

The Maryland State Board Of **Dental Examiners**

Volume 18 Issue 1

Newsletter

Spring 2006

The President's Message Bv Eric Katkow, DDS

My name is Eric Katkow, President of the Maryland State Board of Dental Examiners. Having originally been appointed by Governor Glendening and then reappointed by Governor Ehrlich, I became president of the Board on October 1, 2005 succeeding Dr. Barry Lyon. I am a general dentist and practice full-time in Columbia, Maryland.

Before becoming a Board member, I thought the Board only issued licenses and collected fees for doing so. I thought dentists were an ethical, honest, and hard working group of professionals. I still feel that way. Unfortunately though, there are a very small number of individuals who do not act professionally and do not act in the patient's best interests.

In addition to licensing, the purpose of the Board is to protect the public. Board members are supposed to wear a different hat-the "public protection" hat-not the "dentist" hat. This elicits criticism from our colleagues as we are often viewed as adversaries. This is unfair. Through the disciplinary actions of the Board our jobs as dentists and hygienists are ultimately made easier. The fewer unethical practitioners there are, the less patient distrust of our care and our motives.

In order to avoid pitfalls that may result in violations of the Maryland Dentistry Act, I'd like to offer a few suggestions:

- Renew your license on time. Check the expiration date and renew it well before the June 30th deadline. Be sure the Board has your current address. If you are short of the required CE credits, ask the Board for an extension.
- Follow CDC guidelines for infection control. Patients complain to the Board if they perceive an unclean office. Wash your hands in front of patients whenever possible. Wear clean gloves and clean gowns. If possible, have sterile instrument packs visible to patients.
- Treat patients with respect.
- Don't let your ego interfere with patient care. Know your limitations and refer cases to specialists before you get in over your head. I've found that patients appreciate dentists being candid about their reluctance to perform certain procedures and the recommendation that the patient be referred to a specialist.
- If you have a substance abuse problem, get help. Refer yourself to the Dentists' Well-Being Committee (1-800-341-9704) or the Maryland Dental Hygiene Association Rehabilitation Committee (1-800-974-0068).
- Provide and document informed consent. Explain treatment plans and inform patients of the cost prior to treatment. If the treatment plan changes, tell the patient first. Fully explain what the risks and benefits of treatment are. Treat the patient as if she or he were a family member.

I look forward to serving the citizens of Maryland as Board President until October 1, 2006.

Sincerely,

Eric Katkow, DDS

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Our New Executive Director

The Board is pleased to announce the hiring of H. Robert (Bob) Hergenroeder, Jr. as the Executive Director. Bob completed a four-year-term as the State's Commissioner of Consumer Credit, Acting Banking Commissioner, and Commissioner of Financial Regulation. He also served in the Maryland House of Delegates from 1967-1984. From 1970-1991, he served as Equitable Bank of Baltimore's Vice President of Correspondent and Private Banking. Most recently, Bob was the Deputy Chief Administrator to the County Executive of Anne Arundel County.

One of Bob's primary goals is to provide enhanced levels of customer service to all of the Board's licensees and the public. This will be accomplished through the filling of four vacant positions, the implementation of on-line licensing, and staff training to improve timely responses to licensee and consumer inquiries.

Volunteer!

Jane Casper, RDH, BS

Sanctions for failing to renew a dental or dental hygiene license on time may result in a Board imposed administrative penalty referred to as a 40/\$400 or 20/\$200. This means that a dentist may be required to perform 40 hours of pro bono dentistry and make an anonymous donation of \$400.00 to a dental charity, i.e. Donated Dental Services or The Maryland Foundation of Dentistry for the Handicapped. A dental hygienist may be required to perform 20 hours of pro bono dental hygiene services and make an anonymous donation of \$200.00 to these charities.

Many dentists and dental hygienists who have served as "volunteers" as a result of these penalties did so at local health departments. They found the experience to be extremely rewarding and have continued to volunteer long after the requisite hours were met. These public health facilities serve a population that cannot afford care in a private dental office. This is an extremely valuable service to the uninsured and underinsured. Most of the patients are children, pregnant women, senior citizens, and the chronically ill.

A dentist or dental hygienist does not have to be sanctioned by the board to deliver care at these locations. Please consider volunteering some of your free time to help those in need! Contact the Board for a list of public health facilities.



ONLINE LICENSE RENEWAL!

Attention Dentists and Dental Hygienists: The renewal of dentist and dental hygienist licenses online is targeted to begin Spring 2006.



