

FLORIDA ASSOCIATION OF ORTHODONTISTS NEWSLETTER

September 2013



President's Message

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Dr. Page Jacobson – Gainesville, FL

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Dr. John Metz – Land O'Lakes, FL

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Visit our website...
www.faortho.com

Rain or Shine, summer is winding down, and we are anticipating an exciting Fall Season of continuing education, productive in-office days and empowering leadership within the Florida Association of Orthodontists. If I may speak for all of us, we are thankful to be in a rewarding profession and part of a strong organization, striving to stay ahead of political and economic issues and the ever changing orthodontic market.

Our 2013 annual meeting, featuring Dr Anoop Sondhi, was filled with energy and ideas for how we, as orthodontists, can better serve our patients, forget about "competition" and deliver great orthodontics. FAO's next Annual Session, being planned by Dr. Jeremy Albert is March 7-9th, 2014. It promises cutting edge information about Invisalign by Drs. Nicozisis, Gierie and Dayan. Also, Friday afternoon the malpractice seminar will be presented, providing a 10% discount on your AAOIC policy renewal.

As orthodontists, we have worked hard to complete dental school, complete an accredited orthodontic residency program, pass the Florida State Board exam and move into the world of "practicing orthodontics." Presenting our credentials to our communities and colleagues is an important professional responsibility as we live in a digital society. Health care professionals are under the microscope of folks searching the web, educating themselves as they make choices and decisions regarding health care providers. Thus, it is frustrating when dentists, other than orthodontists, confuse the public via all the media networking by promoting their professed skills in orthodontics. Some go beyond and truly violate the advertising laws. We should each thank Dr. Bill Kochenour for his relentless time and energy on the Board of Dentistry in protecting our profession.

Further protection is generated by The Consumer Awareness Campaign supported by the AAO. This accurate, in-depth, first class material can be personalized for your publication which educates patients and parents about the difference between a general dentist offering orthodontic treatment and an orthodontic specialist. We must be diligent in our public awareness efforts in this regard, teaching the difference.

In closing, I encourage you to be active in your local and regional meetings for the continuing education, camaraderie, and professional interaction. Only by being present, can you keep your finger on the pulse of your dental community and its direction. Unexpected things can happen as we have experienced with the sudden loss of two highly respected orthodontists, Dr. Luke Stevens and Dr. Vince Kokich. Remember the important things in life, help those in need, and smile a lot!

Sincerely,
Leigh B. Curtis, DMD



Dr. Leigh Curtis

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Florida Orthodontic Programs Update



University of Florida

Class of 2013 Graduates and Current Practice Locations:

Dr. Briano Allen – Started a residency in Endodontics at the University of Florida.

Dr. Andrew Clark – Practicing in Jacksonville, FL

Dr. Lauren Kovaleski – Practicing in Panama City, FL

Dr. Cliff Luff – Practicing in Houston, TX.

FACULTY UPDATE:

Calogero Dolce, DDS, PhD, has been acting as interim chair and program director.

Lucas Stevens, DMD, MS. The Department mourns the loss of Dr. Stevens who passed away unexpectedly on May 20th 2013. He graduated from the University of Florida, College of Dentistry and completed a residency in orthodontics at the University of North Carolina. He influenced many residents as a part time clinical instructor since 1995.

John Neubert, DDS, PhD, completed a one week course on the Multi Loop Archwire (MEAW) technique.

DEPARTMENT AND RESEARCH NEWS:

The Department is celebrating its 34th year of educating orthodontic residents. The annual Orthogators alumni meeting was held August 16th at the Hilton Conference Center in Gainesville, FL. Dr. Anoop Sondhi was the speaker.

The third year residents presented their research findings at the SAO and AAO annual meeting.

Research Awards:

Our second year residents received funding from the SAO for their research projects.

Dr Dolce received a grant from Alveologic for a study on *“Alveolar Microperforation for Inflammation-Enhanced Tooth Movement During Orthodontic Treatment”*.

