of America Practice Solutions, led an engaging and informative program at NYCDS on November 3.



Check out this video from the event!



Be part of the **GKAS** movement!

Give Kids (and Yourself) A Smile!

2/3/23 / 7:30 am - 12:30 pm

There's still time to register for our largest community-based volunteer event! Help provide dental screenings, fluoride treatment, and oral health education to elementary school children in East Harlem through our award-winning event.

VOLUNTEER

President's Message continued from page 1

...at our in-person mentorship event in collaboration with the Student Government and the NYU College of Dentistry Alumni Association. We created a panel for dental schools asking questions related to residency programs. We recruited residents to become members of NYCDS by actively getting into the residency programs.

The GNYDM was stronger than ever with a lot of interesting continuing education and social events held by the alumni associations of various dental schools and companies that exhibited at the meeting. I was happy to see a lot of familiar faces and make new friends. The Meeting had 33,000 attendees from all over the US and the world.

My presidency has given me the satisfaction of connecting again with all of you. Sharing experiences and ideas has

been valuable, especially when things don't go as planned.

In the end, my definition of rising is always going to be personal; individual to me. Success is the fact that we got together. Despite our fears, we all went to the GNYDM to walk through the exhibit floor and spend time with our colleagues. I will continue connecting with many of you through our committees. Success is creating that personal connection that we all so much missed.

After all New York feels normal to me after such a long time. I am back in my practice and I am happy to see people's faces again. The holidays will involve family gatherings once again, cooking and spending time together. I want to wish all of you happy holidays and a wonderful and healthy New Year 2023.

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Mentorship Mixer a Resounding Success!

On November 14 NYCDS – in conjunction with NYU College of Dentistry – held a Mentorship Mixer, which was attended by approximately 40 member dentists and 50 NYU dental students. The purpose of the evening was to enable the students (D1s thru D4s) to speak with dentists in order to obtain advice about "real world" dentistry, residency programs, specialties, etc. The program was divided into four segments of 30 minutes each. The first portion was set up for socializing amongst attendees, and it was followed by a period of "speed dating" – every five minutes students had to speak to a different dentist. During the third segment, students and dentists met in pre-assigned groups and, lastly, students met with groups of different specialists and general dentists. The immediate feedback by all participants was that the event was an excellent program of networking for all involved. A similar event will be held in the future in conjunction with the Columbia College of Dental Medicine.



Mentors and students connecting at the NYU College of Dentistry Mentorship Mixer at NYCDS on November 14.

NYCDS Helps NYU Students Tackle the GPR/AEGD Process

Representatives from New York County were invited by the NYU Student Government Association to hold an information session for dental residents on October 13 to discuss the various aspects of applying for a General Practice Residency (GPR) or Advanced Education in General Dentistry (AEGD) programs. The dentists and residents on the panel shared their insights on how to interview, how to write an impactful essay, when and where to apply, and much more. The panel provided diverse perspectives on the process. Nearly 100 students attended this highly informative event.



The panel invited by NYU Student Government Association to discuss the GPR/AEGD interview process. (left to right) NYCDS Secretary Vera Tang, Board Member Guy Minoli, New Dentist Committee Chair and Board Member Jaskaren Randhawa, President Ioanna Mentzelopoulou, Resident Michelle Skelton, Resident Sydney Shapiro, and Membership Chair and Past President David Shipper.

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MEET YOUR 2023 OFFICERS



Mina C. Kim, DDS, president, is a general dentist in private practice in Midtown Manhattan since 2011. Dr. Kim graduated from Columbia University College of Dental Medicine in 2010 and received her B.A. in Economics and Mathematics from Barnard College. She has maintained a connection to her alma mater as the vice president

of the Columbia University College of Dental Medicine Alumni Association. She also serves on the Dean's Advisory Committee at NYU College of Dentistry. Dr. Kim serves on the ADA Diversity and Inclusion Committee and graduated from the ADA Institute for Diversity in Leadership. She co-founded the Woman-to-Woman Dentists Network and the Women Dentists Leadership Conference at the Greater New York Dental Meeting along with Dr. Lois Jackson. Dr. Kim has been on the Society's Board of Directors since 2015. She joined the Executive Committee of NYCDS as treasurer in 2019, then went on to serve as secretary, vice president, and president-elect. Dr. Kim was the New Dentist representative to NYSDA from 2015-2018 and the New Dentist representative on the NYSDA Council on Dental Benefits from 2019-2022. Dr. Kim participates on numerous NYCDS committees, founded the Society's Give Kids A Smile community outreach program in 2014, and spearheaded an initiative with the New York Public Library in 2018. She also organized NYCDS's ongoing participation in Special Olympics Special Smiles in 2019. Dr. Kim is a member of the New York Academy of Dentistry, the American College of Dentists, the International College of Dentists and the Pierre Fauchard Academy. In 2020, Dr. Kim was a recipient of the ADA's 10 Under 10 Award for demonstrating excellence early in her career. Most recently, Dr. Kim organized the highly successful Women Leaders Luncheon at the 2022 ADA House of Delegates.



