

Bronx County Dental News



A PUBLICATION OF THE BRONX COUNTY DENTAL SOCIETY

Dr. Sanford Schimmel

The Bronx County Dental Society mourns the passing of Dr. Sandy Schimmel. This memorial is written by his son, Dr. Laurence Schimmel.

AS MANY OF YOU KNOW MY father, Dr. Sanford Schimmel, passed away recently. No words can fully express what he meant to his family and friends.

My father, Sandy, as he was known to his friends and family, was not only my parent but my mentor, business partner and hero. I would not be the man I am today, with the profession I've chosen, if it were not for him. For as long as I can remember, organized dentistry was a part of my dad's life and something he enjoyed being a part of. He practiced for over 40 years in the small area of Riverdale, Bronx where my family has lived since before I was born. It was not uncommon for us to run into his patients while out and about, or for my sisters and me to visit his practice and see him at work. Growing up, I would hear stories from others whose parents disliked their jobs or couldn't wait for the time off. That was not my dad. He was wired (no pun intended) to work and loved doing it. In fact, he was still seeing patients 6 weeks before he passed.



Sandy on the right with his children Allison, Laurence and Melissa

Dentistry also afforded my father the opportunity to fulfill his sense of servitude. He served as past President of the Bronx County Dental Society; he was an attending at Montefiore Hospital orthodontics program, and he was a dentist in the United States Army. As I reflect on this aspect of his life it reminds me that one's profession can also be one's passion and purpose.

While sitting shiva with my family

I was struck by how many local dentists stopped by the house and reached out. Each had stories about my dad and they commonly centered around their local lunches together. For years many of the local dentists would meet for lunch once a week to talk about everything from business to family and politics. These were not only referring dentists, in some cases, they were direct competitors. Through their stories, and

memories of my dad speaking about these lunches as well, I felt the sense of community that existed between them and the connection that was greater than just dentistry. I think part of this comradery was certainly based on the people themselves, but it was also a different time in our profession. These days there are fewer single practitioners, and we must work harder for that kind of connection outside of our annual conferences, CME or social media. These stories were a good reminder for us to stay connected both as practitioners and people, and sometimes all it takes is just lunch.

The stories his colleagues and patients shared also reinforced one of the biggest lessons I learned from working alongside my dad for 15 years – that we treat more than just a malocclusion, we treat a person. My father treated everyone with respect, compassion and an open ear. He had this calming effect that put patients at ease and let them know he was listening and cared. I can't tell you how often throughout the years – not just at his passing – how many people have been compelled to tell me what a great guy my father is. That is the legacy I aspire to leave.

As I'm sure you can imagine the first day I went back to work after his passing was extremely difficult. He built our practice, and his indelible mark is everywhere. I am driven to honor his memory by serving my patients in a way that would make him proud, and it is my hope that this report serves you.

I would be remiss not to thank the Bronx County Dental Society and local dentists for their well wishes and support. We truly felt it, thank you. ■

Give Kids A Smile

Led by Dr. Jacqueline Samuels, BCDS volunteers screened and educated over 150 students at PS 160-The Walt Disney School. Thanks to all the volunteers that helped make this event so successful.



Afterschool coordinator Ms. King and Dr. Samuels with volunteers.



Dr. Keith Margulis with his pedodontics residents, Hostos dental hygiene students and Hostos faculty.