Dr. Rody received an internal grant on *“The impact of fixed retainers on the periodontal health status of post-orthodontic patients”*

Jacksonville University

In August, 2013, Jacksonville University School of Orthodontic celebrated its 10 years anniversary by graduating a successful group of 15 doctors who obtained a Certificate in Advanced Graduate Studies in Orthodontics from the accredited residency program with Dr. Osama Basri obtaining a combined degree in Orthodontics and Masters in Educational Leadership.

JU's largely diverse class of 2013 obtained a 100% passing rate on the written American Board of Orthodontics exam. Few of them also passed the Canadian Board of Orthodontics exam. As of August 2013, six graduates from JU's class of 2012 obtained full initial certification from the ABO while two graduates obtained partial certification.

During the last American Association of Orthodontists meeting in Philadelphia, JU was represented by many Faculty and residents who moderated sessions, presented 3 case displays and had 6 E-Posters.

Lastly, Jacksonville University recently broke ground on its new \$8 million dollar College of Health Sciences building which promises to provide more space, better facilities, state-of-the-art technology and even stronger partnerships with the medical community for the most well-prepared health care graduates.



Nova Southeastern University

We have begun our fourth year of the 30-month M.S. post-doctoral program, and the second class of the M.S. program graduated last December; all residents are practicing over in California, New Mexico, Tennessee, Georgia, and Florida.

Dr. Chin-Yu Lin D.D.S., M.S., PhD. has joined our department as a full-time faculty, he holds a D.D.S. from National Yang-Ming University in Taipei, NA; an M.S. in Oral Biology from the National Defense Medical Center in Taipei, NA; a PhD. In Oral Biology for UCSF (University of California San Francisco); and a Certificate in Orthodontics and a M.S. from St. Louis University in St. Louis, MO. Dr. Lin has held teaching positions at St. Louis University from 2003 to 2004, and at Harvard School of Dental Medicine from 2004 to 2013.

PG3 Research

Chad Allred - The Width of Maxillary Lateral Incisor and Its Role in the Perception of Esthetics Among Patients and Clinicians

David Carmona - “Influence of lip thickness and ethnical background on soft tissue profile changes after orthodontic incisor retraction”

Shannon McCarthy - Shear Bond Strength of Metallic Brackets Using a 6 Second Curing Time with High Power Monowave and Polywave LED Units

Sergio Real - Accuracy of Slot Dimension within Sets of Orthodontics Tubes

Derek Steele - Patient Perception of Temporary Anchorage Device Placement Pretreatment, During Treatment and Post Treatment

Christopher Trockel - Assessment of the Role That Second Molars Play in Bite-Opening During Orthodontic Treatment: A Retrospective, Cephalometric Study

Hayley Woolfson - The Effectiveness of Opal Seal Against Enamel Demineralization and Its Wear Overtime Compared to L.E.D. Pro Seal





Component
American
Association of
Orthodontists

The Florida Association of Orthodontists (FAO)

cordially invites its members to the

FAO ANNUAL SESSION 2014: Excelling at Invisalign

March 7-9, 2014 at the Renaissance Tampa International Hotel

Partnered with Align Technology Inc., our 2014 Annual Session will feature
3 of Invisalign's top speakers on topics including:



Saturday, March 8th

Dr. Jonathan Nicozisis – “Don’t be afraid to treat these cases”:
Open bites, crossbites, deep bites, lateral incisor control

Dr. Bill Gierie – Successful Correction of
Class II and Class III malocclusions

Sunday, March 9th

Dr. Willy Dayan – Treatment planning efficiency
and Clin-check set-up

FAO & AAO Membership are REQUIRED for attendance.

If you are not a member contact the FAO at (813) 903-8811 or visit www.aaoinfo.org to join today!

SAVE THE DATE!