Thanks to the following individuals for their contributions to the newsletter:
H. Robert Hergenroeder, Jr. Executive Director Richard Bloom, Board Counsel
Murray Sherman, Esq., Assistant Executive Director
Fred Magaziner, DDS/Dental Compliance Officer Sharon Gregg-Jones, Fiscal Analyst
Desiree DeVoe, Dental Compliance Secretary Eric Katkow, DDS/Board President
James Goldsmith, DMD/President-Elect
Jane Casper, RDH/Board Member
Tim Modic, DDS/Board Member
Barry Lyon, DDS/Secretary-Treasurer, Editor The Maryland State Board of Dental Examiners welcomes any questions or comments you have about the newsletter or the Board. Please submit them to:

Mr. H. Robert Hergenroeder, Jr. Executive Director Maryland State Board of Dental Examiners Spring Grove Hospital Center Benjamin Rush Building 55 Wade Avenue Catonsville, MD 21228

Your Board Members

Eric Katkow, DDS/President– Graduate of Baltimore City College, University of Virginia, and BCDS '70. Columbia resident since 1972. General practitioner in Columbia with son Larry (BCDS '98). Completed Osprey Triathlon, Baltimore Marathon, Bagel-to-Beer Marathon, and JFK 50 miler in 2005.

James Goldsmith, DMD/President-Elect– Appointed to the Board 2003. A pediatric dentist with a solo practice in Laurel. Has a law degree. Married to a dental hygienist who also works in the same office. Two grown children– a son working for Ernest and Young and a daughter who aspires to be a physical therapist.

Barry Lyon, DDS/Secretary-Treasurer– Pediatric dentist with a practice in Glen Burnie. Lives in Ruxton. Past President of the Board. Former President of the Maryland Academy of Pediatric Dentistry and Maryland Society of Dentistry for Children. Clinical Associate Professor at BCDS. Married and the father of two daughters, both English majors, with absolutely zero interest in dentistry.

Cheryl Bruce, **RDH**– Originally from Massachusetts. Graduate of Fones School of Dental Hygiene. Works in a private practice in Laurel. Married to Donald with two grown sons and one grandchild, beautiful Kaylee. Loves to read, cook, and care for her dogs.

Jane S. Casper, RDH, BS– A public health dental hygienist married to a pediatric dentist. A mother of three. Appointed 2003. Currently enrolled in the dental hygiene graduate program at BCDS. Jewelry making and reading are Jane's hobbies.

T. Earl Flanagan, Jr., DDS– A graduate of Howard University College of Dentistry. Completed a General Practice Residency and maintained a general practice in Hyattsville. He was a Fellow of the American Dental Society of Anesthesiology and was an anesthesia evaluator for the Board. He and his wife Laverne enjoy traveling. Four grandchildren.

Frank A. LaParle, DDS- Actively practicing general dentistry in Western Maryland. Appointed in 1999. Past President and Secretary of the Board. Past President of the MSDA. Active staff member of Western Maryland Health System. Likes shooting, computers, and stamp collecting.

Barbara Merritt, CDA, RDH, BS– Is a graduate of Prince George's Community College, Allegany College, and the University of Maryland. A full-time clinician in a general practice with over 20 years experience in a pediatric practice. Married to David, lives in Annapolis, and enjoys fishing, gardening, and snow-skiing.

Elaine M. Miginsky, DDS- A general dentist working in the Baltimore County dental clinics, elementary schools, and Head Start Centers for the past 35 years. Appointed in 2003. Hobbies include travel, music, and camping.

John Timothy Modic, DDS- Appointed 2004. A '74 graduate of Case Western Reserve. General Practice in St. Mary's County. Is an avid although "mediocre" golfer.

Geraldine M. Seager, RDH, MEd – Fifty-five year resident of Maryland and a dental hygienist for forty-four years. Practices in the Rockville-Germantown area. Licensed to practice in MD, DC, and VA. Free time interests are her family, fly fishing and fly tying, photography, and knitting.

Sidney Seidman, MD– Consumer Member. A retired pediatrician who served as President of the Board of Physician's Quality Assurance. He and his wife Rebecca live in Annapolis where he is considered a "poster child" for retirement. He is on the Board of Court Appointed Special Advocates, is a docent at the Maryland Zoo, and has a passion for golf.

W. King Smith, DDS- Oral surgeon appointed 2000. '65 graduate of BCDS. Specialty training at Johns Hopkins Hospital. Practicing in Bel Air since '69. Past President of Harford-Cecil County Dental Society, MD Society of OMS, and the MSBDE. He and wife Joyce have two married daughters and four grandchildren.