Suchie Chawla, DDS, MD, president-elect, is a board-certified Oral & Maxillofacial Surgeon practicing in Manhattan. Dr. Chawla received her Doctor of Dental Surgery degree from New York University College of Dentistry and her Doctor of Medicine degree from Mount Sinai School of Medicine. She completed her Oral & Maxillofacial Surgery training and General Surgery internship at Mount Sinai Hospital Center in NYC. She has continued to stay on at Mount Sinai as a clinical instructor for the OMS residency since 2007. In addition, she is a voluntary attending at New York - Presbyterian/Cornell Medical Center. Dr. Chawla has

taught dental ethics at both New York University College of Dentistry and Columbia University College of Dental Medicine. Dr. Chawla is a member of American College of Dentists and a member of the New York Academy of Dentistry where she is on multiple committees, including program chair in 2020. She is also a Diplomate of the American Board of Oral and Maxillofacial Surgeons, and is a member of the American Association of Oral & Maxillofacial Surgeons, New York State Society of Oral & Maxillofacial Surgeons, and the International College of Dentists. Dr. Chawla previously served as treasurer and secretary for NYCDS before assuming the role of vice president. Dr. Chawla was chair and Board liaison for the NYCDS Public and Professional Relations Committee from 2014-2017; she chaired the Mentorship Committee in 2015, and served on the Membership and Legislative Committees for several years. She served as treasurer of the Society's Political Action Committee 2016-2018. Dr. Chawla has been actively involved with the Society's two charitable events since their beginnings. She served on the Steering Committee of Give Kids A Smile from 2014 through 2017, and served regularly as a site leader. She has been a part of the Charity Golf Outing since its start in 2015. She participated in the Washington Leadership Conference in 2017-2019. In addition, Dr. Chawla volunteers for surgical missions to third-world countries. Dr. Chawla was also nominated as a Super Doctor by her peers in 2017, 2018, 2019, and 2020.

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Vera W. L. Tang, DDS, MS, vice president, is a clinical assistant professor, vice chair, and director of pre-doctoral periodontics in the Department of Periodontology and Implant Dentistry at New York University College of Dentistry, in addition to being in private practice as a

periodontist in Manhattan. She has served as a faculty advisor to the American Student Dental Association, NYU Chapter since 2008. Dr. Tang received her dental degree from New York University College of Dentistry and a certificate in periodontics from the University of Florida College of Dentistry. She has received several awards for teaching and mentoring, as well as for her commitment to organized dentistry. Dr. Tang is a member of the American Academy of Periodontology, the American Association of Women Dentists, a past-president of the Northeastern Society of Periodontists, past-president of the NYU College of Dentistry Alumni Association and a fellow of both the American College of Dentists & International College of Dentists. Dr. Tang joined the NYCDS Board of Directors in 2018. She is a member of the Finance Committee, and served on the Bylaws Committee and the CE Advisory Committee since 2018 and the Legislative Committee and Program

Committee since 2017. She has served as treasurer and secretary of NYCDS. In addition, Dr. Tang was a member of the Nassau County Board (2006-2009) and served on the New Dentist Committee at NYSDA (2004-2008) and Membership Committee (2009).



Andrew S. Deutch, DDS, secretary, is a general dentist in practice in Manhattan since 2011. He graduated from SUNY at Buffalo School of Dental Medicine in 2010 with a minor in prosthodontics and periodontics, and received his B.S. at Union College. Dr. Deutch has been a part-time clinical attending for the general dentistry residency program at New York Presbyterian Hospital-Weill Cornell since 2013.

He engaged in volunteer work while in dental school with Remote Area Medical and Dental in 2009, participated in Give Kids A Smile Day at Buffalo schools from 2007-2010, and was involved in dental outreach in the Buffalo School District from 2006-2010. Dr. Deutch continued his involvement with Give Kids A Smile through NYCDS as a site leader for the event from 2016-2018. In addition, Dr. Deutch served a co-chair/chair of the NYCDS Young Professionals Committee from 2012-2020. In 2021 he began to serve on the Society's Peer Review Committee and was elected as an alternate to the Board of Directors.