Over 12 hours of continuing education and all meals included \$395



American
Association of
Orthodontists

FAO 2012 Survey Results

1. In which FDA district is your primary office located?
Atlantic Coast 15% Central 24% Northeast 8%
Northwest 6% South Coast 17% West Coast 30%
2. How many years have you practiced?
0-5 = 17% 6-10 = 15% 11-15 = 13% 16-20 = 4%
21-25 = 14% 26-30 11% >30 = 25%
3. Describe your current practice situation.
Solo practice 77% Group owned practice 12 %
Independent contractor for pedo or general 1%
Employee in private practice 2% Employee for corporate practice 7%
4. How many satellite practices do you have?
Zero 47% one 36% two 11% three 2% >3 4%
5. Do you have an associate? Yes 16% No 84%
6. Do you need an associate? Yes 6% No 94%
7. My number of case starts for 2012
(Full treatment only)
less than 150 31% 150-200 19% 201-250 17%
251-300 7% 301-350 9% >350 16%
8. Compared to 2011 my 2012 case starts: increased 40% decreased 30% stayed the same 30%
9. Compared to 2011 my 2012 net income: increased 41% decreased 36% stayed the same 33%
10. If it decreased, it decreased by: 0-5% = 31% 6-10% = 29% 11-15% = 16% 16-20% = 12% >20% = 12%
11. Do you have the capacity to start more patients?
Yes 98% No 2%
12. What percentage of your assistants are certified?
100% = 70% 99-75% = 16% 74-50% = 7%
49-25% = 3% 24-0% = 4%
13. Do you need an assistant? Yes 23% No 77%
14. Has your staff size changed in 2012? Increased 20%
Decreased 18% Stayed the same 62%
15. Do you have an "incentive pay" system for your staff? Yes 54% No 46%
16. Do you provide medical insurance for your staff?
Yes 59% No 41%
17. Do you pay for continuing education for your staff?
Yes 88% No 12%
18. Do you provide any type of retirement plan for your staff? Yes 70% No 30%
19. Did staff salaries change in 2011?
Raised salaries 45%
Reduced salaries (either through less hours, staff reduction or salary reduction) 9%
Remained the same 46%
20. Do you use Cone Beam CT scan machine in your office? Yes 8% No 92%
21. Is your office "paperless"? Yes 60% No 40%
22. Do you use digital imaging in your office?
Yes 91% No 9%
23. Do you use digital radiography in your office?
Yes 81% No 19%
24. What are your normal treatment time intervals between adjustments?
4 weeks 14% 5-6 weeks 51% 8 weeks 31%
10 weeks 3% 11 weeks or more 1%
25. How long does your average case take to complete?
<12 months = 0% 13-16 months = 5% 17-20 months = 37%
21-24 months = 54% >24 months = 4%
26. Do you do tooth whitening in your office after debanding? Yes 22% No 78%
27. What percent of your treatment is extraction? 0-10% = 45%
11-25% = 46% 26-40% = 9% >40% = 0%
28. How many days a week do you see patients?
1-2 = 4% 3 = 23% 4 = 64% 5 = 9% >5 = 0%
29. Where do you get the majority of your CE requirements? (realizing that it may be a combination of the following)
National AAO = 22% Regional SAO meeting = 25%
State FAO meeting = 47% Private vendor meeting = 39 %
Webinars/Internet = 22% other = 20%
30. Are you covered by "Direct Assignment"?
Yes 51% No 24% Don't know 25%
31. When do you plan to retire?
This year = 4% 2-5 years = 10% 6-10 years = 17%
10-15 years = 22% 16 years or more = 47%
32. Do you use a dental laser in your office?
Yes 40% No 60%
33. Do you use TADs in your practice?
Yes 74% No 26%

FAO 2012 Survey Results (cont'd)

34. Do you place TADs in your office or refer them out?
I place them = 45% Refer them out = 55%
35. Do you use a clear aligner-type system?
Yes 95% No 5%
36. What percentage of your adult cases are clear aligner-type?
0-10% = 43% 11-20% = 22% 21-30% = 12%
31-40% = 7% >40% = 16%
37. Does your office have a web site?
Yes 95% No 5%
38. How often do you visit the FAO website?
Frequently = 0% Occasionally = 18%
Rarely = 57% Never = 25%
39. Do you prefer email for FAO communications?
Yes 86% No 14%
40. Do you use self-ligating brackets? Yes 57% No 43%
41. What percentage of your cases do you use self-ligating brackets?
100% = 24% 75% = 8% 50% = 5%
25% = 18% 0% = 45%
42. How satisfied are you with using self-ligating brackets?
Better than non self-ligating brackets = 46%
Same as non self-ligating brackets = 27%
Worse than non self-ligating brackets = 27%
43. For the majority of your patients, what records do you take prior to treatment? Photos 99% FMX 0%
Pano 95% Bitewings 1% Lateral Ceph 94% CBCT 5%
PA Ceph 3% Hand/Wrist 1% Unmounted Plaster Study Models 49%
TMJ 1% Mounted Study Models 4% Virtual Study Models 30% Other 1%
44. For the majority of your patients, what records do you take after treatment? Photos 93% FMX 0%
Pano 87% Bitewings 0% Lateral Ceph 54% CBCT 2%
PA Ceph 2% Hand/Wrist 0% Unmounted Plaster Study Models 33%
TMJ 0% Mounted Study Models 1% Virtual Study Models 12%
45. Are you attending the FAO Annual Session Meeting this year? Yes 57% No 43%
46. How much pro bono treatment did you perform in 2012 (estimated \$ amount)? \$1,722,650