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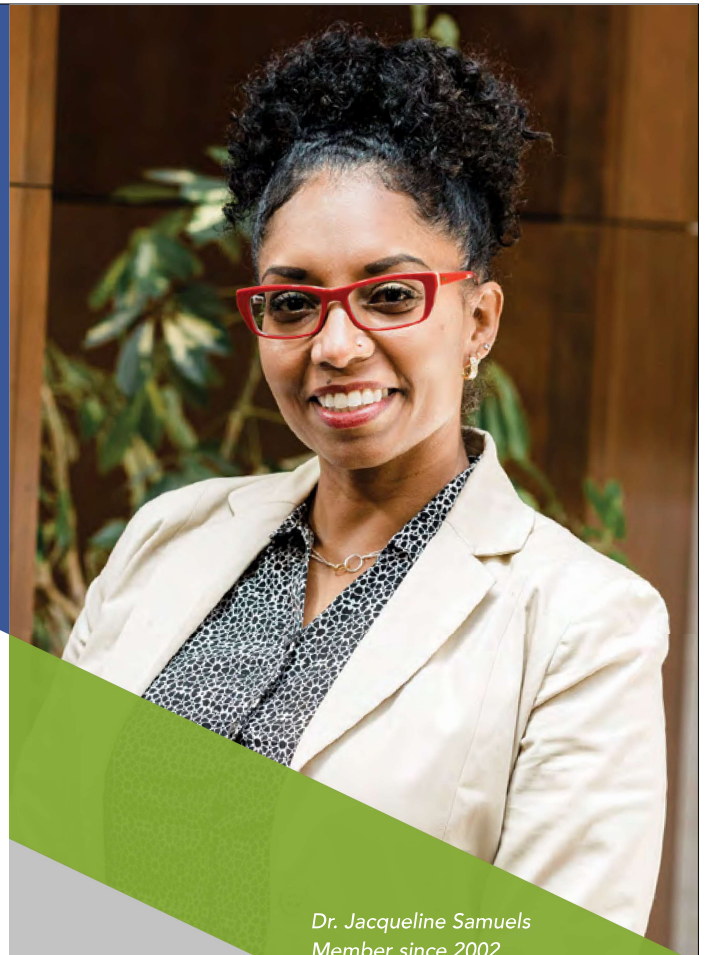
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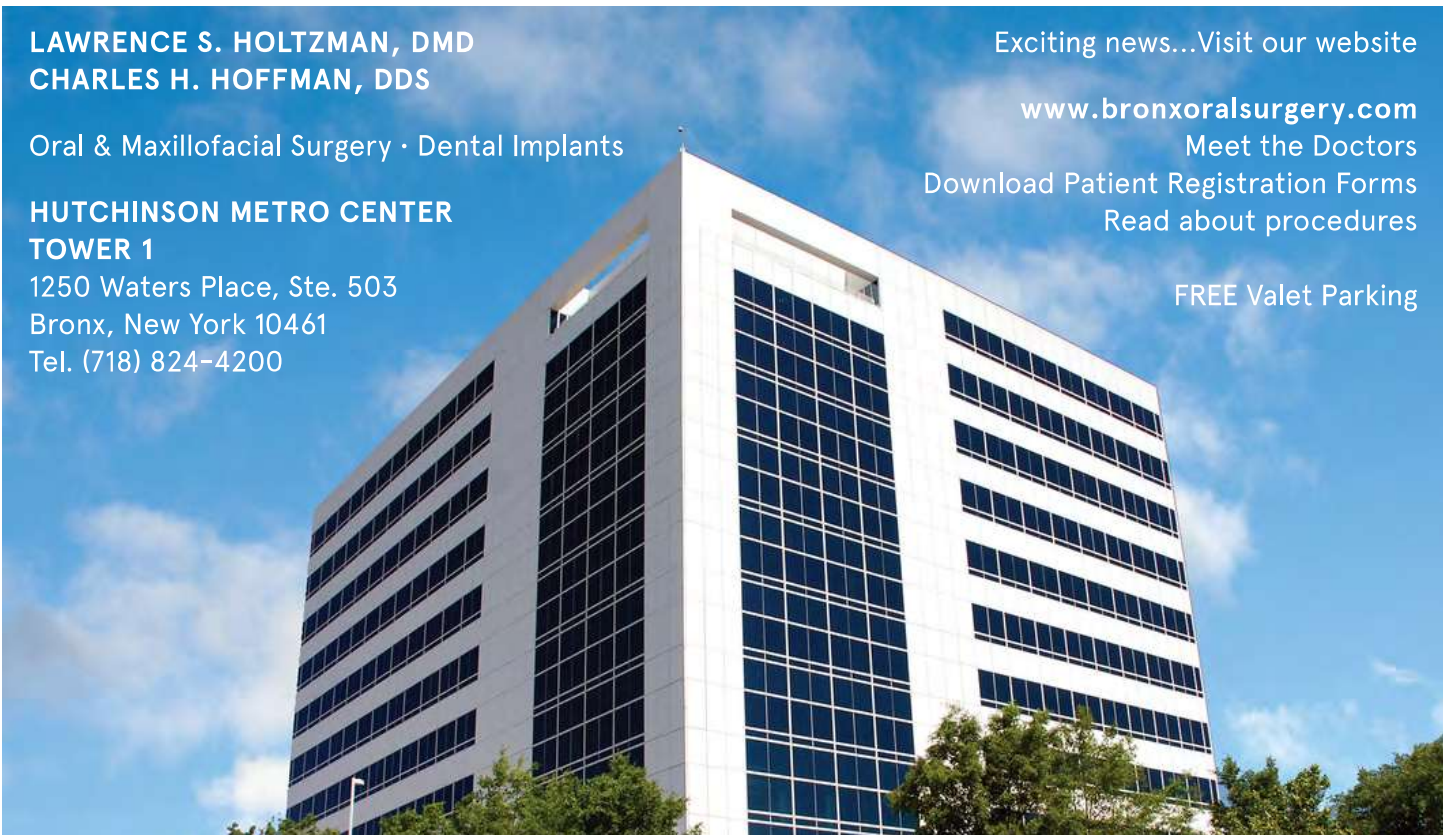
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Second letter from the ADA Trustee to NYSDA Districts

April 2023 | Trustee's Corner

AS EVERYONE ALREADY KNOWS, THERE IS NOT a person out there who is enjoying the spring weather better than a citizen of Western New York. After a very difficult and at times dangerous winter, we are happy to experience the annual change of season. I hope all our members have had a successful first part of the year and wish for continued blessings to you and your families.