Egidio A. Farone, DMD, treasurer, is a general dentist practicing in Midtown Manhattan for over 30 years. Dr. Farone graduated from the University of Pennsylvania School of Dental Medicine in 1984. Since 2003, he has been a clinical assistant professor and an attending dentist at New York Presbyterian Hospital Weill-Cornell

Medical Center. Dr. Farone has a long history of service with the Society's Peer Review and Quality Assurance Committee, serving as a member from 1997-2004 and then as chair of the committee from 2005-2014. He went on to serve as chair of NYSDA's Council on Peer Review and Quality Assurance from 2014-2016. Dr. Farone has served on both the Society's Finance Committee and the Bylaws Committee since 2019. Dr. Farone is an active member of several professional organizations, including the New York Academy of Dentistry, serving as president from 2014-2015. He is currently vice-chair of the New York Section of the American College of Dentists. Since 2018 he has served on the Dean's Council of his alma mater, the University of Pennsylvania. He was recently asked to serve on the Board of Trustees of the NYS Dental Foundation. Dr. Farone has received numerous awards, including the Jarvie-Burkhart Award from NYSDA for his World Trade Center efforts. In 2017, he was awarded the Mark Mintzer Award from NYCDS in recognition of his service to the profession.

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A Reflection on Service and Commitment

Paul R. Leary, DMD

Immediate Past ADA Trustee, Second District



To celebrate the end of another year, the holidays, and the potential of what a New Year provides, I share with you some thoughts about service and commitment.

In the pursuit of all disciplines in health-

care, we embrace the foundational definition of the term service: the act of helping or assisting another person! Its definition involves the true nature of giving to others in the field of dentistry with skills acquired from years of dedicated education and sacrifice in many aspects of your personal life, to be ready and able to provide oral health-care service to humankind. To those of us called to such a pursuit, there is no other way and simply no other option. Service is the motivation that is at the very center of healthcare. The knowledge that one is contributing to the well-being of others, and the validation one receives as a dental provider, are two of the many benefits of our profession.

Many people simply do not understand why anyone would dedicate so much time and effort in the name of volunteerism and service. For those of us who do, it is a source of profound

In Memoriam Dr. Harold Gelb



NYCDS mourns the loss of its former president Dr. Harold Gelb, who recently passed away at age 97. Dr. Gelb graduated from Tufts University School of Dental Medicine (TUSDM). He was a pioneer in understanding the relationship between the jaw and the body. Dr. Gelb started the TMJ clinic at New York Eye & Ear Infirmary, and founded the Dr. Harold Gelb Craniomandibular Pain Center at TUSDM in 1985. Dr. Gelb was a founder of the American Academy of Craniomandibular Disorders (now the American Academy of Orofacial Pain). He served as a past chair of the Greater New York Dental Meeting from 1972-1973 and president of the First District Dental Society (now the New York County Dental Society) from 1965-1966.

fulfillment. For those not in our profession, it can be hard to understand why or how we could be committed to service. To the caregiver called to the profession, it can be one of the most powerful gifts.

"There's a difference between interest and commitment. When you're interested in doing something, you do it only when it's convenient. When you're committed to something, you accept no excuses – only results."

~ Ken Blanchard

Our commitment to this life of service is found at many levels, including leadership. There are many who aspire to positions of leadership because it often comes with position and authority. I want to emphasize that the call to leadership has to be much more than just desire. The responsibility of a leader is heavy and traits that make a leader successful are often disguised in emotion. The most difficult stance a leader must take in their position of service is not when they say "yes" to those who request help, but when, because of mutually agreed priorities, to say "no" and hold their ground, or find a compromise somewhere in between. In our commitment to service, we often have to make choices regarding resources. Seeking the best possible long-term outcomes may actually result in short-term loss. This is the essence of knowing the difference between trying to make everyone feel good and making everyone understand. We rest with the knowledge that those given the responsibility to make those choices do so for the good determined by the entire group, not the individual. It is the essence of losing the "I" in leadership and embracing the "we." Service and commitment are joined in all successful endeavors and they need to be at the center for the best possible outcomes.

I will leave you with a quote from our 16th U.S. president that hints at the detail found in the development of priorities in organizations. The delivery of those priorities determined by the majority is clear and supported, and the desire of the few must be minimized by the needs of the many. Service and commitment describe your dedication to our amazing profession and I lift a glass to celebrate each of you for doing your part to fill the glass we share, that of honor and distinction as members of this great field of oral healthcare!

"Commitment is what transforms a promise into a reality ... Commitment is the stuff character is made of; the power to change the face of things. It is the daily triumph of integrity over skepticism." ~ Abraham Lincoln

My best to all for a happy and healthy holiday season!

GENERAL MEMBERSHIP MEETING

Special Olympics Special Smiles Founder Addresses Members

NYCDS was pleased to have the new executive director of the New York State Dental Association (NYSDA), Gregory Hill, introduce himself to members and share his vision for the Association and its members. Mr. Hill brings 25 years of experience working in dental associations to the position.

