Mary Jensen Brezik, M.S., CCC-SLP is a pediatric Speech-Language Pathologist from Fort Worth, Texas. She graduated from Trinity Valley School then attended Baylor University Honors Program where she graduated with a Bachelor of Arts in Communication Sciences and Disorders. Mary received her Masters of Science in Speech-Language Pathology at the University of Texas at Dallas and pursued additional training in swallowing and voice disorders at Boston University Medical Center, Cook Children’s Hospital, and UT Southwestern Otolaryngology Department.

She has worked at Monkey Mouths Pediatric Speech Therapy since 2012 where she specializes in diagnosing and treating swallowing and voice disorders. Mary is currently the only pediatric Speech Pathologist in the Dallas-Fort Worth area performing Fiberoptic Endoscopic Evaluation of Swallowing (FEES) in a private practice setting.

Mary first became interested in speech pathology from her voice teacher in high school. She is a classically trained soprano and pianist and felt speech pathology was a perfect combination of her love of medicine, voice, and working with children. Her hobbies include singing, volunteering, and traveling with her husband, Daniel.

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LEARNING OBJECTIVES:

- Have a better understanding of anatomy as it relates to speech and feeding
- Identify overlaps between speech pathology and dentistry in speech and feeding
- Identify when a referral or consultation with a Speech Pathologist is appropriate

I, Dr. ____________________ will attend the March 8th meeting at the Tarrant County Medical Society. Enclosed find $30.

*Make check payable to FWDDS and mail to:
4528 W. Vickery Blvd. Ste 101
Fort Worth, TX 76107
ON THE CALENDAR

2016

MARK YOUR CALENDARS
FOR THESE CONTINUING EDUCATION OPPORTUNITIES

MARCH 8
Monthly Meeting at Tarrant County Medical Center

APRIL
FWDDS Shred-a-thon - Date to be determined.

MAY 5-7
Texas meeting in San Antonio.

MAY 10
Installation of FWDDS new officers.

MAY 20-21
FWDDS First Texas Mission Of Mercy TMOM at Texas Wesleyan University

AUGUST 11-13
Southwest Dental Meeting

OCTOBER 21
Fall CE Dr. Sonia Leziy and Dr. Brahm Miller. Dr. Leziy is a periodontist and Dr. Miller is a prosthodontist and are the leading specialists in their fields speaking intentionally on periodontal implant surgeries and restorative aspects of dentistry.

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# Profit & Loss Budget Overview

## Ordinary Income/Expenses

### Income

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>301 • Revenue-Membership Dues</td>
<td>97,824.00</td>
</tr>
<tr>
<td>302 • Revenue-Continuing Ed</td>
<td></td>
</tr>
<tr>
<td>302.01 • Revenue-CE-Spring</td>
<td>22,500.00</td>
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<tr>
<td>302.02 • Revenue-CE-Fall</td>
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<tr>
<td>302 • Revenue-Continuing Ed-Other</td>
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<td>Total 302 • Revenue-Continuing Ed</td>
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<tr>
<td>303 • Revenue-Dinner Meetings</td>
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<tr>
<td>305 • Manufacturers Sponsorships</td>
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<tr>
<td>306 • Revenue-Twelfth Night</td>
<td>36,000.00</td>
</tr>
<tr>
<td>309 • Legislative Comm</td>
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<tr>
<td>312 • Revenue-Interest Income</td>
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<tr>
<td>320 • Revenue-Directories</td>
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<td><strong>Total Income</strong></td>
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### Cost of Goods Sold

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<tr>
<td>403 • Dinner Meeting Expense</td>
<td>20,250.00</td>
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<td>406 • Twelfth Night Committee</td>
<td>24,600.00</td>
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<tr>
<td>408 • Special Awards Committee</td>
<td>450.00</td>
</tr>
<tr>
<td>413 • Continuing Education Exp</td>
<td></td>
</tr>
<tr>
<td>413.01 • CE-Expense-Spring</td>
<td>11,000.00</td>
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<tr>
<td>413.02 • CE-Expense-Fall</td>
<td>21,200.00</td>
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<tr>
<td>413 • Continuing Edu Exp - Other</td>
<td>5,400.00</td>
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<tr>
<td>Total 414 • Continuing Edu Exp - Other</td>
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<tr>
<td>417 • Honorarium Fund</td>
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<td>420 • Directories</td>
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<td><strong>Total COGS</strong></td>
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## Gross Profit