I want to begin this segment of my letter to you with the issue of membership. Unfortunately, membership in the ADA, and concurrently in our constituents and components, has been dropping for a number of years. At the present time, ADA membership is 57% of active and retired dentists. There has been a steady decline since 2007, with some up and down years before then. I firmly believe this is a multifactorial problem which requires a variety of solutions. I also believe there are component, state, and national answers. Many of our local components in New York are hard at work on initiatives tailored for their unique district needs or that can be shared with other components. Our constituent, New York, has developed a mentoring program under the leadership of our president, Dr. Jim Galati. The ADA is working on a variety of programs with dental schools (Signing Day, Lunch and Learns) and New Dentists (ADAPT, career path and wellness support) to promote membership with the latest generation of our profession. A culture of inclusion is being fostered at all levels of the Tripartite to help make prospective members of all backgrounds feel welcomed into our organization. It's going to take all of us to promote the advantages and benefits of membership to keep our organization and voice strong in the future. Membership is critical to the success and relevance of the American Dental Association. At the same time, I would like to thank each and every one of you for your many years of



membership and your contributions to Organized Dentistry.

I attended the ADA Board of Trustee meeting from April 2nd through April 4th in Chicago. The beginning of the meeting was an evening social gathering with the New Dentist Committee, followed by a collaborative meeting the next morning. Discussions involved the tough issues confronting dentistry today, including the membership question. Many of the New Dentists pointed out some of the strengths and weaknesses they see in the American Dental Association. Strengths include advocacy at the federal and state level, continuing education, and the Strategic Forecasting Committee. Areas of improvement begin with communication to members, especially pursuant to social media. They also believe the ADA is taking steps to improve with key hirings of experts in this area. The ADA believes members will see better results in the very near future.

Also on the agenda, a group of DSO executives and the executive director of the ADSO organization met with the Board of Trustees for an open discussion on the current landscape of delivery

of dental care. Each of the attendees discussed their background and history, delineated areas of agreement with the ADA, as well as offered examples of future opportunities for cooperation. Such opportunities could include the sharing of analytical data, solutions to workforce shortages, and collaborating on interprofessional education. A good discussion ensued on different modalities of patient care in dentistry and how there are many viable avenues for the future. It was agreed by all parties that it is in the best interest of dentistry to keep this conversation going, continue to find areas of common ground, and attempt to resolve disagreements.

As many of you know, the ADA is a membership organization that has a dental research entity, the American Dental Association Science Research Institute (ADASRI). The ADA Board recently approved switching ADASRI to operate as a 501(c)(3), a change from its former status as a 501(c)(6) LLC. Under the ADASRI Operating Agreement, ADASRI has a 10-member Board of Directors, the appointment of each of whom is approved by the ADA. Currently, it has 44 employees with labs located in Maryland as well as the ADA building in Chicago. Much of the testing of the products to be considered for the ADA Seal of Acceptance takes place in the ADASRI labs in the ADA building. The ADA is the only dental membership organization in the world that has a scientific research arm directly affiliated with it. It has been very successful since its inception in 2018. In 2022, it

had 753 citations, 25 peer-reviewed published manuscripts, and 27 abstracts presented. It is involved in applied research (AR), evidence synthesis and translational research (ESTR), as well as innovation and technology research (ITR). You will see many scientific articles in JADA and many other distinguished journals originating from ADASRI. My next written correspondence with you will be in the fall before the ADA's annual meeting in October in Orlando, Florida. In the meantime, the New York State Dental Association will be gathering in Saratoga Springs, New York, for its annual meeting from June 2nd to June 4th. The House of Delegates will meet to debate and decide on a group of resolutions presented to it by component societies, the NYSDA Board of Trustees, NYSDA councils, and individual members. There will also be two contested elections for Speaker of the House and Secretary-Treasurer. As you know, the House of Delegates is the supreme body of the New York State Dental Association.

Best wishes to all of you for a happy, healthy, and successful summer. As always, if you need to get a hold of me, you can reach me via email at dowdb@ada.org or drndowd@gmail.com, as well as on my cell phone at 716-510-3217.

Sincerely,
Brendan

Brendan Dowd DDS
ADA Second District Trustee ■

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FAQs About Dentist–Patient Relationships: A Legal Perspective

DENTIST–PATIENT RELATIONSHIPS ARE

important to handle carefully but can be fraught with gray areas. For instance, how do you know when to discharge a patient from care? And how do you do so properly to transition the patient to a new dentist and mitigate your own risk?