This survey was distributed at the Annual Session meeting, March 2013.

2013 FAO Pearls

Take annual pans and review them for pathology, resorption, etc. take more often or take periapicals in high risk cases

Count your blessings every day--especially freedom

Fuji on molars.

3m bracket bumpers to open bites

Anterior lower IPR on all mild-mod crowding cases for better long term stability and less headaches during retention.

Every staff member and every Orthodontists wears a small gold magnetic name plate everyday every year without fail-for over 30 years! Our patients NEVER forget our names or who we are! (:)

Electric handpieces are fantastic for orthodontists. Limitless torque for procedures like IPR, and greater patient comfort due to decreased exhaust air compared to air turbine handpieces.

If you have anterior tooth that is not intruding with your "Aligner" system (even with an attachment); then cut a medium or heavy elastic to exactly fit the incisal edge of the tooth in the aligner with the approximate "mm" you wish to intrude the tooth: have patient wear full time for 1 week; intrusion will be fast and painless.

In removing band lock cement from bands (to re-cement them) heat band(s) with torch then place in cold water. The dramatic change in temperature causes the band lock to "pull away" from the band and becomes very easy to remove with a scaler.

Bite turbos made of triad

Final records

Celebrate staff employment anniversaries with a cash bucket draw and waiting room picture and announcement

Don't tell prospective orthognathic surgery patients that the surgeon will "break" their jaw

Use TADS for difficult exposures of impacted teeth

**For a complete list of Pearls...
Visit www.faortho.org**



Know the Do's and Don'ts of Dental Advertising [*]

In order to educate its members and reach out to non-members, the Florida Dental Association is pleased to provide you with this information about Florida's advertising regulations. The general rules to follow under state law and the ADA Principles of Ethics and Code of Professional Conduct are summarized below, followed by a list of specific "Do's and Don'ts."

Dentists may lawfully advertise to the public but doing so in an improper manner can place your license in jeopardy. Florida Board of Dentistry discipline is a serious matter and some of the rules are very technical, so please be aware of the requirements in order to avoid unintentional violations.

First, advertising is defined to include web sites, billboards, television, radio, yellow pages, telephone listings, newspaper display or classified advertising, "advertorials" (advertisements that look like editorials or news reports), signage, business cards and letter head. The rules apply to any statement, oral or written, that directly or indirectly offers to perform dental services. The rules apply to media exposure of any nature regardless of whether it is in the form of paid advertising or not.

Second, if you are the Florida licensed dentist offering the services, you have assumed total responsibility for the advertisement should the Board of Dentistry receive a complaint. Even if you hire someone else to run the ad, publish the website, use a referral service, etc., you will be the party held responsible by the Board of Dentistry. Just because a practice management consultant or a publisher trying to sell you advertising space says it is okay does not alleviate you of your responsibility as a licensee to ensure the rules are followed.

Third, dentists may not disseminate advertising that is in any way fraudulent, false, deceptive, or misleading. This includes misrepresentations of fact; making partial disclosure of relevant facts; making self-laudatory statements; creating unjustified expectations of favorable results; comparing the quality of your dental services against other available dental services; and making any other representation or implication that in reasonable probability will cause an ordinary prudent person to misunderstand or to be deceived.