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Profit</strong></td>
<td>165,004.00</td>
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## Expense

<table>
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<tr>
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<tr>
<td>431.01 • Salary Exec Director</td>
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<tr>
<td>432 • Hourly Employee Payroll</td>
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<td>433 • Shreadthon</td>
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<td>450 • Rent Expense</td>
<td>8,150.00</td>
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<tr>
<td>450.01 • Utilities Expense</td>
<td>720.00</td>
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<td>451 • Building Fund</td>
<td>12,000.00</td>
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<td>451.02 • Security Services Exp</td>
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<td>453 • Computer Exp-In House</td>
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<td>454 • Computer Services</td>
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<td>460 • Office Supplies/Expense</td>
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<td>462 • Telephone &amp; Fax</td>
<td>3,180.00</td>
</tr>
<tr>
<td>470 • Office Insurance Expenses</td>
<td>2,000.00</td>
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<td>472 • Accounting Services</td>
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<tr>
<td>475 • Payroll Tax Expense</td>
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<tr>
<td>476.01 • Other Taxes</td>
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<td>478 • Post Cards &amp; Postage Exp</td>
<td>2,307.96</td>
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<td>480.02 • TDA Annual Session Trav</td>
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<td>482 • CE Meetings (ADA)</td>
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<td>486 • Collection Expense</td>
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<td>491 • Depreciation Expense</td>
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<td>491 • Amortization Expense</td>
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<tr>
<td>510 • Provision for Fed Inc Tax</td>
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<tr>
<td>660 • Payroll Processing Expenses</td>
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<tr>
<td><strong>Total Expense</strong></td>
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## Net Ordinary Income

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<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td><strong>Net Ordinary Income</strong></td>
<td>5,547.40</td>
</tr>
</tbody>
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## Net Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET INCOME</strong></td>
<td>5,547.40</td>
</tr>
</tbody>
</table>
The staff at Cook Children’s and The Center for Children’s Health knows that a healthy mouth can lead to a healthy overall body. And with a goal of making their six-county service area the healthiest place to raise a child by 2020, educating parents and caregivers on the importance of good oral health and providing treatment for at-risk, low-income children are major focuses for the team.

The latest results from the parent survey (the Children’s Community-wide Health Assessment & Planning Survey or CCHAPS), administered by The Center for Children’s Health, led by Cook Children’s, shows that more than 181,300 parents or 62 percent did not realize their child’s dental health affected their overall health. We also know that access to care is a challenge for many of our low-income families. According to the 2015 CCHAPS, more than 33,000 children or 11 percent, ages 0-9, did not receive all of the dental care that he/she needed.

Because of the information learned from CCHAPS, which identified oral health as a major health concern for parents in the first survey done in 2008, several oral health programs and initiatives have begun, including:

- Children’s Oral Health Coalition
- Save a Smile
- Neighborhood Clinic that combines medical and dental care under one roof

The Children’s Oral Health Coalition and the Save a Smile program are housed under the Community Health Outreach department within the Center for Children’s Health. Both programs have a special focus on at-risk and underserved children. The Cook Children’s Neighborhood Clinics also focus on the underserved population and accept both CHIP and Medicaid.

The Children’s Oral Health Coalition was the first oral health initiative born out of Cook Children’s and formed in 1999. The coalition works to improve the oral health of children.
Full Day CE Course Featuring Dr. Sonia Leziy and Dr. Brahm Miller

**Implant Esthetics:**
New Approaches, Treatment Concepts & Material Selection
- Location To Be Determined -

**SYNOPSIS:** The demand for esthetic implant restorations has become a consistent theme in the dental literature and in daily clinical practice. Surgical concepts that are emphasized as important to the esthetic outcome include bone augmentation procedures prior to or in conjunction with implant placement, as well as additive soft tissue procedures such as connective tissue or dermal grafting to alter the biotype and tissue volume. Today’s surgical and transitional restorative strategies play equally important roles in post-extractive tissue guidance, and mandate precise surgical and restorative techniques. This presentation will explore direction changes in provisionalization techniques, standard impression and digital scanning as well as restorative material selection for esthetics and long-term stability.

