The Pelican's Pouch

Newsletter of the Louisiana Academy of General Dentistry *Fall, 2003*

Clean, Shape, Pack for Endo Success

One of the nation's top endodontic educators joins us in December for an all-day session that addresses the critically essential elements of endodontic success.

Dr. Clifford J. Ruddle, DDS, will help you refine your knowledge and techniques to achieve an understanding of the advances in technology and methods that are making endo treatment more effective and successful for the general dentist.

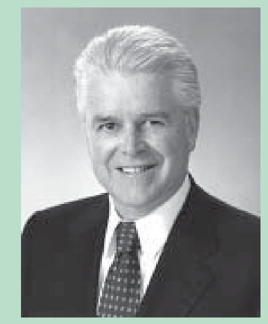
Ruddle's presentation will focus on each of the primary elements of endodontic treatment:

- ✔ pulpal breakdown
- ✔ root canal system anatomy
- ✔ access cavities
- ✔ irrigants
- ✔ working length
- ✔ new instrument designs
- ✔ cleaning and shaping strategies
- ✔ handling of warm gutta percha

Continued on page 4

Creating

Endodontic Excellence



the very latest route to effective endodontic treatment

with

Clifford J. Ruddle, DDS, FACD, FICD

Friday, December 12, 2003
Baton Rouge Radisson

Register now by calling the LAGD at
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Locantro Nominees Due

Nominations are now open for the annual Mark Locantro Award for Distinguished Service. Presented at the LAGD annual meeting every December, the award was created to honor dentists who demonstrate a high degree of commitment to their profession and to organized dentistry.

The award is named for the late LAGD President Mark J. Locantro, DDS, FAGD, who died unexpectedly during his term.

Past recipients include Harris Poret, DDS, MAGD, C. Palmer Jarrell, DDS, FAGD, and Robert Hesse, DDS, FAGD. The 2002 honoree was Henry Gremillion, DDS, MAGD.

Nominees need not be dentists. Other individuals who have provided exceptional service to the profession may be considered. Current officers and members of the LAGD Board of Directors are not eligible, since they serve on the committee that will evaluate nominations.

A nomination form is included on page 11 of this newsletter. Please attach any materials you feel the judges should consider with your nomination. Completed forms and other materials must be received no later than October 15, 2003 at the LAGD office at 9069 Siegen Lane, Baton Rouge, LA, 70810.

Questions may be directed to LAGD President Dr. Tim Delcambre at 504-895-6657 or by email at drtimdds@bellsouth.net.

We Need You!

The LAGD is creating a database of member email addresses, so that members can receive important Academy information quickly and efficiently.

Please send your **email address and your full name** in a message to LAGD5@aol.com.

This information is needed as quickly as possible. Please send it today.

Your privacy will be respected, and your information will not given to anyone without your permission.

The President's Message

by Timothy J. Delcambre, DDS, MHA, MAGD, ABGD

Join the Journey to Success

I hope everyone has had a prosperous and energetic summer. As the weather changes, I always feel we are given a chance to change or even start anew in our lives, both professionally and personally.

We on the LAGD board have been working hard to continue and enhance the premier status of our constituency. Now is the time for a few additional members of our organization to take a chance and help with our growing and changing organization. We're always looking for members who are willing to invest some time and expertise in strengthening our board. We need new blood and new ideas to keep the LAGD vibrant and energetic.

New ideas are always needed, like Dr. John Portwood's idea for a new kind of continuing education course dealing with practice management and finance. Nowhere in the United States had this been attempted. But the first Financial Success Symposium, held in Baton Rouge on June 13, 2003, was deemed a success by the response from dentists, staff, and spouses attending. This course offered four simultaneous lecture tracks—literally something for everyone. Several registrants told us they enjoyed being able to move among the tracks at any time.

Topics ranged from communication, insurance, and practice transitions to investing, estate planning and more. We're planning to expand from a one to a two-day course in the future. Recent graduates along with the "seasoned" dentists in our state would benefit from this program. Look for the next one to be held in 2004.