When Advertising DO:

- Identify the Florida licensed dentist. List your license number or your name, current address, and telephone number on record with the board.
- If you advertise fees, include: 1. A disclaimer that the advertised fee is a minimum fee only. 2. A specified period during which the fee is in effect or that the fee will remain available for at least 90 days following the final advertisement.
- 3. A description of the service using the exact narrative

description or the specific code number used in the CDTII.

- If you advertise free or discounted services: 1. Include verbatim the following statement in a manner clearly distinguishable from the rest of the advertisement: THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO REFUSE TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT THAT IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION, OR TREATMENT. 2. State the dates that free or discounted services will be available. 3. Realize that advertising a free or discounted fee may also be a fee advertisement in which case the rule that is bulleted immediately above this one would also apply.

- If you advertise specialty services (e.g., endodontic, orthodontic, oral surgery and periodontal procedures) or use terms that generally describe specialty services (e.g., children's dentistry, pediatric dentistry, pedodontics or similar phrases): 1. State whether the services will be performed by a general dentist or a specialist. 2. If you yourself are not recognized by the Board of Dentistry as a specialist, state "general dentist, practice limited to (name of particular specialty area)."

- If you advertise yourself as "general dentist, practice limited to" an area of dentistry that is not recognized as a specialty by the ADA (e.g. cosmetic dentistry or implantology), then you must also include verbatim the following statement in a manner clearly distinguishable from the rest of the advertisement: (NAME OF ANNOUNCED AREA OF DENTAL PRACTICE) IS NOT RECOGNIZED AS A SPECIALTY AREA BY THE AMERICAN DENTAL ASSOCIATION OR THE FLORIDA BOARD OF DENTISTRY. (The statute requiring this disclosure has been ruled unconstitutional in the case of DuCoin v. Ros and constitutional in Borgner v Cook. Due to the conflicting cases it is unclear at this time how the Board of Dentistry will enforce this statute. However, the ADA Code of Ethics still suggests members include a similar disclaimer.)

- If you refer to, or advertise recognition by, a specialty accrediting organization other than one which has been recognized as bona fide by the ADA or the board, then you must also include verbatim the following statement in a manner clearly distinguishable from the rest of the advertisement: (NAME OF REFERENCED ORGANIZATION) IS NOT RECOGNIZED AS A BONA FIDE SPECIALTY ACCREDITING ORGANIZATION BY THE AMERICAN DENTAL ASSOCIATION OR THE FLORIDA BOARD OF DENTISTRY. (The statute requiring this disclosure has been ruled unconstitutional in the case of DuCoin v.

Know the Do's and Don'ts of Dental Advertising [*] (cont'd)

Ros and constitutional in *Borgner v Cook*. Due to the conflicting cases it is unclear at this time how the Board of Dentistry will enforce this statute. However, the ADA Code of Ethics still suggests members include a similar disclaimer.)

- If you use a referral service, then you must also state in a manner clearly distinguishable from the rest of the advertisement that: 1. The advertisement is for a dental referral service and is on behalf of the dentist members of the referral service. 2. The service refers only to those dentists who have paid or been otherwise selected for membership. 3. Membership in the referral service is limited by the referral agency. 4. Dentists who receive referrals from the referral service charge no more than their usual and customary professional fees for service.

When Advertising DO NOT:

- Advertise that the use of lasers is painless, heals faster, or provides better results than other dental procedures.
- Solicit patients for dental services in person or via telephone. You may however communicate with current and former patients to schedule appointments or offer follow-up care without violating the Board of Dentistry rules.
- Advertise your use of Sargenti paste because it falls below the standard of care in the State of Florida.
- Include the name of a person who is not either actually involved in the practice of dentistry at the advertised location or an owner of the practice being advertised. You may however identify the previous owner for a reasonable period of time not to exceed two (2) years (the ADA Code says one year) if you have written permission from that dentist to do so.
- Use an ADA code number that ends in 00 to describe a service for which a fee is advertised. The advertisement must specify by use of exact nomenclature or exact code number what procedure within the sub-category is being offered.
 - Advertise yourself as a specialist in an area of dentistry not recognized by the Board of Dentistry as a specialty. The board recognizes as a specialty only those specialties recognized by the American Dental Association. Cosmetic dentistry, facial pain therapy, and implantology are not ADA-recognized specialties. The only specialty areas recognized by the ADA are: Dental public health, Endodontics, Oral and maxillofacial pathology, Oral and maxillofacial radiology, Oral and maxillofacial surgery, Orthodontics and dentofacial orthopedics, Pediatric dentistry, Periodontics and Prosthodontics.