**LEARNING OBJECTIVES:**
- Review the emerging hard and soft tissue enhancement procedures used today
- Review the role of immediate implant placement and restoration.
- Customized healing abutments
- Provisionalization: why is it so important?
- Conventional impressions vs. optimal scanning.
- The hype on cementations vs. screw-retention.
- Review today’s restorative material options.

Dr. Sonia Leziy and Dr. Brahm Miller received their dental degrees from McGill University. Dr. Leziy’s post-graduate degree in periodontics was completed at the University of British Columbia, Canada, and Dr. Miller completed his post-graduate prosthodontics certification at the Medical College of Virginia. They are associate clinical professors and sessional lecturers at the University of British Columbia, and mentor a Seattle Study Club chapter in Vancouver.

Drs. Leziy and Miller are members of the American Academy of Esthetic Dentistry and several periodontal and prosthodontic societies. They are also involved on several editorial boards including the Journals Spectrum Dialogue, the Journal of Esthetic and Restorative Dentistry, the Journal Teamwork and the Journal of Perio and Restorative Dentistry. They lecture extensively internationally, and have published on the subjects of advanced implant esthetics, periodontal plastic surgery, ceramics and restoration.

Dentistry Today recognizes each of them among the top 100 clinicians in CE in North America, they are recipients of the 2014 Saul Schluger Award. Dr. Leziy is also executive VP of Clinical Affairs for the Seattle Study Club. Drs. Leziy and Miller maintain a full-time private practice in the Imperio Group Dental Health Specialists in Vancouver, Canada.
Dental Anesthesiologists recognize the need for deep sedation and general anesthesia to manage pain and anxiety in patients for whom local anesthesia and lighter levels of sedation are ineffective or inappropriate. This is especially relevant for pre-cooperative or uncooperative children, developmentally delayed, autistic and physically challenged patients as well as dental phobias and for the elderly with cognitive deficits.

Our clinical training includes hospital room anesthesiology as well as ambulatory anesthesia with a unique emphasis in anesthesia for dental cases. Dental Anesthesiologists can also provide nerve blocks due to advanced training and knowledge of dental local anesthetic administration.

Dental Anesthesiologists, as opposed to other anesthesia providers, can interpret radiographs and dental treatment plans, allowing unique judgment as to the degree of difficulty and helping devise better anesthesia plans specific to the individual patient.

As a result, Dental Anesthesiologists can monitor and control the level of anesthesia to ensure rapid induction and recovery of patients to minimize chair time.

The Dental Anesthesiologist who works in a single office or in the offices of other dentists provides all the necessary equipment, medications and sophisticated monitors to ensure an unsurpassed margin of safety in the care of the ambulatory dental patient.

Dr. Jinsoo Kim, DDS
(253) 394-4186
jinsoo.kimdds@yahoo.com
www.anesthesiafordds.com

Dr. Hunter Stuart, DDS, MS
(817) 692-3909
hrsdds@gmail.com
www.texasdentalanesthesia.com
Some of you seasoned readers may remember the television commercials featuring the stressed out mother dealing with her children running around the house as she was trying to clean. Mom would look around and exclaim, “Calgon, take me away from here.” Calgon was a product that you would add to bathtub water that claimed to reduce stress.

We recently had an office moment when I felt it was time to call upon St. Apollonia, the patron saint of dentistry, to intercede on my behalf when dealing with an insurance company.

A patient appeared in the office with a vague toothache. We took an x-ray and performed a limited examination. She had several large restorations but she could not pinpoint the source of her discomfort. No caries or periapical pathology appeared on the x-ray. We discussed the concept of cracked tooth syndrome and gave her some treatment options. She preferred that we monitor her condition and agreed to a fluoride application as a desensitizing agent. We filed on her insurance.

Upon review of the explanation of benefits, we noticed several things. The code for desensitizing agent was changed to a fluoride treatment and then denied as she was past the age limit. The limited examination procedure was denied since we preformed a service -that application of fluoride. The only benefit paid was for the periapical x-ray.