New ideas and commitment by selected LAGD board members were recognized by all U.S. state, military and Canadian constituencies at the national AGD meeting held in Nashville this past July. We were the only AGD constituency to be honored with two top awards. The Pelican's Pouch was again named best newsletter in the 400+ member category. Congratulations and kudos go to editor Darlene Bassett, DDS, MAGD, and publication assistant Mary McCarthy. We also received an Honorable Mention for Continuing Education in our category. The C.E. team includes Major Programs Chair Steve Picou, DDS; MasterTrak Chair Scott Kogler, DDS, MAGD; Small Programs Chair Sam Moss, DDS, FAGD; Corporate Sponsor Liaison Larry Oubre, DDS, MAGD; and Participation Program Chair Peter Dupree, DDS. A great job to all; well done!

In addition three Louisianians gained Fellowship: Mary A. Beilman, DDS, FAGD, of Covington, Tony L. Guilbeau, DDS, FAGD, of Lafayette, and Scott A. St. Romain, DDS, FAGD, of Metairie. Congratulations on attaining this very prestigious status. Continue your hard work: you can aim to attain the next two levels of accomplishment, Mastership and Board Certification in General Dentistry.

Anyone who is interested in becoming a part of this dynamic board or has ideas that will keep Louisiana far ahead of any other AGD constituency, please contact me. Better yet, attend one of our board meetings, which are held before each major program. The date for our next session is December 12, when we'll meet in Baton Rouge. We will also hold our annual constituent meeting, and your input as a member of the LAGD may be needed. The Mark Locantro Award will also be presented.

I hope to see and meet with many of you in December in Baton Rouge.

Timothy J. Delcambre, DDS, MHA, MAGD, ABGD

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AGD National, 2003

Louisiana Dentists Earn Fellowship

Three members of the Louisiana AGD were among more than 400 dentists honored with Fellowship and Mastership awards at the Academy's annual meeting this past July.

Mary Beilman, DDS, of Covington, Tony L. Guilbeau, DDS, of Lafayette, and Scott St. Romain, DDS, of Metairie were among the 337 members receiving Fellowship awards. 124 AGD members received Mastership.

For more than thirty years, Fellowship and Mastership have been the hallmarks of the Academy's focus on quality continuing dental education. Fellowship, adopted in 1962, is awarded to members who earn 500 hours of CE and pass a rigorous 400-question examination. To date, more than 12,800 members of the Academy have earned Fellowship.

Tony Guilbeau, DDS, FAGD and Scott St. Romain, DDS, FAGD, following reception of their Fellowship Awards. Mary Beilman, DDS, FAGD, was not present for the photo.

Advanced Practice Program

Be a Mentor Dentist

Louisiana's innovative Advanced Practice Program has been a benefit to young dentists for nearly ten years, and its success is still growing. A/P Chairman Steve Brisco, DDS, indicates there are already senior students at the Louisiana State University School of Dentistry who are interested in the 2004 program. That means now is the time to identify mentor dentists who will welcome participants into their practices.

The program offers compact and supportive guidance and real-world experience to recent dental graduates who make a four-month commitment to work one day per week for one or more mentor dentists. The young dentists begin work in early July, immediately after receiving their licenses. They receive a $150 per day stipend.

Dentists who have participated in the past said the experience was good for them as well as their young colleagues. In some situations, veteran practitioners used the A/P experience as a way to "try out" the concept of adding an associate to their practice. Others took on the challenge solely to benefit the profession.

Young dentists who have participated said they value their hours with experienced practitioners. The program was designed originally to help them learn about the practical side of dentistry—functioning like a practicum in a private office.

Most mentor dentists emphasize office management, bookkeeping, and personnel communication, but they also offer chairside advice on ways to make clinical care more efficient or effective.

If you're interested in being part of this important program, contact Dr. Tim Delcambre at 504-895-6657 or send an email to him at drtimdds@bellsouth.net.

Editorial Policy

The Pelican's Pouch is published by the Louisiana Academy of General Dentistry to inform the general dentist of events, individual accomplishments, and issues of concern to the profession. Opinions expressed in bylined articles are those of the writer and should not be regarded as the opinion of the constituent's officers or board.

We welcome your contribution but reserves the right to edit or reject any submitted article. Materials will not be returned. For details, contact:
Darlene Bassett, DDS, MAGD
2633 Napoleon Avenue Ste. 820
New Orleans LA 70115

The Pelican's Pouch is produced with assistance from Square Pegs Communications. Please send materials to mary@squarepegs.net .

December Course : Endodontic Excellence

The course outline offers an interesting mix of theory, preparation, and technique. The seminar begins with a discussion of root canal system anatomy and three-dimensional irrigation and obturation.