President Ioanna Mentzelopoulou announced Dr. Deborah Weisfuse as the recipient of the Mark Mintzer Award for Service for her years of dedication to NYCDS and to the profession, serving as the first female president of NYSDA, spearheading our ADA award-winning Give Kids A Smile program, and her many volunteer and leadership roles seeking to improve oral health in communities around the world. The award was presented to Dr. Weisfuse by guest speaker, friend, and colleague, Dr. Steven Perlman.



Guest lecturer Dr. Steven Perlman, founder of Special Olympics Special Smiles, (left) with Dr. Deborah Weisfuse, recipient of the Mark Mintzer Award for Service, and her husband, Dr. Robert Lipner.

Members approved the slate of officers to serve alongside 2023 President Mina C. Kim: President-Elect Suchie Chawla, Vice President Vera W. L. Tang, Secretary Andrew S. Deutch, and Treasurer Egidio A. Farone. Jaskaren Randhawa will join the Board of Directors. Maurice L. Edwards will serve as vice president of the New York State Dental Association. In addition, a bylaw change eliminating the Program Committee, which hasn't been utilized in recent years, was also approved. Attendees were encouraged to attend the Greater New York Dental Meeting and to volunteer for Special Olympics Special Smiles (see photo from the event on [page 10](#)) and Give Kids A Smile on February 3, 2023 (see sign up link on [page 3](#)). A moment of silence was observed for the passing of former President Dr. Harold Gelb and Dr. Robert Wolfe.

The evening's lecture was led by Steven Perlman, DDS, MScD, DHL (honorary). Dr. Perlman is a clinical professor of pediatric dentistry at the Boston University School of Dental Medicine. For over 40 years he has devoted much of his private practice, as well as his teaching, to the treatment of children and adults with physical and intellectual disabilities. Dr. Perlman is the recipient of numerous awards recognizing his life's work. Among his many titles, Dr. Perlman is a fellow of the Academy of Dentistry for Persons with Disabilities, a fellow of the American College of Dentists, and a diplomate of the American Board of Special Care Dentistry. He lectured

on a topic dear to him: "Policy, Advocacy and Treatment for Those with Special Healthcare Needs and How It All Began."

Dr. Perlman shared how a call from Eunice Kennedy Shriver, a leader of the disability rights movement, changed his life. After being asked to care for her intellectually disabled sister Rosemary Kennedy, he was asked to see how individuals with disabilities who lacked financial resources and who were often denied treatment by doctors and healthcare systems, could be better served. From those initial talks, Dr. Perlman created Special Olympics Special Smiles, an oral health initiative for the athletes of Special Olympics International, established in 1993. Today, dentistry is one of eight disciplines offered by Special Olympics Healthy Athletes, a program that offers free comprehensive health screenings to Special Olympics athletes in over 100 countries. Dr. Perlman currently serves as their senior global clinical advisor.

Dr. Perlman is a co-founder and past president of the American Academy of Developmental Medicine and Dentistry (AADMD) and in 2005-2006 served as an advisor to the President's Committee for Persons with Intellectual Disabilities. Dr. Perlman's work with the AADMD has improved interdisciplinary healthcare, created greater access to care and an end to health disparities for people with intellectual and developmental disabilities. It also contributed to the ADA's decision in 2019 to revise its Code of Conduct to prohibit denial of care to patients with physical, developmental or intellectual disabilities. Additionally, the ADA Code now specifies that patients with disabilities in need of another dentist's skills, knowledge, equipment, or expertise should no longer be turned away and should instead be referred to dentists able to provide the necessary care.

Dr. Perlman's lecture shed light on the unique needs of this community and the duty medical professionals have to take extra measures to ensure that they receive quality healthcare. Dr. Perlman has been a champion for the "invisible minority" in our society and through his initiatives during his decades-long career, he has helped society embrace and better



NYCDS Vice President Suchie Chawla (left) with Treasurer Andrew Deutch and Board Member Gail Schupak.

care for individuals with physical and intellectual disabilities.

NYCDS thanks MLMIC Insurance Company for their generous support of this meeting and throughout the year.

GENERAL MEMBERSHIP MEETING



(left to right) NYSDA Trustee Maurice Edwards, former ADA First Vice President Maria Maranga, former NYCDS President Ken Cooperman, President Ioanna Mentzelopoulou, and member Gary Nord.



(left to right) President-Elect Mina Kim, Executive Director Diane Laurenzo, NYSDA Executive Director Gregory Hill, former President James Jacobs, and current President Ioanna Mentzelopoulou.

Special Olympics Special Smiles

On December 3rd, several members, as well as NYU dental students and local high school students, volunteered at the Special Olympics Special Smiles event. A big thank you to President-Elect Mina Kim for spearheading this event, and thank you to all our volunteers who helped to make it a success!



NYCDS members and other volunteers helped athletes with disabilities have healthier smiles at Special Olympics at the Javits Center.