When I asked Faith, the front desk office manager, if she discussed the matter with the insurance company, she replied that the reason given was that we cannot preform a service the same day we do an emergency (limited) examination.

The insurance company logic is creative. They change the procedure code in order to deny the benefit and then use that denial of service to void the examination.

Colleagues often asked me why organized dentistry doesn’t do more to help practitioners fight such insurance abuse. I try to explain that anything organized dentistry does as a group can be considered restraint of trade and the insurance industry would not hesitate to report such action to the Federal Trade Commission.

Some days I just wonder and ask “St. Apollonia, take me away from this madness.”
“There’s only one dentist for her!”

We provide oral healthcare for patients with special needs.

Our facility offers a comfortable environment specifically designed to meet the needs of disabled, handicapped or challenging patients.

The staff, mothers, and boys at HOPE Farm want to send a HUGE THANK YOU to all of the dental offices that helped make our Christmas over-the-top this year! The Fort Worth District Dental Society came through BIG by adopting each of our boys to ensure they had a memorable Christmas. Our boys received bicycles, sweatshirts, skateboards, legos, basketballs, and all sorts of toys. Not only did you bless the fatherless boys, but you blessed their single mothers by taking some of the pressure off during, what can be, a stressful holiday season. We are amazed and grateful for the level of support you guys provided for our boys!

HOPE Farm is an after-school leadership development program guiding at-risk boys to become Christ-centered men of integrity. The boys at HOPE Farm, who range in age from 5 to 18, enter the front gate in all different shapes and sizes and possess a variety of special gifts and talents. The one bond they share is that none of them have a father living in the home. Most of their fathers chose to leave their families and lacked the courage to stand by their boys sacrificing a meaningful relationship with their sons. With the absence of a strong father-figure in their lives, the

continued on page 10
We enjoy talking about retirement planning. Retirement is the ultimate goal for most people. They can retire from their career, spend time with loved ones, travel, and maybe even throw away their alarm clock. But the conversation can quickly change from an enjoyable discussion about dreams and aspirations to the realization of being unprepared for difficult decisions, especially if an action plan has not been implemented to help achieve specific goals and objectives.

The Earlier You Retire, The Longer You Are Retired

A lot of our clients ask us to run calculations to determine the feasibility of early retirement. We remind them that the earlier they retire, the longer they are retired. Retiring at age 60 instead of age 65 is not just a five-year difference in age – it is a ten-year difference in a retirement plan. There will be five less years of retirement savings and five more years of retirement spending.

Even though there are several variables that will affect the ability to retire at a specific age, the only variable that can really be controlled is how much money is contributed to retirement savings. It is never too late or too early to take action toward retirement objectives, just start saving today and be aggressive with contribution rates. We never hear anyone complain about having too much in retirement savings, but many complain about not having enough. Making early progress toward retirement objectives can create more options as retirement age approaches, hopefully resulting in less stress and a more enjoyable transition to retirement.

Do not procrastinate about retirement savings. Retirement planning should be taken seriously. Everyone has limited time, and most people have limited money. The willingness to allocate time and money toward retirement objectives can have a substantial impact on the ability to retire at a desirable age. A financial advisor can help create, implement and monitor a customized plan that is based on specific goals and objectives. Talk with an advisor today to take action on your plan.

FOR MORE INFORMATION:

CORY MCCUNE // LUKE BOUGHFMAN
E-MAIL: mccune.cory@principal.com // bougfhman.luke@principal.com
PHONE: (682) 233-7001


Disability insurance has exclusions and limitations. For costs and complete details of the coverage, contact your Principal Life financial representative.

Luke Boughfman and Cory McCune. Agents are a Financial Representative of Principal National Life Insurance Company and Principal Life Insurance Company and a Registered Representative of Princor Financial Services Corporation. Securities offered through Princor Financial Services Corporation, 800/247-1737, member SIPC. Principal National (except in New York) and Principal Life are issuing insurance companies of the Principal Financial Group. Principal National, Principal Life and Princor® are members of the Principal Financial Group®, Des Moines, IA 50392. Luke Boughfman and Cory McCune can be reached at (682) 233-7001. 6500 West Freeway Suite 555 | Fort Worth, TX 76116.
The Save a Smile program provides comprehensive preventive and restorative dental care for children from low-income families through the generous help of volunteer dentists and specialists. The school-based grassroots approach of the program includes a social service model and is the key component to connecting children to the care they need. Children eligible for the program are pre-kindergarten through third grade, at high risk for dental disease and are from schools pre-selected by the Save a Smile program and participating school districts. The program is just beginning to pilot fourth through sixth graders.

