TWELFTH NIGHT

UPCOMING COURSES AND EVENTS

MARCH 12, 2019
Monthly Meeting
Dr. Joe Laborde

APRIL 5, 2019
Annual Golf Tournament
Waterchase Golf Club

APRIL 9, 2019
Monthly Meeting
Dr. Andrea Palmer

Register online @ www.fwdds.org
ON THE CALENDAR

2019

SCHEDULE OF EVENTS & MEETINGS

March 12, 2019 Monthly Meeting
   Dr. Joe Laborde

April 5, 2019 Annual Golf Tournament
   Waterchase Golf Club

April 9, 2019 Monthly Meeting
   Dr. Andrea Palmer

May 9, 2019 Annual Installation of Officers
   Colonial Country Club

September 10, 2019 Monthly Meeting
   Dr. Fayette Williams

September 20, 2019 Annual Clay Shoot
   Defender Outdoors Clay Sport Ranch

October 8, 2019 Monthly Meeting

November 12, 2019 Monthly Meeting
   Ms Diane Rhodes, TDA Senior Policy Manager

Did you know that if you come to just 5 monthly meetings, the
FWDDS OSHA Course each January, and the all day CE Course each
year, you will have met more than your CE requirements for the year
without any travel expense? Plus, it is a good chance to network with
your colleagues. Mark your calendars and plan to come!

CHECK THE WEBSITE FOR DETAILS AT WWW.FWDDS.ORG

WELCOME NEW MEMBERS!

Dr. Deepa Patel
Dr. Kimberly Lake
Dr. Rein Dickerson
Dr. Li-Ping Lin

Welcome to FWDDS! We are
thrilled to have you as new
members. Please join us at our
next monthly dinner meeting.

CALENDAR
OF ADA AND TDA OPPORTUNITIES

April 11, 2019
TDA National Signing Day

May 2 – 4, 2019
TDA Annual Meeting in
San Antonio, TX
Registration now open at
https://tdameeting.com

September 5 – 9, 2019
ADA Annual Meeting in
San Francisco, CA

Installation of Officers

Thursday, May 9, 2019
Colonial Country Club

Save The Date
A lot has been in the media and written lately about Loneliness. It’s actually been called a “Loneliness Epidemic”. Americans are becoming lonelier and it’s affecting our health, relationships, and work. According to a recent Harvard study the medical profession (of which we belong) is the second most lonely profession in the country. The legal profession is the loneliest profession cited in the research – which proves that sometimes you get what you deserve. That was a joke – kind of.

Since many of us work in our own businesses and are the CEO, CFO and COO of those businesses we are more susceptible to loneliness. While our coworkers are often like family to many of us the truth is that no one is more responsible for your business, your work and the success of both. We stay late at the office writing up charts, calling patients to check on them before going home for the evening, waxing up a case that is due tomorrow and dealing with the business of running a dental practice. While we are alone in many of our daily duties it might feel like we are the only ones who have to work this hard. We might see our colleagues from afar as having more fun, making more money or achieving their goals as a provider of excellent care. Often when we are finished with the day we are so mentally and physically exhausted that we just give in to the feeling of loneliness. We don’t call our friends or enjoy our hobbies like we used to or join in with the activities of our favorite civic group or just get home to enjoy our families. Loneliness can cause severe health and relationship issues. It may be more hazardous than obesity or smoking.

So, how do you get “Unlonely”? If you attended the last monthly meeting you saw a presentation calling 2018 “A Year of YES”. We called it a year of yes because of all the members of our society that became involved in our leadership team, attended our meetings and participated in some of our fun events like the clay shoot, the Top Golf event and the wine tasting. Involving yourself in our professional organization not only strengthens and protects our way of life, it can be a way of reconnecting with your peers which can result in relieving some of the feelings of loneliness.

The young and old alike need connections with other people who have similar interests. If you are new to dentistry you may feel like the weight of the world is on your shoulders. Did you know that the FWDDS has a mentoring program? If you connect with a mentor through our society you will find that almost everyone has gone through all those problems that you thought were unique to you. The more experienced dentist mentor will certainly feel more connected if he or she is able to feel like they have been able to help one of their younger peers. They may feel like they are paying back some of the good deeds, encouragement and help that was given to them when they were young. Saying, “Yes”, is the momentum that is needed to blast through the wall of loneliness. Connect. Volunteer. Be a Part.