Zeno St. Cyr II, MPH– Consumer Member. Appointed in 2000. Zeno is a Senior Legislative Officer with the Office of the Assistant Secretary for Legislation, Department of Health and Human Services. He is the co-founder and current Board President of a community-based AIDS education and outreach organization in New Orleans, Whole Health Outreach, Inc. He received the Honor Award for Distinguished Service, presented by the Secretary of the U.S. Department of Health and Human Services. Is very active in the NERB Public Advocacy Committee. He and his wife Eva are the parents of one daughter, Carrie.

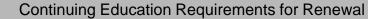
David A. Williams, DDS– General dentist. DDS degree from Temple. MS degree in Systems Management from USC. Candidate for MPH from West Virginia University. Two term councilman for Smithsburg. Member of Washington County Board of Zoning Appeals. Retired Colonel US Army, Commander 3298th Dental Services Detachment, Ft. Hamilton. Expert in forensic dentistry.

James Goldsmith, DMD/President-Elect

The Board is concerned with the number of renewal applications it receives indicating that the applicant has not completed the requisite 30 hours of continuing education. The Code of Maryland Regulations Title 10, Subtitle 44, chapter 22 clearly states that the CE requirements must be met by December 31 of the year <u>prior</u> to license renewal (e.g. December 31, 2005 for renewal on or before June 30, 2006). A six month extension requested by the applicant on or before December 31 may be granted by the Board. If the continuing education requirements are not completed by June 30 of the renewal year, (e.g. 2006), but have been completed in July, the applicant may renew their license in July, subject to the additional payment of a late fee. If the completed application or evidence of successful completion of 30 hours of acceptable continuing education is not received by the Board by July 31, the applicant will be required to reinstate their license. Dentists and dental hygienists who are not licensed by July 31, 2006 will be considered to be practicing without a license and will receive, on or after August 1, 2006, an Agreement to Cease and Desist from the practice of dentistry or dental hygiene. Practicing dentistry or dental hygiene on or after August 1, 2006 without a valid license may result in disciplinary sanctions.

Remember that filing an application with the Board that is not complete, that does not indicate that the required continuing education hours have been completed, that does not include the correct fee, or is deficient in any other way, will result in the application being returned.

You can avoid these consequences by completing all requirements well before their due date and submitting your application to the Board well before June 30th. Save yourself unnecessary interruption of your practice.



- 30 acceptable hours required for each renewal cycle.
- Maintain CPR (does not count toward CE credits).
- 2 hours of infection control (does count toward CE credits).
 - Must be courses of a clinical nature that are designed to enhance the licensee's clinical knowledge and ability to treat patients (i.e. no money management courses).
 - Up to 15 hours can be self-study if the course or program is clinical in nature.
 - Records of CE courses must be maintained for 5 years.

Please note that not all CE courses claimed by the sponsor to be approved by the Maryland State Board of Dental Examiners are actually approved by the Board.

Requirements for Hygienists Working Under General Supervision

- 1. The hygienist holds an active MD license with at least 1500 hours of dental hygiene clinical practice.
- 2. The supervising dentist holds an active Maryland license.
- 3. The supervising dentist first examines and evaluates the patient and then enters the prescribed and authorized treatment in the patient's chart.
- 4. The prescribed treatment is rendered no later than 7 months from the date the patient was examined by the supervising dentist.
- 5. Prior to the appointment the patient or the custodial parent or legal guardian must be informed that a dental hygienist will be providing services previously prescribed by a dentist who will not be on the premises.
- 6. The patient or guardian must consent in writing to receiving the hygiene services and the signed consent must be kept in the patient's chart.
- 7. Upon expiration of the 7 month period or upon expiration of the prescribed treatment, the supervising dentist examines and reevaluates the patient before writing a new prescription.
- 8. In any given calendar week, the number of unsupervised hours by the hygienist must be less than 60% of the total hours worked by the hygienist. The supervising dentist and hygienist must maintain a written record of the hygienist's total weekly hours worked and the total hours worked under general supervision.
- 9. The supervising dentist may not have more than two dental hygienists working under general supervision at any given time regardless of the number of offices in which the supervising dentist practices dentistry.
- 10. A designated licensed dentist is available for consultation with the dental hygienist.
- 11. There is a written agreement between the supervising dentist and the dental hygienist that clearly sets forth the terms and conditions under which the dental hygienist may practice, including a statement that the dental hygienist may provide dental hygiene services without the supervising dentist on the premises.
- 12. Written emergency procedures are in place and the dental hygienist is trained to implement the emergency procedures.



Advertising

Fred Magaziner, DDS/Dental Compliance Officer

The Board is confronted with a steady stream of questionable advertising practices which may result in disciplinary action.