"Clearly, the healing capacity of endodontic lesions is dependent on many variables," he wrote in an article for Dentistry Today. "They include diagnosis, complete access, and the utilization of concepts and techniques directed toward three-dimensional cleaning, shaping, and obturation of the root canal system."

Both technique and technology come into play in this endodontic exploration. Ruddle will discuss preparation in detail—from sequence and working length to the best use of hand files, including the Pro Taper rotary files. The effectiveness of irrigants and irrigating technique will also be covered, and then Ruddle will work up the key concepts of vertical condensation technique and three-dimensional obturation with gutta percha.

Dr. Ruddle brings a impressive reputation as both a lecturer and author to his educational work. He is author of two chapters in the 8th edition of *Pathways of the Pulp*, "Cleaning and Shaping the Root Canal System" and "Nonsurgical Endodontic Treatment." He is lecturing this fall for the Houston Academy of Endodontists and the European Society of Endodontists, as well as the Michigan AGD.

His appearance for the LAGD in Baton Rouge is sponsored by Dentsply (Tulsa Dental).

Dr. Ruddle received his dental degree from the University of the Pacific and completed postgraduate work in endodontics at the Harvard School of Dental Medicine. He is a fellow in the American and International Colleges of Dentistry and is an assistant professor at Loma Linda University and the University of California. Ruddle maintains a private practice in Santa Barbara. For more, see his web site at http://www.endoruddle.com.

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December 12, 2003—Baton Rouge Radisson

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Wrapping MasterTrak II

by Scott C. Kogler DDS, FAGD

MasterTrak II was treated to a great weekend of lectures in August. Dr. Randy Malloy lectured for two days on oral surgery, medical emergencies and medications. He did an excellent job. Dr. Malloy is a great asset to the LSUSD and Charity Hospital in New Orleans. Dr. Mike Maginnis lectured on special patient care. We all have a new appreciation for the difficulty of his job. The final day of lectures welcomed Dr. John Barksdale explaining computer case presentations and Dr. Glenn Kidder showing how to do esthetic recontouring of anterior teeth while doing an occlusal equilibration.

MasterTrak II continues its fun outside the classroom: on October 9, we'll go looking for redfish in the marshes below Lafitte. On October 10, the group will present final homework assignments. Later that evening, a banquet will be held at the Windsor Court Hotel in New Orleans, to celebrate the completion of the series .

MasterTrak II began in January 2000. After four years of work, 10-15 colleagues will have fulfilled the requirements for AGD Mastership. These individuals must submit applications to the AGD by December 15, 2003. Their hours and applications will be evaluated, and they will be contacted with the results. If everything is accurate, these dentists will be able to receive their Mastership award next July in Anaheim, California.

Mastership entails completion of 400 participation hours and 600 total hours. These hours must be divided into each of the 16 required disciplines. It is quite an achievement.

While MasterTrak II is ending, MasterTrak III will begin in February, 2004. Tony Guilbeau, DDS, FAGD, will be the MasterTrak Chairman for the next series. He has arranged a lecture on porcelain esthetics to be given by Dr. Mike Malone on February 5, 2004. On February 6, 2004, Dr. Corky Willhite will lecture on composite esthetics. To complete the first MasterTrak III weekend, Dr. Sam Moss and Dr. Scott Kogler will lecture on dental photography February 7, 2004. This meeting will be held at the Baton Rouge Marriott.

After all, all work and no play makes...
Here's the MasterTrak II Summer Luau

Dr. Sam Moss receives the "Best Presentation" Award from Dr. Scott Kogler

MasterTrak III will continue in New Orleans from August 25-27, 2004. Dr. Gerard J. Chiche will lecture for two days on fixed prosthodontics and Dr. Jim Weir will lecture on oral pathology.

A Personal Note

I will be finishing my Mastership requirements with the end of MasterTrak II. I have worked as the MasterTrak Chairman for the last four years, and it has been a great experience for me. I have met many wonderful people and gained friends all over the United States while chairing MasterTrak. I think the program is about more than simply improving your clinical skills. It goes much further than that. I think it builds you into a better person, too.

I would like to thank all of my colleagues who made this journey a great experience for me.