Our profession needs all of us to become involved in order for it to exist in its current healthy form. Becoming involved just might be the best thing that we can do to keep ourselves personally healthy and strong, as well.
I just knew I’d have plenty of time to write this article on my week off. I was up in the Yukon Territory, helping my daughter while her husband was running the Yukon Quest, the other 1000-mile sled dog race in North American besides the Iditarod. But somehow, after harnessing dogs, driving the dog truck, chasing the granddaughter, building a dog shed for all 14 dogs, walking the dogs, massaging the dogs, driving the dog truck again, chasing the granddaughter again, all in -40 weather, my sleep deprived brain was unable to string any coherent thoughts into an article. (Just re-read that last sentence and you’ll have to agree). Instead I have strung together a mix of facts and experiences that I’ve learned on the Quest, along with some related facts about our dental society, and lined them all up for you. Enjoy!

1. At -40 degrees, you can physically feel your beard and mustache freeze in seconds. Crazy!

2. At 48 degrees below, your mascara will actually flake off! OK, this one comes from my other daughter.

3. The Yukon Quest was founded in 1983 when there was no internet. Who would have guessed that 35 years later it grew to an international major event? An astounding 1,014 teams have started the Quest over those years with more than half completing this grueling 1000-mile trail. Their fan base has exploded with 423,555 visits to live tracking to cheer on the teams as they raced across the frozen North.

4. The FWDDS has been around since 1921, also slightly before the internet. But we are trying hard to improve how we can use it to provide major benefits for our members. Our new website has lots of new areas that I wish had been around for me 30 years ago. An advocacy site that shows what areas our local, state, and national dental societies are working on. From fluoridation, to funding of dental schools, to insurance portals, and more, there for you to help stay informed. There are pages to connect you to education opportunities, to contract advice, to your state and national society websites. Check it out, explore, and give us your recommendations on how to make it more effective for you.

5. -40 below in Fahrenheit is the same as -40 Celsius. The Fahrenheit scale is used primarily in the United States, while Celsius is used throughout the world. There is one point on the Fahrenheit and Celsius scales where the temperatures in degrees are equal. This is -40 °C and -40 °F.

6. Amazingly you can still wear contacts in 40 below weather.
7. In sled dog racing men and women are treated the same. Some of the most famous and successful mushers in the Yukon Quest, Iditarod and other well-respected races are women. No special accommodation, no discrimination just pure comradery and respect.

8. Dentistry is a great career for women because the same atmosphere exists. Women are not only some of the most elite in our profession they also are increasingly taking on leadership roles in dental associations, legislative activities and educational activities.

9. No one can help mushers except fellow mushers during the Quest, except for a brief time at the half-way point.

10. Our new FWDDS website is our attempt to match mentor dentists with dentists seeking guidance or expert advice. Dentists helping other dentists-fantastic! Look it over and please sign up!

11. There is a saying in mushing: the best way to become a millionaire racing sled dogs is to start off as a multi-millionaire.

12. Unfortunately, money is something our dental society must pay attention to also. The FWDDS ended 2013 with only $22,000 in funds, in danger of not meeting monthly payroll and debt obligations. Because of the hard work of two Executive Directors, numerous board members, committees, sponsors, fundraisers, active members and friends, we ended the 2018 year with $230,000 in funds. Thank you all for your hard work! Because of you we are in a much better position to give back to our members!

13. Although our district (12th) is among the largest geographically dispersed societies, unlike the other large districts (Dallas, Houston and San Antonio) we do not have convention proceeds feeding in to our funds. That makes it even more impressive what we have been able to accomplish together!

14. A bottle of Wild Turkey 101 will freeze at somewhere around -48 F.

15. And if it’s not frozen, take care. Shots of -40F liquor have been known to cause frostbite down your esophagus.

16. And my final fact. My son-in-law Andy finished 18th out of a field of 30. He and a group of three other mushers and their dog teams reached the Eagle summit and Rosebud peaks during white-out conditions, with snow flurries blowing so hard they couldn’t see the trail markers 10 feet in front of them. But working together, they found a way to continue on, to find the trail, and to finish their goal. Working together- continue on, find the trail, finish our goal. Yeah.

More Yukon Quest photos on next page.