Let's dive into some FAQs to understand dentist–patient relationships at a deeper level and clear up any confusion you have.

Here's what dentists should know about the dentist–patient relationship.

When does the dentist–patient relationship officially begin?

A dentist–patient relationship may be deemed to begin when an appointment has been made or specific advice is delivered before the patient is seen, or when there is some other interaction which creates a patient's reasonable expectation of care.

How do I discharge a patient from care?

To discharge a patient from care, you must notify the patient in writing [via a dental patient dismissal letter](#). You have the option of giving the patient a defined reason. If the patient has been non-compliant with treatment or appointments, or if the dentist–patient relationship has been disturbed by litigation, non-payment or threats and abusive behavior by the patient or a family member, you may state a general reason for discharge, i.e., there has been a disruption in the dentist–patient relationship.

If the patient is being discharged for noncompliance, you may state "you have been non-compliant with my recommendations for care and treatment." If you have received a request for

records from an attorney, have been sued by the patient or are merely uncomfortable in continuing to treat the patient, a reason does not have to be stated or you may use the disruption in the dentist–patient relationship as the reason.

Give the patient a reasonable amount of time to seek a new dentist, considering the patient's course of treatment and the availability of alternative care without interruption. Often 30 days from the date of the letter will be sufficient notice, during which time you agree to be available for emergencies only. The letter should provide resources which will assist the patient to obtain a new dentist, such as the names and phone numbers of the district dental society. We do not recommend that you list the names of specific dentists. Mercado May–Skinner has sample form letters which can be modified for your use in discharging patients from your care.

Remember, patients with urgent or serious dental conditions should not be discharged without immediate access to alternative care so there is no gap in treatment.

Must I continue to see a patient whose insurance I do not accept merely because I have seen the patient once in a hospital emergency department as the on-call dentist?

The answer to this depends both on the patient's condition and the requirements set forth in the hospital's by-laws. If the patient's immediate problem has been resolved, unless the by-laws require you to provide a follow up visit, you are not obligated to see that patient in your office.

However, if the patient is in need of further care, it is recommended that you see the patient until he/she can be safely [discharged by letter](#). If the patient continues to have an urgent or serious dental problem which requires continued care, you must be sure he/she has alternative and

uninterrupted treatment prior to discharging him/her. If you are unable to assure that the patient has suitable alternative care, then you must complete the course of treatment for that particular dental problem before discharging the patient from care.

Like all client relationships, respect and professionalism is of the utmost importance in dentist-patient relationships.

As a dentist, you may come across cases or patients that are challenging, but there is always an optimal way to handle the situation. When in doubt about the right thing to do, reach out to MLMIC or your dental professional liability carrier. We also have several [risk management checklists about dentist-patient relationships](#) on our website that you can download and keep around the

office to help you and your team remember these best practices.

Dental professionals can stay up to date on the latest risk management guidance and alerts by reading [The Handbook for Practicing Dentists](#), monitoring the [MLMIC Dental blog](#), [The Scope: Dental Edition](#) and [Dental Impressions](#) and by following us on [Twitter](#) and [LinkedIn](#). ■

New Federal Mandate (MATE)

THE MEDICATION ACCESS AND TRAINING

Expansion (MATE) Act passed by Congress as part of the Omnibus Bill of 2022, mandates most practitioners licensed to prescribe controlled substances, including dentists, complete eight hours of one-time training on safely prescribing controlled substances (Schedules II, III IV, and/or V) in order to receive or renew their registration with the U.S. Drug Enforcement Administration (DEA).

At the time of your next scheduled DEA registration submission (on or after June 27, 2023):

- Complete eight hours of qualified training on safe controlled substance prescribing.
- Check a box on your registration submission affirming that you have completed required training.
- Retain copies of all certificates of completion.

Will training credits accepted for state-required opioid training count toward the new federal requirement?

Yes. Training hours accepted for state-required opioid training may be used to satisfy the DEA training requirement. Sec. 1263 specifically states: "Nothing in this subsection shall be construed...to preclude the use...of training...to satisfy registration

requirements of a State or for some other lawful purpose."

Will training credits accepted for the Federal DEA eight-hour course count toward the New York State three-hour opioid course requirement?

The New York State three-hour opioid course mandates that eight specific topics be covered. Whether the Federal DEA course, or any part of it, counts towards the New York State course depends on the topics the DEA course covers. Check carefully because New York requires that all of the following topics be covered:

- New York State and federal requirements for prescribing controlled substances;
- Pain management;
- Appropriate prescribing;
- Managing acute pain;
- Palliative medicine;
- Prevention, screening and signs of addiction;
- Responses to abuse and addiction; and
- End-of-life care.