Your Name: Advertisements, including but not limited to telephone directories, newspapers, letterheads, billing invoices, and door signs must contain the name of the responsible licensed dentist who provides services at the particular location referenced. A dentist's legal name must appear on all forms of advertising. Applications for licensure must be made in the legal name as well. The use of a trade name on advertisements is permissible as long as the dentist's legal name appears as well. Trade names must be pre-approved by the Board.

Superior Service: A dentist may not state or imply that they perform dental work in a superior manner.

- **Specialties:** A dentist may not advertise in any manner whatsoever that she or he is a specialist in a particular practice area unless so recognized by the Dental Board.
- "Painless" Dental Work: A dentist may not make an undifferentiated claim to do dental work painlessly. If a dentist wishes to advertise that they perform "painless" dental work they must describe the circumstances under which they claim that the work is painless. The description may not contain a misrepresentation, be misleading, create unjustified expectations, or cause an ordinary prudent person to misunderstand or be deceived.
- "Safe" Dental Work: A dentist may not advertise that their dental work is "safe." The claim appears most often in advertisements for sedation or IV dentistry. The Board notes that there is an inherent danger in these as well as other dental procedures, and therefore the Board finds that advertising that a procedure is "safe" is likely to cause an ordinary prudent person to misunderstand or be deceived.

Before advertising a dentist should review the applicable laws which may be found in the Annotated Code of Maryland, Health Occupations Article, § 4-503, and the Code of Maryland Regulations, (COMAR) Title 10, Subtitle 44, Chapter 06.

Patient Records And What A Dentist May Charge for Copies

- Dentists are **required** to release copies of medical records to patients who request them in writing, within 21 working days of the request.
- The patient may also request that the records be forwarded directly to another dentist.
- The originals may be retained by the treating dentist.
- A dentist may not refuse to provide copies of records because of the failure of the patient to pay for health care (any outstanding balance the patient has for previous care is irrelevant).
- A dentist may require that the appropriate copying fees be paid prior to providing the copies.

Dentists may charge no more than the following for copies of dental records:

.65 cents per page for copying of each page of the medical record (No copying fee if originals are released).

For copies of x-rays, models, and photographs, a dentist may charge a reasonable, cost based fee, provided that the fee includes only the cost of copying, including the cost of supplies and labor of copying. (No copying fee if the originals are released).

Actual cost of postage (stamps) if the records are mailed.

How long must dental records be kept?

A dentist may not destroy patient records, including radiographs, models, photos, and laboratory reports for 5 years after the record was made. In the case of a minor patient, the records must be kept until the minor attains the age of majority (18 years) plus 3 years, or 5 years after the record was made, whichever is later.

QUESTIONS! WE GET QUESTIONS, WE GET LOTS AND LOTS OF QUESTIONS!

Fred Magaziner DDS/Dental Compliance Officer

The Board's staff receives a number of inquiries from our licensees and the public. The following are some of the most frequently asked questions .

Question: Who may provide vital bleaching in the dental office?

Answer: Dental hygienists and dental assistants qualified in expanded functions or orthodontics may provide vital bleaching with a light source. If bleaching medicaments are to be added to the surfaces of teeth during the required time of exposure to the light, the potential for harm is increased. Therefore the dentist must provide the additional medicaments.

Question: May a dentist charge a patient for an examination performed by a dental hygienist?

Answer: No. A dental hygienist may make a preliminary examination (an un-coded service) and chart the findings. However only a dentist may charge for a Periodic Oral Evaluation (CDT *Code* D0120).

Question: I have an active dental hygiene license and am considering changing the status to inactive. What do I have to do to reactivate my license?

Answer: To reactivate a dental hygiene certificate (or a dental certificate) on inactive status the candidate must submit to the Board a completed application for reactivation; a notarized affidavit or other evidence that the applicant has actively practiced within the 36 months immediately preceding the application date; proof of good standing from all states in which the applicant is currently licensed; evidence of completion during the 2 years preceding application, of 30 hours of acceptable continuing education; and evidence of passage of the Board's jurisprudence examination within 3 months of the application date. In addition a candidate for reactivation shall arrange for the National Practitioner's Data Bank to forward a report of the applicant's disciplinary activity to the Board and pay to the Board the difference between the license or certificate renewal fee and the inactive status application fee. If the applicant is unable to demonstrate active practice within the 36 months immediately preceding application the applicant shall either pass or have passed the North East Regional Board examination.

Question: I have completed my required educational training and have taken the examination to qualify as a dental radiation technologist in Maryland. May I place or expose dental radiographs pending receipt of my examination score?