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Dr. Knight's Yukon Adventure

Abe, the Dog

Dr. Knight's son in law Andy Pace

On the Trail

In the Dog tent

Dr. Knight and his son in law Andy at the half way point

Dr. Knight's daughter and his grandaughter ballerina unicorn, Ada, at the finish

Half way point in Dawson City with the Lead Dogs

Giving the dogs a mink oil massage

Kristin greeting them at the Finish
86th Legislative Day

Meeting with Rep Bill Zedler

Meeting with Rep Craig Goldman

Dr Ron Lee and Dr Russell Dix

Meeting with Senator Kelley Hancock

FWDDS at Legislative Day

Leaders Attend Legislative Day
Issue One
Dental Insurance: Patient Benefits Disclosure and Insurance Payment Choice

Issue Two
Access to Oral Health Care: Funding and Administration for Texas Programs

Issue Three
Water Fluoridation: Benefits, Disclosure, and Notification

Issue Four
Texas Dental Schools: School Funding and Clinic Operations

Issue Five
Dental Practice Models: Preserving Dentists' Independent, Professional Judgment

Issue Six
Scope of Practice: Preventing Scope Expansion of Non-Dentists

The following is a compilation of the Texas Dental Association Issue Briefs for the 86th Texas Legislature. Each brief is formatted to be utilized as a stand-alone document detailing a single issue. For questions, please contact the TDA Legislative Department at 800-832-1145.
BACKGROUND

Dentists report that one of the most challenging aspects of running a dental practice is complications associated with third-party payors/dental insurance. Patients, dentists, and insurers require a clear understanding of a patient’s benefits with minimal confusion.

Both the dentist and the patient have the same goal—to achieve and maintain optimal oral health. However, the ability to achieve this goal is compromised when insurers hinder or complicate the dentist-to-patient relationship.

The Texas Dental Association supports legislation to:

1. Require state-regulated dental insurers to create patient benefit web portals for use by patients and both in-network and out-of-network dentists.

2. Prohibit state-regulated dental insurers from mandating payment methods to dentists.

3. Prohibit state-regulated dental insurers from denying dental claims approved in prior authorization.

4. Prohibit state-regulated dental insurers from withholding payment(s) to a dentist because of an alleged “overpayment” to another dentist.

TDA POSITION STATEMENTS

Provider Web Portals

- Dental patients and dentists need timely and accurate information about benefits.
- It is onerous and inefficient for dental offices to verify patients’ enrollment, eligibility and scope of benefits over the telephone.
- Requiring dental insurers to have patient benefit web portals for use by patients and both in-network and out-of-network dentists reduces inefficiencies in both eligibility verification and claims processing for dentists and patients across Texas.
- Easily accessible, comprehensive, and standardized patient benefit web portals will improve dentist-to-patient communication and increase the likelihood of more informed patient decisions.

Payment Methods

- Dental insurers should not force dentists into any type of payment method including virtual credit cards that often include a transaction fee.
• Dentists should be free to choose the method by which they are paid by insurers for dental care performed.
• Federally regulated plans are already required to offer electronic funds transfer payments to providers.
• Other states, such as Alabama, Connecticut, and Georgia, are enacting laws at the state level to mirror the existing federal requirements.

Prior Authorizations
• Dentists are often required to seek and receive prior authorization from dental insurers for patient procedures before the procedures may be performed.
• Insurers may deny payment(s) for these procedures despite granting prior authorization.
• It is unfair and unreasonable for insurers to authorize a dentist to perform procedures and then subsequently deny the dentist payment for the procedure.
• Other states, including Louisiana and California, recognized this unfair practice and passed legislation requiring payment from insurers for prior authorized dental treatment.

Overpayments
• Some insurers will deduct payment to a patient’s treating dentist due to an alleged “overpayment” made to a different dentist treating a beneficiary under the patient’s insurance plan.
• This is unfair and often unknown to the treating dentist.
• State-regulated insurers should be prohibited from collecting “overpayments” from a dentist who did not treat the patient for which the “overpayment” occurred.
BACKGROUND
The Texas Dental Association aims to reduce the number of adults and children with untreated dental disease through oral health education and prevention, and by providing timely treatment to patients in need of care. The goal is to make Texans healthier through access to a dentist.

The state must adequately fund dental programs and public health initiatives that provide dental services and oral health awareness and education to Texans in need.

TDA POSITION STATEMENTS

Dental Education Loan Repayment Program-Funding

- The Dental Education Loan Repayment Program administered by the Texas Higher Education Coordinating Board provides an incentive to dentists in return for their practice in underserved areas throughout the state.
- History proves the program works and increases access to care by increasing the number of dentists in areas of need.
- According to recent data, Texas needs only 300 existing dentists practicing in underserved areas in order to meet 100% of patient needs.
- TDA requests $800,000 for the 2020-21 biennium to fund 10 dentists for the program.
- Participating dentists will receive $40,000 per year for 4 years in loan repayment assistance.
- TDA’s analysis has identified four areas of the state with the greatest need which will be targeted for the program: Clarendon, Coleman, Fort Stockton, and Victoria.