Smile Matters

by Corky Willhite, DDS, FAGD, FAACD

Taking Shades Effectively

Correctly matching porcelain or composite to natural teeth or to existing restorations is critical for a successful result. And adhering to a shade-taking system is the most reliable way to get the shade right every time—or at least as often as possible. There are, however a few steps that will insure the best match.

The classic Vita® shade guide is used for the great majority of shade-taking. It is far from perfect, and although there are improved versions, most materials still use it as the standard. Until computerized shade-taking is far better than it is currently, I suspect that the Vita shade guide will remain prominent.

There are two simple modifications that you can make to this shade guide to make it more effective and "user friendly." The easiest is to arrange the tabs in order of value (brightest to darkest) rather than using organizing it by hue—the way it comes. Studies show that value is the easiest quality to judge in shade-taking; with the guide arranged with B1 first and C4 last and the others in the order shown below, you get off to a quicker and more accurate start.

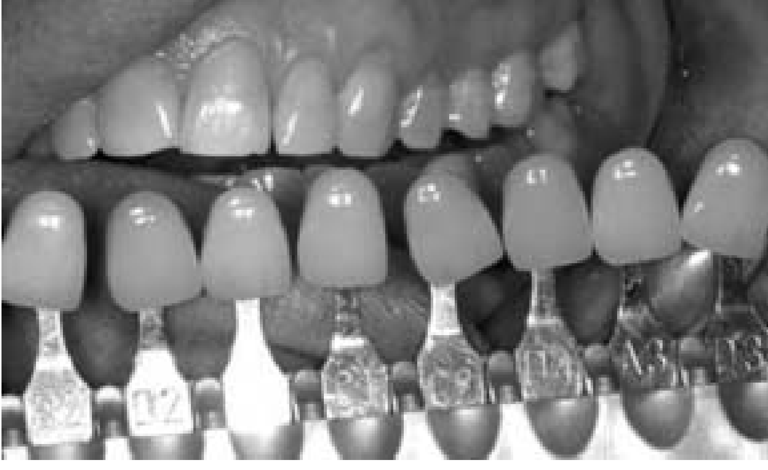

Figure 1
Remove the dark cervical area of the Vita® shade tabs and rearrange them in order of value:
B1-A1-B2-D2-A2-C1-C2-D4-A3-D3-B3-A3.5-B4-C3-A4-C4

Another helpful modification to the shade tabs is the removal of the cervical area on each tab. This darker area distracts your eye from the body shade, and thus reduces the accuracy of shade-taking. The removal process takes a little effort, but it's worth it. Delegated to an assistant, it should be accomplished in only one or two minutes per shade. A coarse diamond bur followed by a Busch silent wheel works well at my office.

With the "cervical-free" tabs arranged by value, position the guide as closely as possible to the tooth to be matched (Fig 1), move it side-to-side to quickly determine the one, two, or three tabs that are closest. Then pull those tabs and hold them—incisal edge to incisal edge—next to the tooth (Fig 2). Eliminate a tab when it becomes evident that one of the others is a closer match. Position the remaining tabs body-to-body (Fig 3 and 4) until you narrow your choice.

If you are left with two tabs that are too close to decide the better match, chances are that either will be OK for a composite restoration. If a porcelain restoration is planned, take a few photos of *all* the closest tabs for the lab to make a decision. Just be sure the tab's code is visible in the photo so the lab tech knows what is what.

Vita shade guides are porcelain, and if you are planning to use composite, it is very easy to make a customized shade tab with the actual composite to verify that the shade in that material is correct. Take a pea-sized ball of composite, and place it on the tooth—a little off center so the body of the tooth is not covered. Push a mylar strip onto it so the surface is flattened (Fig 4), then cure it for ten seconds. Pull off the strip to reveal a polished surface that will make a much more accurate comparison of the enamel shade, which is shiny, and the composite. It is a good idea to push the mylar strip onto the uncured composite in such a way that the customized shade tab is thin near the edge <u>closest to the body of the tooth</u>, and is thicker on the other edge (Fig 5). This allows you to see how the thickness affects the shade.

Finally, if you are matching a natural tooth, it is important that the tooth hasn't had a chance to dehydrate, even a little. Some teeth—and you never know which ones until it is too late—dehydrate very quickly. Pull out the shade guide first thing, and take the shade immediately after anesthetizing the patient, prior to any preparation whatsoever.

Dr. Corky Willhite's dental office, The Smile Design Center, is located in suburban New Orleans. Call (504) 831-1131 or see www.smiledesigncenter.com for more information.