Answer: No. An individual enrolled in an educational program recognized by the Board for dental radiation technology may place and expose radiographs pursuant to the educational program. However once that program ceases the individual may not place and expose radiographs until they receive certification.

Question: May I receive a general anesthesia facility permit without first receiving a general anesthesia administration permit?

Answer: No. Having a general anesthesia administration permit is a requirement for the receipt of a general anesthesia facility permit (note that this requirement may change at a future date).

Question: I have completed a specialty training program. Must I apply for and receive recognition from the Board as a specialist before I may represent myself to the public as a specialist?

Answer: Yes. You must apply for and receive recognition from the Board as a specialist before you may represent yourself as such to the public.

Did you know...

- Only a dentist may administer, maintain, and monitor nitrous -oxide. Only while the dentist is in the
 operatory can the dental hygienist perform dental hygiene procedures while the patient is under the
 effects of nitrous-oxide/oxygen.
- You should verify that dentists, dental hygienists, and auxiliary personnel in your employ are licensed or certified by the Board. Uncertified dental assistants are permitted to perform only certain limited duties. Be sure your dental radiation technologist is certified by the Board before she or he takes x-rays. This is a common violation of the law for which dentists have been disciplined. Call us at (410) 402-8500.

Perception is Everything Timothy Modic, DDS

Marketing experts tell us that people decide whether they like us or not in less than ninety seconds based upon how they perceive us. They say we decide whether to buy something based upon how we perceive it will make our life better. There isn't enough time to really know about the person or the article being purchased, just our perception of it.

We dentists should take this knowledge and apply it to our offices. When was the last time you sat in your reception area and perceived it through the eyes of your patient? Have you sat in the dental chair and looked around the treatment room as a patient would? Are there dust bunnies in the corners, cobwebs around the lights? When you walk into the bathrooms are the waste cans overflowing and is the toilet clean? Patients don't know if the temperature and pressure in your autoclave are correct. They don't know the number of CFUs in the waterlines. But they can see other things and their perception will cause them to make a decision about your office. We all know the procedures to make the office a safe place for patients and employees. Become proactive. Taking time to look at your office as your patients do will go a long way to changing their perception of both you and your office.

Changes in Maryland's Dental Laws

A significant number of changes to Maryland's dental laws have occurred since the previous printing of the Board's Regulations Update. To read a summary of the changes please visit the Board's website at www.dhmh.state.md.us/dental. Keep in mind that the summaries are not to be considered a substitute for the official text. Visit the State of Maryland, Department of State, Division of State Documents web-site at www.dsd.state.md.us to review the complete text of the Board's regulations which are found at Code of Maryland Regulations (COMAR), Title 10, Subtitle 44. Visit the Maryland General Assembly's web-site at http://mlis.state.md.us to review the Board's statutes which are found in the Annotated Code of Maryland, Health Occupations Article, Title 4. Both the Department of State's web-site and the General Assembly's web-site may be accessed from the Board's web-site.

Communicating With Patients

Desiree DeVoe, Dental Compliance Secretary

As the Dental Compliance Secretary for the Board, I am the intake coordinator for complaints received by the Board. I get approximately five complaints a week and many of them involve allegations of rude behavior by the dentist, auxiliary personnel or office staff. In order to investigate the complaint, the Board may send a copy of it to the licensee and ask for a response. While many complaints of rudeness are closed or involve a Letter of Education, repeated complaints could result in a charge of unprofessional conduct.

The front desk is the first place your patients visit when they enter the office. It should be as professional and welcoming as possible. You rely upon your staff to help you develop a professional relationship with your patients. Your office staff represents you and **you are ultimately legally responsible for their actions.**

Make a sincere attempt to work with unhappy patients. Do not ignore their concerns or simply relegate a staff member to answer their questions. Many complaints that I read are from patients upset about dentists who refuse to speak with them.

A complaint could result in hours of paperwork to respond to the Board's inquiry, place you in an embarrassing situation with the Board, colleagues, and co-workers, and cause many sleepless nights.

Communicating effectively with your patients will benefit them and you alike and greatly help to reduce the likelihood of a complaint.

- Speak with your patients before performing procedures.
- Be sure that they completely understand their out of pocket expenses or deductibles, prior to performing the service.
- Don't perform services without their informed consent and understanding of the procedure.
- Verify insurance coverage prior to your beginning a procedure.