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WINTER 2023

1/18 6:00 PM-7:00 PM
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2/08 9:30 AM-4:30 PM

[ACD Mentoring Lecture Program: CBCT Diagnostics*](#)
[OSHA-Mandated Update for Dentists and Staff*](#)
[The Latest & Most Current Approach to Esthetic Dentistry: Techniques, Materials, and Philosophy](#)
[Infection Control for the Dental Practice](#)
[ACD Mentoring Lecture Program: Life After Residency*](#)
[Basic Life Support/CPR Certification Course](#)
[ACD Mentoring Lecture Program: Working Human*](#)

Dr. Stephanie Tran
Dr. Peter A. Mychajliw

2/15 9:00 AM-1:00 PM
2/15 6:00 PM-7:00 PM
2/22 9:30 AM-1:30 PM
3/15 6:00 PM-7:00 PM

Dr. Michael Ghalili
Dr. Peter A. Mychajliw
Dr. Saltzman, Dr. Minoli
Marc Reilly, Rescue Resuscitation
Dr. Lois Jackson

SPRING 2023

4/12 9:00 AM-4:00 PM
4/19 9:30 AM-1:30 PM
4/19 6:00 PM-7:00 PM
4/26 8:30 AM-4:30 PM
5/17 6:00 PM-7:00 PM

[Dominate Your Marketing Online](#)
[Basic Life Support/CPR Certification Course](#)
[ACD Mentoring Lecture Program: NYCDS Mentoring*](#)
Speed Learning (Save-the-date!)
[ACD Mentoring Lecture Program: Peer Review and Benefits of ADA Membership*](#)
[Basic Life Support/CPR Certification Course](#)

Dr. Len Tau
Marc Reilly, Rescue Resuscitation
Dr. David Shipper
TBA

Dr. Egidio Farone
Marc Reilly, Rescue Resuscitation

6/21 9:30 AM-1:30 PM
* = virtual course

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The Diagnosis and Treatment of Cracked Teeth

John J. Young Jr., DDS



Dr. John J. Young Jr., is a general dentist and the 2023 General Chairman-Elect of the Greater New York Dental Meeting. It is the largest dental meeting in the United States and jointly sponsored by the Second District Dental Society and the New York County Dental Society for the past 98 years.

Did you see the news release from the American Dental Association this past summer? The number of patients who grind or clench their teeth increased 69% during the COVID-19 pandemic, creating a secondary epidemic of cracked teeth. Root cracks and fractures can be one of the most frustrating aspects of restorative dental treatment. Despite being a common finding, the diagnosis of a cracked tooth can be difficult because of its unclear signs and symptoms. Treatment for cracked teeth ranges from conservative restorative treatment to extraction and replacement with a bridge or implant. Prevention and early detection of cracked teeth typically results in a lifetime of normal use.

Vertical fractures are not usually the result of impact trauma (i.e., a car accident with immediate tooth fracture). Instead, vertical fractures gradually develop from repetitive trauma from excessive occlusal forces. A dentist can usually diagnose decay or periodontal disease after diagnostic tests. However, because of the unclear signs and symptoms, fractures are harder to diagnose. Cracked teeth show a variety of classic signs and symptoms, including inconsistent pain when chewing and sometimes only with the release of biting pressure. Sometimes there is sharp pain to cold, but sometimes not. Usually there is no pain on percussion and x-rays appear normal. In many cases, the patient has a long history of intermittent pain, and dentists have difficulty locating which tooth is the cause of the discomfort. Symptoms may be present for many months before a diagnosis can be made, which can be frustrating for both the patient and the dentist. Patients may eventually develop loss of trust and confidence in the dentist. The diagnosis is typically reached at a late stage, often after complications like a unrestorable tooth fracture or a severe periodontal infection have already occurred. Because diagnosis is complex, it is not unusual for patient to be finally referred to a specialist after a long history of uncertain diagnosis. Just like cracks in the windshield of a car, cracks in teeth often start small and progress slowly. For this reason, I want to underscore early

diagnosis. If diagnosed early and treated appropriately, many cracks can be stopped or at least slowed down, preventing the loss of a tooth.

Longitudinal Fracture Classification

There has been no standard classification of fractures, and this has caused much confusion among dentists. We use the terms cracked tooth, fractured tooth, longitudinal fracture, vertical fracture, and cracked tooth syndrome interchangeably. The American Association of Endodontists has suggested the following five categories of longitudinal fractures to give a better understanding of fracture prognosis and treatment and to improve communication.

1. Craze Lines: (Figure 1) Craze lines are very common lesions that only affect the enamel of the tooth, cause no pain, and require no treatment. Craze lines will allow a tooth to light up with transillumination while cracks do not.