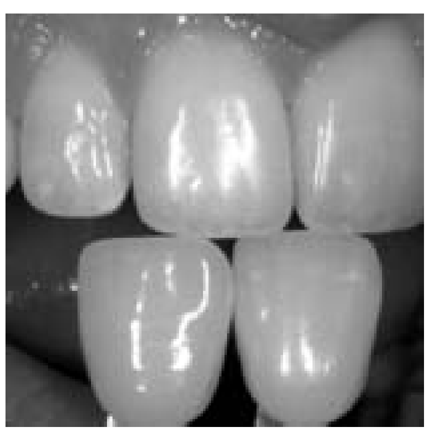

Figure 2

Hold the tabs—incisal edge to incisal edge—next to the tooth.

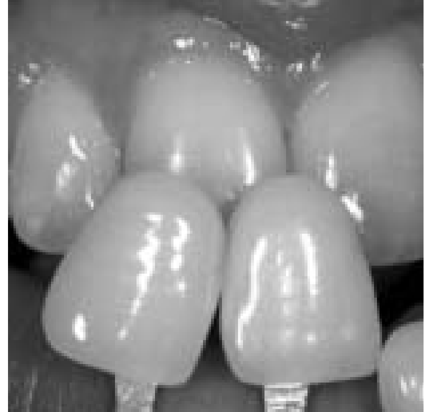

Figure 3

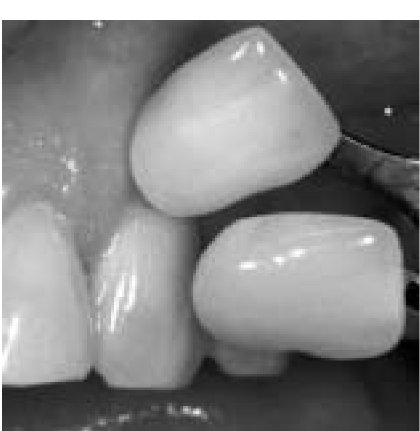

Figure 4

Position the remaining tabs body-to-body until you narrow your choice.

Figure 5

Push the mylar strip onto the uncured composite in such a way that the customized shade tab is thin near the edge closest to the body of the tooth, thicker on the other edge.

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by Lisa P. Germain, DDS, MScD

Fractures: Answering the Basic Questions

Dear Dr. Lisa:

I started a root canal on a patient, and I am not sure there is a fracture. Can you look at it with your microscope and let me know what the prognosis is?

Signed "Cracking Up" in Covington

Dear Cracking,

I am referred many cases to rule out a vertical fracture. Often I am asked to explore the tooth and determine whether it can be saved or should be extracted. To attempt this exploration, I would need to anesthetize the patient, place a rubber dam on the tooth, make an access cavity, locate the fracture, and perhaps view it with a surgical operating microscope. Even after putting the patient through this rather extensive "exploratory" process, what I would most likely see is the same fracture that you saw—more magnified! I could not tell how *deep it is* nor the extent of the vertical progression. Neither could I confirm a complete vertical fracture from a clinical exam or endodontic testing.

The best way to determine if a fracture extends vertically is to look for a series of common signs that are present with most hopeless types of vertical fractures. The first is to check a periapical radiograph for a radiolucent area of periradicular pathosis. Teeth that have fractures present with a balloon-shaped area that extends around one or more of the roots. In molars, this could extend into the furcation area. If you then probe around the tooth, you will likely drop into a deep pocket but find normal probing depths in other areas of the tooth.

A tooth with a hopeless vertical fracture can be confused with an abscess of endodontic origin or acute alveolar abscess (AAA). If a fistula is present on a tooth with a hopeless prognosis, it will be located on the attached gingiva, close to the cervical area of the tooth. An AAA presents with a fistula in the buccal mucosa, around where the root apices would be. If traced, the fistula will not point to a specific root, but might appear between the roots. A fistula on a tooth with an AAA will trace to a specific exit point on a root, usually the apical terminus, but sometimes a lateral canal. If a root canal is present, and it is clinically within normal limits, this can also be a sign that the fracture is the cause of the pathology. Some mobility may also be present. When you open the tooth and visualize the fracture, if it is stained and smells bad, the fracture is likely to be deep.