Maryland State Board of Dental Examiners Meeting Schedule

Dental Board's Monthly Board Meeting

Public Meetings (first Wednesday of every month at 8:30 a.m.) Disciplinary Review Committee Meeting

Closed Session Meetings (third Wednesday of every month)

Wednesday, May 3, 2006	Wednesday, May 17, 2006
Wednesday, June 7, 2006	Wednesday, June 21, 2006
Wednesday, July 5, 2006	Wednesday, July 19, 2006
Wednesday, August 2, 2006	Wednesday, August 16, 2006
Wednesday, September 6, 2006	Wednesday, September 20, 2006
Wednesday, October 4, 2006	Wednesday, October 18, 2006
Wednesday, November 1, 2006	Wednesday, November 15, 2006
Wednesday, December 6, 2006	Wednesday, December 20, 2006

Did you know...

- Fines paid by disciplined dentists or hygienists do not go to the Board but are anonymously paid to either Board designated charities providing dental services to the underserved or the State's General Fund.
- You may attend the Board's open sessions on the first Wednesday of the month (barring State holidays and weather closings) beginning at 8:30 a.m.
- You may not forgive the co-payment provisions of an insurance company policy unless you disclose to the insurance company that the patient's payment portion will not be collected.
- Disciplinary action may get you dropped from your insurance plans. Some insurance companies will drop you from their plan if you are licensed but on probation.
- Write prescriptions for dental problems only and write prescriptions only for patients of record. Record all prescriptions in the chart and list indications, dosages, amounts and directions.
- The Board was established on March 31, 1884.

Just How Good Are Your Dental Records?

Barry Lyon, DDS/Secretary-Treasurer

After reviewing a patient's complaint, the Board may ask the dentist against whom the complaint was made for a "Response and Records." Under these circumstances, the dentist must send the Board the complainant's complete original records along with a detailed narrative explanation in response to the complaint. There have been cases when the Board has found the patient's complaint to be without merit but the dentist's record keeping well below acceptable standards. When this occurs, the Board may investigate further to determine whether there is a pattern of poor record keeping. If such a pattern exists, the dentist may be subject to disciplinary action. So, just what do you need to include in your records to keep that from happening? At a minimum, the Board would suggest you include the following items:

- The name and address of the patient, and if the patient is a minor or under a disability, the name of the patient's parent or guardian.
- The name and telephone number of a person to contact in the event of an emergency.
- The patient's dental and medical history with a notation that it has been reviewed.
- The patient's oral health care reasons for the visit.
- A diagnosis.
- A written treatment plan including the services to be rendered, in the order to be rendered.
- Identify the date of treatment including the day, month, and year.
- A charting of the patient's dentition indicating teeth present, carious lesions, and existing restorations. Note oral cancer screening.
- Include in the periodontal charting for all adult patients mobility, recession, furcas, fenestration, etc. Record pocket measurements – full mouth if providing a comprehensive oral evaluation comparable to Code 150 and at least a PSR value if on recall.
- A list of all radiographs taken and the findings.
- A list of the name of the anesthetic, the dosage, the amount given, and the location.
- When using nitrous-oxide, list the ratio of nitrous to oxygen, the duration of administration, and the duration of post-treatment oxygenation.
- When doing operative dentistry, list the surfaces restored, any bases or liners, the final restorative material, and whether a rubber dam was used.
- Be sure to keep radiographs diagnostic, wellprocessed, organized, labeled, and dated. Identify who took the radiographs.

- All entries and progress notes should be legible and written in ink and initialed by the treating doctor, hygienist, and assistant.
- Include the condition of the patient upon discharge and the inclusion of post-operative instructions.
- Use quotation marks "..." to describe the patients original words.
- Indicate that the patient has given informed consent.
- List referrals to specialists and the reason for the referral.
- List all prescriptions, the dosage, the amount, the instructions, and indications for the prescription.
- Make corrections with a single strike-out through the word(s) and not a scribble. Do not use "white out" and the original entry should remain legible after the strike-out.
- For extractions, indicate diagnosis, alternatives, possible referral, risks, prescriptions, and follow-up.
- For endodontics, document diagnostic tests, diagnosis, radiographic findings, alternative treatment, informed consent, findings upon opening the tooth, provisional measurements, working lengths, the size and length of the prepared canals, sealing materials and cementing medium, restorative recommendations, prescriptions, and post-operative care. If performed in more than one appointment, state where treatment was halted, findings, length determinations, and dressings used.
- Record broken or cancelled appointments.

The above is not to be construed as an exhaustive list. Please consult the recommendations and guidelines as established by each dental specialty board.

Remember, write your charts so that another dentist could directly follow-up and know exactly what procedures you performed.