Prescribers must complete coursework or training in all eight topics areas, including New York

State requirements for prescribing controlled substances. The topics may be covered by a single, comprehensive presentation or by multiple, individual presentations for a total of at least three hours. Hours for accredited coursework or training that meet any of the eight required topics, completed as part of an accredited continuing education program, may be counted toward the requirement. Prescribers must complete the coursework within one year of DEA registration and once every three years after the first attestation.

Attestation Link

Upon completion of all required eight (8) training topic areas, the prescriber must attest online via the [Narcotic Education Attestation Tracker \(NEAT\)](#) application in the Health Commerce System (HCS).

FAQs

Review a comprehensive list of frequently asked questions, such as "Do I have to use a specific CE

provider?" "Will ADA CERP credits count?" and more at:

- [NYS Department of Health](#)
- [Frequently Asked Questions](#)

Federal Mandate Questions

If you have further questions about this federal mandate, the ADA's Member Service Center is best equipped to answer them. Contact the MSC via e-mail at msc@ada.org, or call 312-440-2500. Staff are available Monday through Friday from 8am - 5pm Central Time.

New York State Mandate Questions

If you have further questions about the state mandate, NYSDA is available to assist. Contact NYSDA at info@nysdental.org, or call 518-465-0044. Staff are available Monday through Friday from 8:30am - 4:30pm ■

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4 estate planning approaches that are especially well-suited for dentists

By Keven DuComb, JD, MBA, Senior Financial Planning and Estate Specialist, Altfest Personal Wealth Management

WE UNDERSTAND DENTISTS'

financial lives can be complex; one important aspect of helping you manage that is crafting, and then regularly reassessing, your estate plan.

At Altfest Personal Wealth Management, we promote intentional and multi-generational estate planning. This means we encourage clients to think about what their estate looks like for the next generation and the generation beyond that, and how to achieve the best overall result. We encourage people to stop thinking there's a one-size-fits-all estate plan, so I'd like to share some ways to custom design yours.

With this goal in mind, here are four common gifting trusts we recommend for dentists like you and their families. We'll also talk briefly about how to use these vehicles for creditor protection.

Irrevocable Life Insurance Trust (ILIT)

The first trust we often investigate for clients is called the Irrevocable Life Insurance Trust, or ILIT. As the name implies, it involves an insurance product. In some cases, there is a question of insurability, so depending on what stage you are in your life, this might mean the

ILIT isn't the right choice for you. But for many dentists and other high-net-worth individuals early in their careers, this can be a good estate planning strategy. You may not have a large estate yet, but you know you're earning significant annual income and plan to grow and save that. If you start an ILIT early in your working life, you can often purchase the policy for less while you're younger and healthier and accrue a nice benefit for being proactive.

With an ILIT, you start with a trust shell. It's created to own the policy that you purchase as either the grantor, or in some situations, both spouses will be grantors of the ILIT. There are annual premiums to pay, often through what's called the "Crummey power" notice procedure. This trust provision allows a gift that would otherwise be a future gift to be treated as a present one, making it eligible for the annual gift tax exclusion. You can convert the gifts you're making into the trust into annual tax-excluded gifts up to \$16,000. (The annual gift tax exclusion rule currently lets anyone gift \$16,000 per year per person. There are no recordkeeping requirements, it's completely tax-free and tax-exempt. This amount is going to increase to \$17,000 per

person in 2023.)

You next focus on how among your beneficiaries and the policy's premium cost to make use of that current \$16,000 gift exclusion. Sometimes clients consider paying up their entire life insurance policy all at once with a large lump-sum gift into the trust. The trust basically purchases the policy, then it will grow through the various policy investment options. The trust essentially should last the lifetime of the grantors after that point.

There are two main benefits to ILITs, even for those who don't have high-enough incomes or assets to have concerns about someday owing state estate tax. One benefit is getting help in leveraging your annual gifts. In other words, the amount of your premium paid should be less than the eventual death benefit for your beneficiaries. Also, the death benefit will be completely tax-free to the beneficiaries.

When you use an ILIT, it removes the death benefit's value from your estate and it doesn't count against it in the same way owning a life insurance policy in your estate does. If you're setting up an ILIT to avoid or mitigate estate taxes, you've got those added benefits.

Others look at this type of trust as a wealth replacement option if something unexpected happens to the main high-wage earner.

Last, and especially for clients such as dentists, your estate may be of significant value because of your practice. Although that's an illiquid asset, it's driving the value of your estate up. ILITs can be used to provide liquidity in this case because the death benefit goes into your trust, as discussed, and your trustee

can use that to purchase your practice out of your estate after your passing. The trustee can then either transfer the business to the next generation and other people in your practice or sell the practice to realize proceeds that are passed on to your family.