Evaluating a Fracture

- ✔ Check for radiolucent area of periradicular pathosis
- ✔ Rule out abscesses of endodontic origin or acute alveolar abscess
- ✔ Is the root canal present and within normal limits?
- ✔ Check for mobility

If the tooth does not have a deep pocket, a balloon-shaped radiolucent area, or mobility, the fracture that you are seeing has most likely not extended down the root surface. If the tooth has vital tissue in the canals, the fracture is most likely contained within the coronal portion of the tooth, and the prognosis is good. If you are suspicious of a fracture, discuss this with the patient. Explain why this is not a clear-cut diagnosis. Explain the risks involved with treatment. Remember that anything you tell a patient in advance is information. Anything you say after the event seems (to them) like an excuse.

These teeth respond best with full coverage crowns, and I do not recommend placing a post in a tooth where a fracture has been visualized.

I like to see my cases heal and have some therapeutic value for the patient. There is only one thing worse than treating a hopelessly fractured tooth, and that is recommending extraction of a tooth that doesn't have a hopeless fracture and can be saved.

I hope you enjoy the new format for this column. If you have a question about the art and science of endodontics (not about specific cases) write to Dr. Lisa at *roots@bellsouth.net.*

Dr. Lisa Germain is an endodontist practicing in New Orleans.

by Steven J. Spindler, DDS

Refractory Patients and DNA Bacteriologic Analysis

How may times have you seen a patient who simply never appears periodontally healthy in spite of all your efforts? It's far too easy to just dismiss this type of patient by rationalizing that this is simply their normal appearance. After all, that is how they always appear: boggy, edematous gingiva with a reddish hue, generalized light to moderate bleeding upon probing, and pockets in the 4-7 mm range. You may have root planed them quadrant by quadrant, tried some antibiotic therapy, put them on a chlorhexidine rinse, and had them return every three months for a prophylaxis. Yet in spite of those efforts, they still appear unhealthy. Welcome to the world of the refractory patient.

The term, defined in the AAP's "Parameter on Refractory Periodontitis," published in The Journal of Periodontology May Supplement 2000 (Volume 71, No. 71), "refers to destructive periodontal diseases in patients who, when longitudinally monitored, demonstrate additional attachment loss at one or more sites, despite well-executed therapeutic and patient efforts to stop the progression of disease. These diseases may occur in situations where conventional therapy has failed to eliminate microbial reservoirs of infection, or has resulted in the emergence or superinfection of opportunistic pathogens. They may also occur as the result of a complexity of unknown factors which may compromise the host's response to conventional periodontal therapy."

When faced with a patient like this I always "exit" them from my standard, three month alternating supportive periodontal maintenance regimen. Their prior periodontal care is critically reviewed.

First, are there identifiable systemic conditions that may increase their susceptibility to periodontal infections such as allergies, diabetes mellitus, immunosuppressive disorders, certain blood dyscrasias, hormonal imbalances, pregnancy or stress? If so, are they being properly addressed? If the patient has not been diagnosed previously with a systemic concern, consultation with an appropriate physician is advisable at this point. This is an instance when dental professionals can be the first to uncover an underlying medical problem.

Next, I rule out localized areas of rapid attachment loss, which are related to factors such as root fracture, retrograde pulpal diseases, foreign body impaction, and various root anomalies. These types of problems are site-specific and although they need correction, they do not fall within the scope of the refractory patient.

Finally, I look for evidence of incomplete or inadequate conventional therapy. Have we in some way failed to fully debride this patient? If so, I will perform another extremely definitive round of root planing, often with the aid of our Perioscope (the dental endoscope described in our last news letter). At this stage, additionally I employ bacteriologic testing.

The DNA probe test is an excellent method for identifying known periodontal pathogenic bacteria. The test identifies the presence and concentrations of the eight most notorious periodontally destructive bacteria; Actinobacillus actinomycetumcomitans, Campylobacter rectus, Bacteroides forcythus, Eikenella corrodens, Fusobacterium nucleatum, Porhyromonas intermedia, Porhyromonas gingivalis, and Treponema denticola. The test relies on a pooled sample taken from various teeth you select. Proper site selection is critical for accurate test results. A paper point is inserted into the pocket for 15 seconds. Care is taken so that the paper point does not contact any other surfaces harboring bacteria to guard against contamination. The paper points are inserted into a vial, which is identified with a barcoded label. The laboratory slip has the same bar code on it for proper specimen identification. Sample sites are listed on the lab slip and the test is packaged and mailed to the laboratory.