The most recent addition to their oral health efforts is the Cook Children’s Neighborhood Clinic located on East Berry in the new Renaissance Square in Southeast Fort Worth. This is the first of the Neighborhood Clinics to combine medical and dental care all under one roof. The hope is that this could become a new model of care, specifically for our low-income families where access is a challenge.

The leadership at Cook Children’s and The Center for Children’s Health understand that the success of these efforts would not be possible without the support of our community and other like-minded organizations and individuals who recognize the importance of good oral health. The staff is forever grateful for the partnership and caring hearts from the members of Fort Worth District Dental Society.

If you are interested in volunteering with the Children’s Oral Health Coalition or Save a Smile, please contact Cook Children’s Community Health Outreach department at 682-885-6731 or you may visit centerforchildrenshealth.org for more information.
**RESPONSES TO TSBDE ADOPTING NEW RULE**

Recently the State Board of Dental Examiners published a new rule that affects applicants for a dental license or those dentists who are applying for new permits such as sedation/anesthesia. The rule was posted on the TSBDE Newsletter emailing from the Board. The free email subscription newsletter is provided as a service to Texas dentists to help keep up with Board actions.

Specifically, the new rule requires that applicants for a license or permit must submit a self inquiry to the National Practitioner Data Bank (NPDB) and send those results to the TSBDE in an unopened envelope.

I received an email from a FWDDS member asking about the purpose of the Board rule. This member was upset that the dentist had to pay for an inquiry and not be able to see the results of that inquiry before submitting it to the Board. This is a rightful question, but the Board has already passed the rule.

I have no knowledge of the rationale of the Board action, but I suspect that it is in response to the number of out-of-state applicants who have disciplinary actions against them. Rather than having the TSBDE research the applicant with the NPDB, the self inquiry might be more efficient and save the state of Texas money.

If the State Board wishes to fully explain the reason behind the ruling, the “Twelfth Night” will gladly run such explanation.

The new rule reminds me of an incident that occurred some years earlier during an AGD Council meeting. We were discussing the fact that some states were requiring license applicants to be finger printed. Most of the Council members were shocked to hear that health care professionals were undergoing actions that a criminal has to do when they are arrested. But after further conversation, we were reminded that nurses and teachers must also undergo finger printing to be licensed.

The increased number of laws and regulations can be overwhelming and this seems to be just another that doesn’t serve much purpose. But I wonder if and why such regulations are needed. Is this in response to the news of sedation injuries and deaths recently reported on Channel 5 or series of published articles in the “Dallas Morning News”? Do news stories about dentistry cause the public to demand action from our government? Have we as a profession failed to properly monitor ourselves?

I don’t have the answers but our world has changed and dentistry is constantly changing. It can be difficult for an “old-timer” like me to accept change when what I’m doing seems to work. But there is a reason we no longer use typewriter correction film or that almost everyone has a cell phone. It’s not that these times are better or worse than the times of our parents and grandparents. They are just different.

To paraphrase, “Lord, grant me the wisdom to accept the changes that are necessary to better serve you, my family, and my patients.”
OBITUARY

Burnise O’Dell Molpus Jr. 1929-2015

Dr. Burnise O’Dell Molpus Jr. passed away on December 26, 2015. He graduated from TCU with a Bachelor of Science Degree and from Baylor College of Dentistry in 1955. Dr. Molpus set up practice in Fort Worth in 1958 after serving in the Air Force as base oral surgeon at Walker AFB in Roswell, New Mexico. He retired from active practice in 1999.

Dr. Molpus was a pilot who, along with his wife Jane Garrett, also a pilot, traveled across the United States.

In addition to his wife Jane, Dr. Molpus is survived by his children Jane Joyslin and Richard Garrett of Fort Worth.