Medicaid Funding and Administration

- Texas has not increased reimbursement rates for Medicaid participating dentists since 2007.
- Maintaining adequate reimbursement levels for care is paramount to ensuring patients access to necessary dental services.
- Texas needs to continue efforts to reduce the administrative burdens placed on dentists participating in Medicaid managed care and improve efficiency in claims administration and dentist reimbursement.

State Dental Director

- Currently there is no statutory requirement that the dental director for the Oral Health Program (OHP) at the Department of State Health Services (DSHS) be a Texas-licensed dentist.
- Mandating in law that the program be led by a dentist ensures that it is directed by a person with the most appropriate level of education and training that the position demands.
Oral Health Program Funding

- Failure to treat dental disease has serious economic and medical consequences. The OHP at the DSHS encourages Texans to improve and maintain good oral health.
- The OHP works with various partners across the state to identify the oral health needs of Texans and the resources to meet those needs.
- Adequate funding helps ensure that the OHP has the resources necessary to collect, analyze, and disseminate essential oral health data, develop and implement comprehensive oral health education campaigns, and possibly expand the direct delivery of dental services for uninsured children, pregnant women, and other at-risk populations.
BACKGROUND

Most water contains some naturally occurring fluoride, but often at levels too low to prevent tooth decay. Community water fluoridation is simply the addition of fluoride to water at a level that helps prevent cavities.

Fluoridation of water can be discontinued, or reduced, without the knowledge of consumers or decision-makers such as city councils. Whether a town supplies its own water or purchases it, changes to the fluoridation of a public water source is a matter of public health and well-being that warrants disclosure and transparency.

The Texas Dental Association supports legislation requiring entities that supply water to the public to disclose to the state and its consumers prior to permanently reducing or terminating water fluoridation.

TDA POSITION STATEMENTS

- According to the Centers for Disease Control and Prevention, community water fluoridation is one of 10 great public health achievements of the 20th century.
- Drinking fluoridated water keeps teeth strong and reduces cavities by about 25% in children and adults.
- By preventing cavities, water fluoridation has been shown to save money for families and for the entire health care system.
- Water fluoridation is a public health benefit to all Texans, but especially to those facing barriers to accessing dental care.
- Consumers and decision-makers should, at a minimum, be aware of changes in community water fluoridation before they are implemented.
- Making a community aware will enable local dentists to adjust care for their patients and suggest alternatives to maintain good oral health.
BACKGROUND

The Texas Dental Association supports the mission of state-funded, university-based dental schools, which is to educate students to serve their patients and communities, and continue to grow in skill and knowledge over their lifetime in practice. With the creation of any new dental school, the historical legislative support, including financial support, should be maintained for the existing dental schools in Texas.

Texas dental schools incorporate clinical, real-life experiences for students as part of their education curriculum. Students, under the supervision of dentists, provide needed dental care to underserved and special needs adults and children.

Currently, state funding for dental school clinic operations is not tied to any metric or formula. As a result, the 3 existing schools have a wide range of clinic funding. On average, a dental school loses approximately $45 per patient visit.

Texas dental schools are proposing a strategy to convert funding for dental clinic operations into a formula. Funding would be based on the rolling two year average number of patient visits to the school-owned dental clinics. To cover the full cost of each student-treated patient at a dental school’s educational clinic, the formula would provide $45 per patient visit for approximately $12 million in new funding to the 3 dental school clinics.

TDA POSITION STATEMENTS

- Texas’ dental schools provide critically needed oral health care to underserved populations.
- Through the clinical experience, students gain knowledge and competency in caring for underserved, elderly, and special needs patients.
- Balancing clinic costs helps maintain the supervised clinic experience, which is a vital part of the education and training of future generations of dentists and dental hygienists.
Dental Practice Models: Preserving Dentists' Independent, Professional Judgment

BACKGROUND

The Texas Dental Association embraces innovation and diversity among dental practice models in Texas. While each model must comply with Texas laws and regulations, a broad spectrum—big and small, general and specialty—is needed to serve patients and the dentists who treat them.

Previous legislative priority items for the TDA included efforts to strengthen regulations designed to enhance patient safety, patient protection, and proper care involving dental support organizations (DSOs) and other types of large, multiple-location practices.

Texas law is clear: only licensed dentists may own dental practices in Texas and non-dentists may not interfere with patient/clinical care. Non-dentists who illegally own dental practices and/or interfere with patient/clinical care should be held accountable for their actions.