LICENSEE NAME, LICENSE #	ACTION TAKEN
Nahid Shahry, DDS Lic. #11612	Consent Order effective 12/1/04 with one year probation with conditions for allowing an individual with a teacher's license to practice dentistry in a dental office, and for al- lowing a dental assistant to take radiographs without certi- fication. Probation was terminated effective 3/2/05.
Mohammed Tabatabeei-Fatemi, DDS Lic.#11720	Consent Order effective 12/15/04 with one year suspen- sion, all but four months stayed, two-year probation with conditions for conviction of Medicaid fraud. License was reinstated effective 4/20/05.
Scott Steckler, DDS Lic. #11778	Consent Order effective 12/15/04 with one year suspen- sion, all but four months stayed, two-year probation with conditions for conviction of Medicaid fraud. License was reinstated effective 4/20/05.
Sabrina Murphy, RDH Lic. #4114	Consent Order effective 12/8/04 with one-year probation with conditions for self-prescribing. Probation terminated effective 2/1/06.
Stephen Harden, DDS Lic. #7959	Consent Order effective 1/5/05 with Reprimand and condi- tions for failing to complete a pro bono requirement. Li- cense was restored without conditions effective 12/21/05.
Payam Hariri, DMD Lic. #11407	Consent Order effective 1/19/05 with Reprimand and three-year probation with conditions for billing for services not performed and performed unnecessary procedures. License restored without restrictions or conditions effective 2/1/06.
Joseph W. Gallagher, DDS Lic. #4098	Consent Order effective 1/19/05 allowing no chair-side practice. License to be permanently surrendered on August 1, 2006 for substandard treatment and violation of prior Consent Order.
Billy Davis, DDS Lic. #3305	Final Order with conditions effective 1/5/05 for violating a prior Consent Order. Final Order effective 12/12/05 with six-months suspension all but 30-days stayed and one-year probation with conditions for allowing a dental assistant to perform unauthorized procedures and failing to comply with a Board Order. License reinstated 3/15/06 and placed on one-year probation with conditions.
Holly Summers, DDS Lic. #9207	Consent Order effective 2/2/05 for practicing below the standard of care. License surrendered effective 3/1/05.
Michael Meyers, DDS Lic. #3380	Order for Summary Suspension issued 2/16/04 for violat- ing the Centers for Disease Control guidelines. License surrendered effective 2/2/05.

LICENSEE NAME, LICENSE #	ACTION TAKEN
Ronald Reichart, DDS Lic. #4574	Order for Summary Suspension issued 7/7/04 for self- prescribing. Consent Order effective 4/5/05 with three- years probation with conditions.
Fredrick Clark, DDS Lic. #10125	Consent Order effective 3/16/05 with Reprimand and conditions for unprofessional conduct.
Thomas Kelly, DDS Lic. #8581	Consent Order effective 4/14/05 with one-year suspen- sion immediately stayed and one-year probation with conditions for having been disciplined by another state for practicing in an incompetent manner.
David Glenn, DDS Lic. #6004	Consent Order effective 6/15/05 with Reprimand and conditions for failing to renew license in a timely manner.
Joseph L. Dyson, Jr., DDS Lic. #8597	Consent Order effective 6/15/05 with Reprimand and conditions for allowing dental assistants to perform un- authorized procedures.
Maxine Clark, DMD Lic. #8300	Final Order effective 6/15/05 with Reprimand and condi- tions for allowing dental assistants to perform unauthor- ized procedures.
Theodore Lichtman, DDS Lic. #3745	Final Order effective 6/15/05 with 90-days suspension all but 30-days stayed and one year of probation for allow- ing a dental assistant to perform an unauthorized proce- dure and for failing to monitor a patient who was under nitrous oxide.
Matthew Riffee, DDS Lic. #10379	Consent Order effective 7/6/05 with one-year suspen- sion, all but 45 days stayed and three years probation for unlawful prescribing. Supplemental Consent Order with additional conditions effective 3/15/06.
Donald Parker, DDS Lic. #4871	Order for Summary Suspension issued 7/11/05 for viola- tions of the Centers for Disease Control guidelines. Or- der continuing the suspension effective 8/5/05. Consent Order effective 9/7/05 with six months suspension, stayed on 11/3/05, subject to several conditions. License reinstated 11/2/05 and placed on three years probation with conditions.
Maria Barboza, DMD No MD License	Final Order denying licensure in Maryland effective 7/6/05 for disciplinary actions taken by another state.
Ralph Sharow, DMD No MD License	Final Order denying licensure in Maryland effective 6/20/05 for disciplinary actions taken by another state.
Dewitt Webster, DDS Lic. #4123	Order of Revocation effective 6/20/05 for conviction of dispersing controlled dangerous substances.