Figure 1

2. Fractured Cusp: (Figure 2) Fractured cusps are associated with extensive occlusal restorations which may undermine or weaken a cusp, but it can occur in teeth with small restorations or intact teeth with no restorations at all. The fracture line is usually off center when viewed from the proximal surface and can involve the crown alone or both the crown and the root. A patient with a fractured cusp will often feel pain only when biting on the specific cusp, and especially with the release of biting pressure. A good way of confirming a fractured cusp is the use of a bite test and transillumination. X-rays are usually normal, and the pulp is usually healthy. The patient history is an important tool for making a diagnosis. The patient

will typically report a sharp pain that makes them stop chewing on that side. The patient will often say that the condition existed for a relatively long time and the dentist could not find the source of the pain. A fractured tooth is usually not

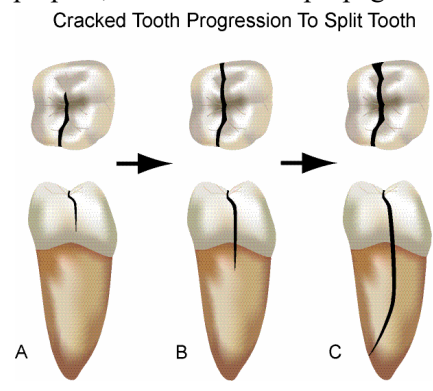
Cuspal Fracture



Figure 2

sensitive to percussion and has normal pulp tests. With time, the tooth will develop a pulpitis that may be localized to the tooth, or it could be referred to another tooth. The diagnosis is challenging because it is often difficult for the patient to determine which tooth is causing the discomfort. Because the pulp is usually not involved, the treatment includes removal of the loose cusp and restoration of the tooth. Depending upon the amount of remaining tooth structure, the tooth is restored with a crown or onlay to reinforce the remaining cusps and protect the tooth from occlusal forces. This will help prevent pain when chewing and stop the propagation of a crack into the root and help prevent extraction. Composite bonding has also been used to provide cuspal protection. Endodontics is only necessary if there are signs and symptoms of pulp or apical pathology. A fractured cusp has a favorable prognosis.

3. Cracked tooth: A cracked tooth is defined as a fracture from the occlusal surface extending through either one or both marginal ridges and down through the proximal surface. The fracture can be in the crown portion of the tooth (Figure 3A) or both the crown and the root (Figure 3B). A restoration may or may not be present, and the crack is usually more centered as viewed from the proximal compared to a fractured cusp, and more likely to cause pulpal damage as it extends apically. Early detection is important to improve the prognosis. A bite test may cause a false negative result because the two parts of the tooth may be stable. Asking the patient to chew on a cotton roll may give a more accurate result but finding the exact tooth may still be difficult. Sometimes using local anesthesia and repeating the cotton roll test may help isolate the offending tooth to the upper or lower arch. The characteristics of a cracked tooth are sharp pain on chewing, sensitivity to cold, no movement of segments with wedging, and often a damaged pulp. Cracked teeth may present with a variety of signs and symptoms that can be very confusing. Like a fractured cusp, initially there is sharp pain on chewing and difficulty for the dentist to diagnose the cause of the pain. But with time, the patient may say the pain with cold has now resolved. These observations are consistent with pulpitis of an early fracture, leading to an irreversible pulpitis, when the crack propagates into the pulp. This results in a pulp necrosis from bacteria entering the pulp space through the crack. Awareness of this process from an early to late signs and symptoms can help clinicians identify the progression of a crack in a tooth. Early diagnosis may help prevent tooth loss. A cracked tooth usually requires endodontic treatment and a full coverage restoration to bind the cracked segments and protect the cusps. Even after endodontic treatment and res-

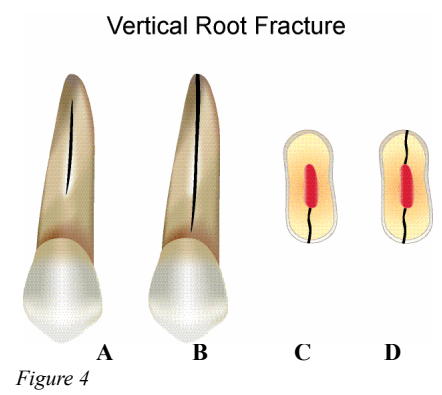


toration, the crack may continue to grow. The patient should be informed that the prognosis of a cracked tooth is questionable and there is no guarantee for success. Many cracked teeth can be maintained for a lifetime, but some may become split and require extraction.

4. Split tooth: (Figure 3C) A split tooth is the complete fracture of a crown and root. It is the progression of a cracked tooth over time. A split tooth is visualized and confirmed by wedging which results in separation and movement of one or both tooth segments. A patient with a split tooth will also have pain when chewing and soreness of the periodontal tissue surrounding the tooth. Split teeth are usually extracted because implant treatment has become a successful alternative. It is not usual to treat a split tooth, but if so, the remaining tooth structure is treated endodontically, the smallest segment is removed, and the remaining segment restored. The problem is that a periodontal defect may occur of the remaining segment and would probably require extraction. Split teeth have an unfavorable prognosis.