The lab procedures identify the species-specific DNA from the dead bacteria on the paper points. About two weeks later, a report documents the specific bacteria present in the sample and their approximate concentrations. I use this information to determine which antibiotic regimen would be most effective.

After the root planing and antibiotic regimen are complete, I place the patient on an intensified maintenance schedule, which can vary in frequency but usually involves supportive periodontal maintenance every 6 to 8 weeks. I will often retest the patient with another DNA probe test three months later to make sure the pathogens have been eradicated or significantly reduced. The patient may then receive a long course of a collagenase inhibiting drug, such as Periostat.

My goal in treating patients with refractory periodontitis is simply to arrest or control the disease. Remember, the refractory periodontitis patient has a complex disease state, which includes many factors that are still unidentified. It may not be possible to fully arrest this disease process. In some cases, only a slowing of the rate of attachment loss is seen. However, for the patient interested in preserving dentition for as long as possible, this is a very much-appreciated result.

Steve Spindler, DDS has a periodontal office in Metairie, where he is in practice with his wife, periodontist Aymee Costales-Spindler, DDS

Continuing Education Calendar

2003-2004

Major Courses

Baton Rouge: **December 12, 2003** **Creating Endodontic Excellence**

Dr. Clifford J. Ruddle, DDS

MasterTrak

(See update on page 5)

October 9–10, 2003 **Chartered Fishing Trip, Homework Presentations, Banquet**

Baton Rouge: **February 5–7, 2004** **Esthetics & Photography, Powerpoint**
Mike Malone, DDS
Corky Willhite, DDS
Sam Moss, DDS
Scott Kogler, DDS

New Orleans: **August 25-26, 2004** **Fixed Prosthodontics**
Gerard Chiche, DDS

New Orleans: **August 27, 2004** **Oral Pathology**
Jim Weir, DDS

Supper & a Seminar

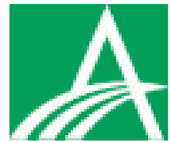
Lafayette, **November 13, 2003** **Treatment of Edentulous Patients**
Jerome Smith, DDS
6:30-9:30 p.m.
The Petroleum Club

For details, call the Louisiana Academy of General Dentistry
1-800-277-8356

Our Mission: to serve the needs and represent the interests of general dentists and to foster their continued proficiency through quality continuing dental education in order to better serve the public.

Members: Earn Free Courses

As you're planning your continuing education selections, remember that members of the Louisiana Academy of General Dentistry can earn FREE LAGD CE courses.



Members receive a free course after completing seventy-five (75) hours of lecture courses. There stipulations for the course award are simple:

1. Only LAGD CE lecture courses count toward the award;
2. You must be a member in good standing while you take the qualifying 75 hours;
3. Participation hours and MasterTrak courses do not count toward the seventy-five hour total.

If you have questions, call the LAGD office at 1-800-2676-8356 or send an e-mail to LAGD Executive Director Brenda Descant at laagd@msn.com.

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Nomination Form

2003 Mark J. Locantro Award

for Distinguished Service

Photocopies acceptable. Please complete and forward the form, together with any supporting information, to

The Mark J. Locantro Award Committee
9069 Siegen Lane, Baton Rouge LA 70810
Deadline for Submissions: October 15, 2003

Nominee's Name ____ **Date of Birth** ___________

Address ____________________________________ **City** _____________ **State** ___ **Zip Code** ______

Telephone ______________________ **AGD Member Y N**

(Nominees need not be members of the AGD . Non-dentists are also eligible.)

Nominee's service to the dental profession ____

____

____

____

Nominee's service to the LAGD and the AGD (e.g. service projects, committees) Describe the service, including year completed

____

____

____

If nominee is a dentist, give a general description of the dental practice. ________________________________

____

____

____

Community Service. Describe activities in the community and years of service, such as volunteer work, civic, school, and church activities.

____

____

____

Other information you deem significant about the nominee ____

____

____

____

Your name as nominator ____ **Telephone** ______________

Nominator's Address ____ **City** __________________

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The Pelican's Pouch Fall, 2003

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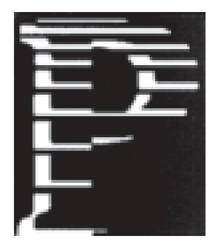

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