By doing this through the ILIT, your estate can be wound up and pay taxes, if necessary, through the trust. That is much more desirable than having the practice is stuck in probate and

needing a court to approve a sale, for instance. In short, an ILIT can really streamline the estate-settling process and bring down costs and headaches for your loved ones.

Intentionally Defective Grantor Trust (IDGT)

The next estate planning method we discuss with dentists is called the Intentionally Defective Grantor Trust, or IDGT. These trusts are the most common way to trigger the lifetime gifting



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exemption and to potentially avoid significant estate tax down the road. As you may be aware, currently, on the federal level, a single person has an exemption amount of \$12.06 million, a married couple has \$24.12 million (both will rise further in 2023). This is the highest these exemption amounts have ever been in the United States. But proposals have been in Congress made to slash these federal exemption amounts, with one calling for a drop in the exemption to as low as \$3.5 million per an individual and \$7 million per married couple, which could pose taxation burdens for many dentists' estates.

Again, with and IGDT, there's an irrevocable trust shell used to receive the gift from you, then the trustee will manage those assets for your designated beneficiaries after your death.

The "defective" aspect here is that the trust stays in what's called a grantor trust for income tax purposes. That just means all the income, dividends and

capital gains, if any, in the trust are still taxed back to you as the grantor and creator of the trust. Generally, this is considered an added benefit because although it's a legal obligation to pay those taxes, it's effectively an additional gift to your descendants by either keeping your estate value in check or lowering it by virtue of paying the taxes on assets that are actually outside of your estate, due to the gift and the creation of the trust.

Qualified Personal Residence Trust (QPRT)

Another vehicle that's important for some dentists and similarly situated clients at Altfest is the qualified personal residence trust, or QPRT. In this strategy, a private residence and/or a vacation home that's appreciated significantly in value in recent years can be shifted from being potentially included in the estate and taxed heavily.

The QPRT is a strategy that's even more beneficial when interest rates are higher, as

they are now, because it's going to discount the gift even more dramatically than when rates are lower. The basic structure, again, consists of a shell irrevocable trust to receive a gift – in this case, a personal residence. Note: you can't use an active investment property in these types of trusts and you're also limited to only two of these in your lifetime.

Some clients will address the value of their primary residence and then a vacation home in this way, but we tend to see the vacation home as the optimal choice for this strategy. Once you've identified that this is a promising opportunity for your property, you must choose a potential term of years for the QPRT. The longer the term, the bigger the tax discount you have, but there's a trade-off: If you don't survive the term, the tax code states you didn't do anything at all and the property goes back into your estate and your survivors potentially have to pay the estate taxes on it. But if you survive the QPRT term, that's when the official transfer occurs

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and everything at that point is out of your estate, including all the value growth from the initial date that you put the asset into the trust.

As an example, let's say there's a 10-year term for a couple with approximately a 21-year life expectancy. Surviving that time period, the owners actually only use \$3.56 million of their federal \$24 million estate taxation exemption. As a married couple, they can split this. They would each use about \$1.25 million of their exemption even though they're transferring what is really worth \$6 million out of their estate. This is due to discounting, and the decade-long term of years they have to survive provides nice leverage to the gift rather than making it an outright gift just to get assets out of their estate. After the term ends, the couple can continue to use the property by renting it from the new beneficiary owners. (Some clients prefer not to assign a QPRT to their primary residence because of the ultimate need to rent their house from, say, their adult children.) This option works similarly in some ways to the defective grantor trust in terms of paying taxes. This is a legal obligation you create, but in so doing you can get more money out of your estate or, again, keep your estate value in check through these rental payments.

Grantor Retained Annuity Trust (GRAT)

A final estate planning choice to consider is called the Grantor Retained Annuity Trust, or

GRAT. We can use an example of an extremely wealthy set of clients to highlight a couple of components of the GRAT. But, of course, there are uses for this vehicle even if you don't have an exceptionally large estate; it's really any time you believe you have an asset, which could include a sizable investment portfolio, that can appreciate significantly over a somewhat short period.

Specifically, our example will use the so-called Zeroed-Out GRAT. That's a GRAT that you fund with the expectation of getting back essentially exactly what you put in it, as an annuity. Our example clients already have used up all their gift and other estate-tax exemptions. But they're eligible for a Zeroed-Out GRAT because technically they're getting back the amount of money that they put in, plus a little bit of interest based on the interest rates at the point when the trust is created. Unlike QPRTs, GRATs are better when interest rates are low, but you want to have your GRAT make more than what the interest rate is.

So if you own something that you're confident is going to appreciate significantly, even though we have a bit higher rates right now, a GRAT could still be a viable solution for some situations.