5. Vertical root fracture: A vertical root fracture can occur as a short crack anywhere along the root (Figure 4A) or the entire length of the root (Figure 4B). An incomplete fracture involves one root surface (Figure 4C), and a complete fracture involves both the buccal and lingual root surfaces (Figure 4D). Vertical root fractures always start in the root; the crown is not involved. Usually, there is endodontic treatment and a post. They are very difficult to diagnose because they mimic periodontal disease, or failed root canal, and these cases often result in referral to a specialist for diagnosis and treatment. Most root fractures will have a deep, narrow pocket on probing. This pocket is usually on the buccal or lingual root surface and is easy to miss because the pocket is tight and narrow with just one point of probing compared to the wide, loose, multipoint periodontal pocket which is also more common interproximally. The pocket of cracked tooth exhibits blanching of the gingiva on probing and this is not normally seen in a true periodontal pocket. In the early stages of vertical root fracture, there may be pain or discomfort of the tooth on chewing but it's usually dull. As the fracture progresses, swelling occurs in the sinus tract forms. In late stages, the fractured root structure separates from the tooth and it's visible by X-ray. The American Association of Endodontists has stated that a tooth with a coronally located sinus tract and a narrow, isolated pocket that has had root canal treatment is pathomenomic for a vertical root fracture. It should be extracted. Early diagnosis is key to prevent extensive loss of

Vertical Root Fracture



the root; the crown is not involved. Usually, there is endodontic treatment and a post. They are very difficult to diagnose because they mimic periodontal disease, or failed root canal, and these cases often result in referral to a specialist for diagnosis and treatment. Most root fractures will have a deep, narrow pocket on probing. This pocket is usually on the buccal or lingual root surface and is easy to miss because the pocket is tight and narrow with just one point of probing compared to the wide, loose, multipoint periodontal pocket which is also more common interproximally. The pocket of cracked tooth exhibits blanching of the gingiva on probing and this is not normally seen in a true periodontal pocket. In the early stages of vertical root fracture, there may be pain or discomfort of the tooth on chewing but it's usually dull. As the fracture progresses, swelling occurs in the sinus tract forms. In late stages, the fractured root structure separates from the tooth and it's visible by X-ray. The American Association of Endodontists has stated that a tooth with a coronally located sinus tract and a narrow, isolated pocket that has had root canal treatment is pathomenomic for a vertical root fracture. It should be extracted. Early diagnosis is key to prevent extensive loss of

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alveolar bone from infection and fewer complications for implant placement.

Prevention

Cracks in teeth are caused by weakened tooth structure and excessive forces on these teeth. To help prevent cracks, conserve enamel and dentin when restoring a tooth or preparing the access opening for endodontic treatment. Also, preserve dentin in endodontics and keep instruments well centered in the root. Use a post only when necessary and make it at least half the length of the tooth and prepare a 3mm ferrule of tooth structure for a crown that will help dissipate forces. Fabricate mouth guards for patients who have grinding or clenching habits. The Greater New York Dental Meeting has many lectures and hands on workshops about conservative restorative and endodontic techniques to enhance your treatment success and to prevent cracked teeth. Prevention, early diagnosis, and early treatment of tooth cracks is essential to preserve your patient's dentition for a lifetime.

Illustrations are from the American Association of Endodontists.

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7:00 PM - 9:00 PM

2 CE credits

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WITH DR.
PETER
MYCHAJLIW



INFECTION CONTROL IS BACK!

INFECTION CONTROL FOR THE DENTAL PRACTICE (IN-PERSON)

Wednesday, February 15, 2023

9:00 AM - 1:00 PM

4 CE credits

Tuition: \$260 for Members

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Peer Review

Understanding the Value of Peer Review

James E. Jacobs, DMD

Chair, Peer Review and Quality Assurance Committee



As the new chair of Peer Review, I will routinely write articles for Dentists Quarterly. I hope you take the time to read these articles because I will try to inform, teach, and update you on all matters to protect our profession and protect our dentist members, and that means YOU.

I want to repeat as often as possible that Peer Review is one of our best member benefits whether you agree with the decisions made for or against you. The only negative outcome is you potentially return the money paid by the patient if the decision goes against you. The good news it is a confidential process not reported to any agency, and there is no record of the outcome against you. In addition, any monies returned are limited to what the patient paid to you, minus diagnostic fees – there is no monetary award for pain and suffering or subsequent treatment. The benefits also mean you do not have to wait for 3 to 5 years for a court to give a verdict, with that weighing on your head and causing many sleepless nights. You do not have to hire a lawyer and do not have to show up in court to testify. You do not have to miss work for a trial and contend with constant schedule changes of a court or judge you have no control over. It is truly a committee of your peers that will make a determination if the case isn't settled during mediation.