DSOs and large group practices play a valuable role in the Texas market by providing access to care for a growing population. However, the practice of dentistry is the responsibility of the individual dentist, and improper influence or interference by a non-dentist jeopardizes patient safety and dental ethics.

TDA will continue to work with lawmakers and regulators to determine if additional actions are needed to address emerging accountability, safety, and ethics issues.

TDA POSITION STATEMENTS

- Texas must ensure that citizens have access to high-quality dental care delivered by licensed, professional dentists.

- Only dentists have the training and experience required to make appropriate clinical dental treatment decisions.

- The following principles, which are codified in statute—coupled with strong, effective laws and regulations of dentists and dentistry—protect Texas dental patients:
  1. Dental practices in Texas must be owned by dentists.
  2. Dentists are the head of the dental team.
  3. Dentists must make all decisions regarding clinical care without any influence from non-dentists as dentists are ultimately and appropriately held accountable for care rendered.

- Non-dentists who influence clinical care should be held accountable for their illegal actions as they undermine the safety of patients and sanctity of the doctor-patient relationship.
BACKGROUND

The Texas Dental Association is committed to working with state and community leaders to identify and advance solutions that meaningfully address barriers to oral health care for Texans.

Helping all Texans attain the optimal oral health they deserve is a core commitment of the TDA.

Every Texan deserves comprehensive care provided by a dentist. TDA opposes legislative efforts-such as the dental hygiene practitioner and certain tele-dentistry proposals-which authorize dental hygienists to perform many comprehensive, complex procedures currently limited to doctors of dental surgery (DDS) and medicine (DMD).

Additionally, TDA opposes efforts which lower the Texas standard of dental care, such as permitting dental hygienists to inject patients with local anesthetic. There is no compelling reason to do so.

TDA POSITION STATEMENTS

Dental Hygiene Practitioner and Tele-Dentistry

- TDA opposes efforts such as the dental hygiene practitioner and certain tele-dentistry proposals that remove the dentist from the patient and create a 2-tiered system of care.
- Dentists, as the head of the dental team, are properly educated and trained to provide comprehensive care to patients.
- Every Texan—regardless of where they live or their socio-economic status—deserves to be treated by a dentist.
- The dentist workforce in Texas continues to grow. Issues with distribution of dentists may be solved with programs such as:
  - The dental education loan repayment program which incentivizes dentists to practice in rural and underserved areas;
  - Funding to the state Oral Health Program which ensures needy Texans have access to dental care.
  - Focus should be placed on these solutions, not on lowering the Texas standard of dental care.

Local Anesthetic by Dental Hygienists

- There is no shortage of qualified individuals to inject Texas dental patients with anesthetic.
- Topical anesthetics—which dental hygienists already have the authority to administer—are readily available and highly effective for pain relief associated with many dental procedures.
“CONSIDERATIONS THAT DETERMINE WHETHER TO SAVE OR EXTRACT PERIODONTALLY COMPROMISED TEETH”

- Review new periodontal disease classification system released by The American Academy of Periodontology
- Understand how local and systemic factors impact treatment decisions
- Learn how to better diagnose and more confidently discuss treatment options for compromised teeth

Tuesday, March 12, 2019 @ 6PM
Tarrant County Medical Society Building

3rd Annual Golf Tournament
At Waterchase Golf Club
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FRIDAY, APRIL 5, 2019

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“PREGNANCY AND ORAL HEALTH”

- Demystify pregnancy. (AKA Please don’t be scared of pregnant patients!)
- Educate on risks of untreated oral health problems during pregnancy.
- Build collaboration between Dentists and OBGYNs.

Tuesday, April 9, 2019 @ 6PM
Tarrant County Medical Society Building
2019 – 2020 Board of Directors:

• Dr. Tim Knight - President
• Dr. Elizabeth Laborde – President Elect
• Dr. Russell Dix - Secretary/Treasurer
• Dr. Karen Neil - Vice President
• Dr. John Boyd - Immediate Past President
• Dr. Eric Wear – Director
• Dr. Gregory B. Scheideman - Director
• Dr. Caitlin Flosi – Director Under 10 Years

2020 Delegates/Alternate Delegates:

1. Dr. John Boyd
2. Dr. Tim Knight
3. Dr. Elizabeth Laborde
4. Dr. Russell Dix
5. Dr. Joseph Laborde
6. Dr. Karen Neil
7. Dr. Eric Wear
8. Dr. Dale Martin
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• 227 Children received SAS services
• 61 received support services and dental treatment
• Over 8,800 oral health kits distributed

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