Creditor Protection Strategies

I also advise clients like you on ways to achieve creditor protection. Two types of trusts that can do this are called the

Domestic Asset Protection Trust (DAPT) and the Spousal Lifetime Access Trust (SLAT). In particular, the DAPT is an emerging trend around the country. It is a specialized trust, so your state has to create, by statute, the laws that allow for DAPTs, but if they're funded properly, they'll protect assets from your personal creditors even though you can technically still benefit from the trust in the future. Please note that in the state of New York, in particular, there is not a DAPT statute. Instead, New York has a statute saying there's no creditor protection for what's called a self-settled irrevocable trust, which is effectively what a DAPT is.

However, there's the legal argument that a state like New York can't necessarily invalidate something that's properly created in another state. Even if you are a resident of a state that doesn't have these statutes, you are allowed to create them in other states, you have a trustee that's in that other state. Practically speaking, there's some value in some sort of roadblock in place in the event of a malpractice claim or lawsuit and the DAPT can certainly provide that, if you're able to establish one. Be clear that it isn't designed to protect every asset you have. But if properly done, you're setting aside a nest egg and protecting those funds at a point when you don't have any known liabilities.

The SLAT is basically an ILIT in which you have just one grantor and the life insurance policies

are going to be on the life of that grantor, while the spouse of the grantor can still benefit from the trust. In the most classic sense, you'd have a permanent life insurance policy with some cash value and a trustee that would have discretion to pull from that cash value and make a distribution to the spouse. Certainly as a married couple that benefits both of you, even though it's not directly benefiting the grantor.

But what about a potential divorce? Or what if one spouse passes away first? At those

points, the SLAT converts back to a more traditional grantor trust that's going to protect assets, but it's really for beneficiaries' benefit down the road – similar to the four trusts that I outlined earlier. The SLAT may be a bit more straightforward and the law supports this type of an arrangement in all U.S. states, but it also can have limited utility in certain circumstances.

Find out more

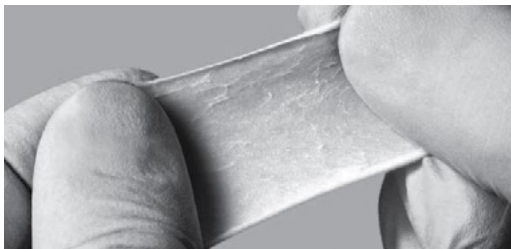
We hope learning about these estate planning strategies and suggestions for creditor

protection can help you start considering how to achieve the best plan for you and, ultimately, for your loved ones.

Learn more about how Altfest's advisors have helped countless dentists shape a custom estate plan that's intentional and satisfying. If you have specific questions or concerns about you and your family's situation, please book some time for a [complimentary consultation](#). ■



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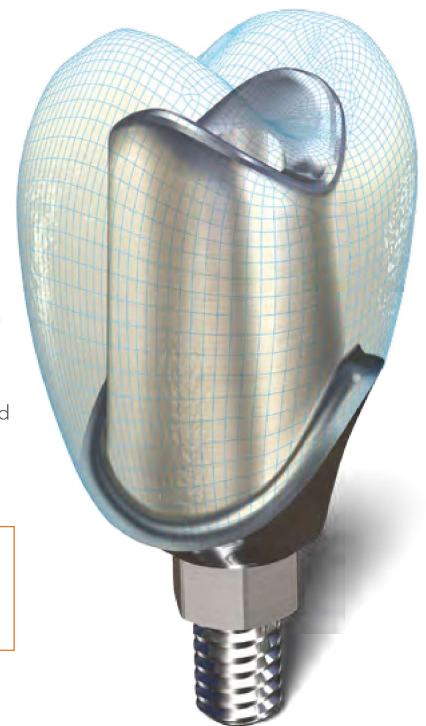
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Neil H. Goldman, Director of Recruiting, Dentists