(The statute requiring this disclosure has been ruled unconstitutional in the case of *DuCoin v. Ros* and constitutional in *Borgner v Cook*. Due to the conflicting

cases it is unclear at this time how the Board of Dentistry will enforce this statute.

However, the ADA Code of Ethics still suggests members include a similar disclaimer.)

- Advertise yourself as a specialist unless you have completed a specialty educational program approved by the American Dental Association Commission on Dental Accreditation and: 1. You are eligible for examination by an ADA recognized national specialty board; or 2. You are a diplomate of an ADA recognized national specialty board; or 3. You have continuously held yourself out as a specialist in an ADA recognized specialty since December 31, 1964.

(The statute requiring this disclosure has been ruled unconstitutional in the case of *DuCoin v. Ros* and constitutional in *Borgner v Cook*. Due to the conflicting cases it is unclear at this time how the Board of Dentistry will enforce this statute.

However, the ADA Code of Ethics still suggests members include a similar disclaimer.)

- Advertise “general dentist, practice limited to” an area of dentistry that is not recognized as a specialty by the ADA or the board unless you also include verbatim the following statement in a manner clearly distinguishable from the rest of the advertisement: (NAME OF ANNOUNCED AREA OF DENTAL PRACTICE) IS NOT RECOGNIZED AS A SPECIALTY AREA BY THE AMERICAN DENTAL ASSOCIATION OR THE FLORIDA BOARD OF DENTISTRY.
- Advertise an unearned academic degree (e.g., honorary degrees or those awarded by educational institutions not accredited by a generally recognized accrediting body).
 - Advertise a non-health academic degree if the public is likely to assume that is related to your qualifications as a practitioner.
- Advertise yourself as a member of the AAO, SAO, FAO, ADA, FDA, component or affiliate dental societies unless you are in fact. If false, this representation may result in both disciplinary and civil liability (for violating organized dentistry’s intellectual property rights).

If you have any question about these rules and how they apply to your proposed advertising, you may call the Florida Board of Dentistry at (850) 245-4474;

[*] Every effort has been made to ensure that this summary of Florida Statutes, Board of Dentistry regulations, and ADA Code of Ethics is current as of its April 2009 publication date. However, statutes and administrative regulations change and this summary should not be relied on as a substitute for advice from an attorney familiar with the facts of your specific matter.

Florida Association of Orthodontists

P.O. Box 611

Brandon, FL 33509

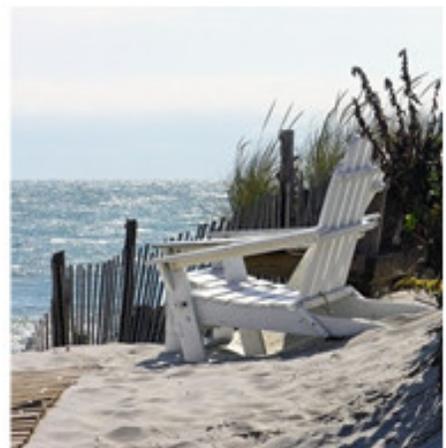
(813) 903-8811

Mark Your Calendars Upcoming Meetings & Events



- | | |
|---------------------------|---|
| October 2-6, 2013 | SAO Annual Meeting
Marriott Hilton Head Resort, SC |
| November 15, 2013 | FL Board of Dentistry Meeting
Gainesville, FL |
| February 7-9, 2014 | AAO Mid-Winter Meeting
Las Vegas, NV |
| April 3, 2014 | FDA Dentists' Day on the Hill
Tallahassee, FL |
| March 7-9, 2013 | 2014 FAO Annual Session
Renaissance Tampa International Hotel |

Come to the Carolina Coast...
Southern Association of Orthodontists
Annual Meeting
October 2 - 6, 2013 Hilton Head Island, SC
Marriott Resort & Spa



Life's A Beach
enjoy the waves