Dr. Molpus was a retired life member of the TDA and FWDDS.
FOR LEASE:

2500 square foot 6 treatment room space in free standing, two tenant building built in 2000. Ample parking, attractive exterior, and fully finished out interior. Formerly occupied by a general dental practice. $25/sf/year

Centrally located between the Tanglewood neighborhood and the newly developing Clearfork project. Tanglewood is one of Fort Worth’s highest rated school districts with home values ranking in the top ten percent of Tarrant County. Clearfork will be home the a new mixed-use development featuring the flagship Nieman Marcus and hundreds of new single and multi-family residential units.

Contact 817-437-2761

Dental Office

Approx. 1760 sq. ft. Ideal for Pedo / Ortho

Located at 3600 Hulen St. Near Central Market

3 Operatories + Open Bays Separate Lab & Sterilizing Room Large Waiting Room

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southlake@swbell.net

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ADStexas.com/ftworth

ADS Watson, Brown & Associates has been serving Texas Dentists and selling hundreds of practices since 1991. The only team with both the experience of a Dentist and Tax Attorney/Accountant. All ADS companies are independently owned and operated.
On May 20-21, 2016, the Texas Dental Association Smiles Foundation (TDASF) will host its 63rd mission event at Texas Wesleyan University in Fort Worth. This will be the first time Texas Mission of Mercy (TMOM) is coming to Fort Worth since the traveling dental clinic began in 2001. TMOM is a mobile dental clinic that serves uninsured or underinsured Texans with free, pain-relieving dental care in a mission setting. The Dallas area has hosted 5 previous TMOMs with the most recent being in April 2015. This event provided 905 patients with $591,179 worth of dental care. Even with these high numbers and it being the fifth event held in the Dallas area, there were still hundreds of patients who were unable to receive care, many of whom traveled from across DFW, revealing the great need for access to care across the Metroplex.

Our goal for the Fort Worth TMOM 2016 is to treat around 1,000 patients, relieving their pain and restoring them to oral health. Roughly one hundred volunteer dentists, along with hundreds of dental and community volunteers, are needed to come together to run this two-day clinic. Treatment is primarily focused on pain-relief and procedures include cleanings, fillings, extractions as well as limited cases of oral surgery, endodontics and prosthetics.

If you and your staff are interested in volunteering, please visit www.tmomvolunteer.org to register for the event.

TMOM relies upon the entire community for volunteers and financial support to help our neediest neighbors. In order to hold this event, we need to raise around $90,000 in cash and in-kind donations. Contributions allow us to purchase dental supplies, transport equipment, provide food and beverages to patients and volunteers, and handle other needs that arise. Typically, in-kind donations lower the cash cost to roughly $65,000. On average, a TMOM of this size provides $600,000 worth of charitable care to patients. This means a return on investment of nearly $10 to $1.

Since 2000, TDASF’s programs have provided a total of $23,527,778 worth of care to 33,708 patients through the help of volunteer dental professionals and community involvement. Together, we CAN create healthy smiles for all Texans!

For more information about the event or to make a donation, please contact Sara Harney, Missions Manager at (512) 448-2441 x203 or sara@tda.org.

If you wish to make a donation for the Ft Worth TMOM, please fill out and return this form to the TDASF office. If you wish to send a check, please make checks payable to Texas Dental Association Smiles Foundation. TDA Smiles Foundation 1946 S IH 35 Suite 300 Austin, TX 78704

Name ________________________________________________

Organization __________________________________________

Address ___________________________ City_________ State____ Zip ______

Phone Number ______________________ Email ______________________

Credit Card Number ___________________________ Exp Date _________

Amount $ ______________________ TMOM Support for (city) ___________
Dear Dr.

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Nelson Periodontics and Implantology has made a generous donation in your name. If you would like to know more ways you can help with TMOM do not hesitate to contact your Fort Worth area dental society.

I appreciate your continued trust and allowing us to help provide your patients with optimal periodontal health and continue to enhance their beautiful smiles.

Thank you for your support and Happy Holidays to you and yours!!!

Sincerely,

Shelby Nelson

Shelby Nelson, D.D.S., M.S. and staff
Diplomate of the American Board of Periodontology
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