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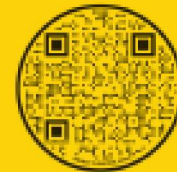
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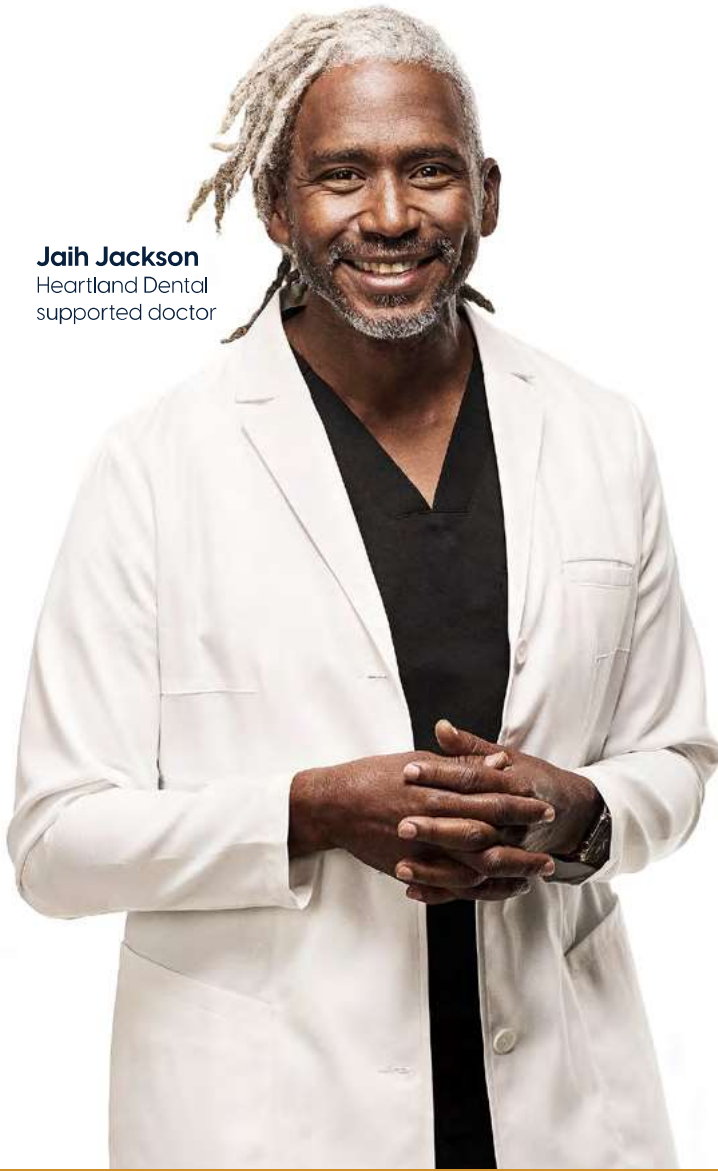
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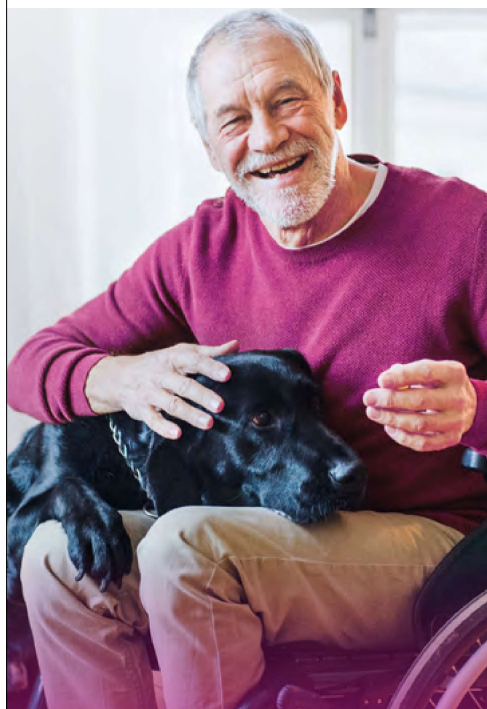
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— GORDON J. CHRISTENSEN, DDS, MSD, PHD
*Board of Directors, Dental Lifeline Network
Donated Dental Services Volunteer*

Dental Lifeline Network is a national nonprofit and strategic partner of the American Dental Association. More than 14,500 volunteer dentists and 3,300 laboratories participate in DLN's Donated Dental Services programs nationwide.

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We help the country's most vulnerable residents get much-needed dental treatment. These are our friends and neighbors who are elderly or disabled or medically fragile, and can neither afford treatment nor obtain public aid.

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It is easy to volunteer. Go to www.DentalLifeline.org and click on Volunteer or go to www.WillYouSeeOne.org. Additional information about the program is available. Just see one patient for a consult and you decide if you want to continue. ■

Dr. Lawrence Holtzman

Implant Dentistry - Introduction to the Digital Workflow

Tuesday, May 23, 2023 | 6:00pm

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Buffet Dinner at 6pm (Kosher meals available upon advance request*)

Lecture at 7pm

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2. Step by step treatment planning protocol.
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Dr. Lawrence Holtzman

- Tufts University Dental School - 1986
- New York Hospital/Cornell Medical Center - Internship 1987
- Montefiore Medical Center - Oral and Maxillofacial Surgery - 1990
- Board Certified in Oral Surgery and Dental Anesthesia
- Dr. Holtzman is on staff at New York Presbyterian Hospital/Columbia University Medical Center and has courtesy privileges at Montefiore Medical Center
- Private Practice - Bronx



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BCDS Members - \$125

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Non BCDS Members and their staff - \$150

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