There are specific cases that I will present to you over time that come from New York County as well as other components in the State that are reviewed at the State Council Meetings.

On a personal note from 42 years of experience in private practice, as well as anecdotal stories from 45 years of my dad's dental career, I believe we must take great care in what we say and how we say things to our patients. We all know words matter, intonation matters, and facial expressions matter. We can tell a new patient that a previous restoration is lousy, poor, useless, must be redone immediately, and all sort of negative statements about our colleagues or we can impart information to patients in a less negative light. It can be more beneficial for example to explain to a patient that...it is time to replace this restoration; or this restoration has outlived its usefulness; or the materials are starting to deteriorate. You control the narrative and can avoid alarming the patient.

That said, we have a responsibility to our colleagues and to our patients to fairly assess the treatment provided. In the unfortunate circumstance that the previous treatment provided is egregiously poor, suggesting a patient go to Peer Review to resolve the issue is a service to both the patient and the dentist, who will avoid all the repercussions that can occur if the patient were to file a complaint with the Office of Professional Discipline or files a lawsuit. Peer Review provides a resolution that protects dentists while at the same time providing an opportunity for patients to have limited recourse.

Don't forget to RSVP for Installation 2023!

The Officers and Board of Directors of The New York County Dental Society cordially invite you to the

2023 INSTALLATION OF OFFICERS

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Andrew S. Deutch, DDS - Secretary
Egidio Farone, DMD - Treasurer

Lois Jackson, DDS
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Thursday, January 5, 2023
Installation 5:30 PM
Reception 6:30 PM

The Langham Hotel
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RSVP by December 19
212-573-8500

Ethics Corner

How Would You Handle This Dilemma?

Steven H. Cho, DDS

Ethics Committee Chair



As healthcare professionals, we are faced with challenges on a regular basis – tough medical cases, the hurdles of running a practice, dealing with non-compliant patients, etc. Many of these challenges are also ethics-related and are equally important to discuss and pay attention to.

This week, I'd like to get a conversation started with you. Please read the following scenario or watch the corresponding video. Take some time to reflect on your own and then write back to let me know what you'd do in this scenario. Let's get a dialogue going.

This case scenario was developed by Dr. Eric Wachs, director of Oral and Maxillofacial Surgery at Touro College of Dental Medicine, and the video was created by SPEA students at TCDM.

A 16-year-old female patient was referred to an Oral and Maxillofacial Surgeon by her general dentist for evaluation and treatment of her third molar teeth. The patient presented for consultation, at which time a written and oral medical history was obtained.

The patient and her mother reported no known medical problems and denied pregnancy. Examination and a panoramic radiograph were performed, and it was determined that it was necessary to extract the patient's two mandibular third molars. The risks and benefits of this treatment were discussed.

The patient and her mother opted for the use of intravenous sedation for the procedure. Pre-operative instructions were given, and the anticipated operative and post-operative courses were discussed.

The patient presented several weeks later for the planned extractions. The surgeon reviewed the indications for treatment and the risks and benefits of this treatment with the patient and her mother. Informed consent for the procedure was given by the patient's mother and this was documented by her signature on the consent form and witnessed by the dental assistant.

The patient was then brought to the operatory by the dental assistant. The surgeon came into the operatory and asked the patient if she had any questions before they started. The patient told the surgeon that she did not know if it was important but wanted to inform him that she was pregnant. The surgeon told the patient that he could not proceed with the planned procedure while she was pregnant because of risks to the fetus. The patient responded that it was not a problem as she was going to have the pregnancy terminated the following week. The surgeon told the patient that he could not do the procedure until the pregnancy was terminated and this was confirmed by the patient's obstetrician.

The patient told the surgeon that doing the procedure was necessary because her mother could not find out that she was pregnant or terminating a pregnancy.

Given this scenario, take a moment to ponder how you might handle this situation should you be faced with it as a dental professional. Then, let's continue the conversation in a safe and judgment-free space. All responses and thoughts are welcome. Please write back (email info@nycdentalsociety.org) to dive deeper into this ethical question. I look forward to learning how you would handle this situation.



This video demonstrates the dilemma a dentist could face with a minor and her parent. Video credit goes to the following students and faculty member of Touro College of Dental Medicine: Gabrielle Gutierrez, Mother - Hannah Salao, Assistant - Christine Bereth, and Dentist - Eric Wachs, DMD

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Mukhlid AlShammari, DDS
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Periodontics

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Endodontics

Rosalie Braun, DDS
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Periodontics

Anamaria Castillo, DMD
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Periodontics

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General Practice

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University of Southern California
2022
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Orthopedics

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In Memoriam

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Robert Wolfe, DDS
NYU 1963