LICENSEE NAME, LICENSE #	ACTION TAKEN
Frank Shane, DDS Lic. #5237	Interim Consent Order effective 7/20/05 followed by Consent Order effective 2/1/06 with six months stayed suspension and two years probation for violations of the Centers for Dis- ease Control guidelines.
Stephen Dwimoh, DDS Lic. #4557	Order for Summary Suspension dated 7/20/05. Order Con- tinuing Suspension dated 8/22/05. Consent Order effective 9/21/05 with six months suspension, stayed on 10/20/05. Li- cense reinstated 11/2/05 and placed on three years proba- tion.
Peter L. Chu, DDS Lic. #8087	Order for Summary Suspension effective 8/3/05 for convic- tion of possession and sale of drugs. Consent Order with revocation of license effective 2/1/06.
Rochelle Renwick-Curtis, DDS Lic. #7179	Consent Order with probation for two-additional years and conditions effective 8/3/05 for failure to comply with a prior Board Order.
Farhad Bagheri, DDS Lic. #11037	License surrendered effective 8/15/05 for violating a prior Board Order.
David Hyde, DDS Lic. #8105	Consent Order effective 8/17/05 continuing the summary suspension with conditions for violations of a prior Board Order.
Richard Nichols, DDS Lic. #6265	Consent Order effective 8/17/05 with reprimand and restric- tions for two-years for violating the Centers for Disease Con- trol guidelines.
Busun Ahn, DDS Lic. #12448	Letter of Surrender effective 9/30/05 for unlawful prescribing of controlled dangerous substances.
Mark Schweizer, DDS Lic. #7991	Consent Order effective 8/17/05 with Reprimand and condi- tions for substandard care.
Charles Towns, DDS Lic. #4855 Willie Richardson, DDS	Order of revocation effective 8/29/05 for unlawful prescribing of controlled dangerous substances. Consent Order effective 10/19/05 with one-year suspension
Lic. #5676	stayed with two-year probation and other conditions for ad- ministering IV sedation without a permit.
Freda Goldberg, R.D.H. Lic. #239	Consent Order effective 10/19/05 with one-year suspension stayed and two-year probation with conditions for failure to comply with a Board Order.
Navid Asgari, DMD Lic. #12143	Consent Order effective 11/2/05 with one-year suspension all but 10-days stayed beginning 12/5/05 and ending on 12/16/05, three-years probation with conditions for allowing unauthorized persons to perform unauthorized procedures.

LICENSEE NAME, LICENSE #	ACTION TAKEN
Kerry Crocken, DDS Lic. #12762	Consent Order effective 11/2/05 with 90-days suspension all stayed and three years probation with conditions for allowing unauthorized persons to perform unauthorized procedures.
Judy Yu, DMD Lic. #12661	Consent Order with Reprimand and two-years probation with conditions effective 11/16/05 for allowing unauthor- ized persons to perform unauthorized procedures.
Lawrence Bell, Jr., DDS Lic. #5628	Final Order dated effective 12/12/05 with Suspension for 30-days, beginning 30 days from date of Order, with conditions and three years probation for failure to comply with a prior Board Order and failure to timely release patient records. License reinstated 3/15/06.
Gerd H. Petrich, DDS Lic. #4505	Consent Order effective 1/18/06 with six months suspen- sion, stayed and one-year probation with conditions for allowing unauthorized persons to perform unauthorized procedures.
Gregori Kurtzman, DDS Lic. #9272	Consent Order effective 1/18/06 with one year suspen- sion beginning 2/15/06 to be stayed on 3/15/06 subject to conditions for substandard care. After reinstatement, li- cense will be placed on probation for four years. License reinstated on 3/15/06.
Felix Liao, DDS No MD License	Order denying licensure to practice dentistry effective 11/16/05 for disciplinary action taken in another state.
Rometta Powell, DDS Lic. #10377	Letter of Surrender effective 1/4/06 as a result of discipli- nary action taken by another state for substandard care.
Reginald Pettaway, DDS Lic. #10860	Consent Order effective 1/4/06 with one-year probation with conditions for allowing unauthorized individuals to perform unauthorized acts.
James Chorbajian, DDS Lic. #7671	Consent Order effective 1/18/06 with indefinite suspen- sion and conditions for failure to comply with June 16, 2004 Consent Order for writing prescriptions for non- dental reasons.
Dewitt Fortenberry, DDS Lic. #7144	Order of Suspension effective 3/1/06 for failure to comply with the terms of conditions of probation and with his No- vember 14, 2004 Consent Order for violating the Centers for Disease Control guidelines.

Board Staff

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