

## Dr. Pratix Shroff Becoming QCDS President At Installation Dinner Dance on January 6



Incoming Queens County Dental Society President Dr. Pratix Shroff

By Marc Katz

When Dr. Pratix K. Shroff becomes the new president of the Queens County Dental Society in January, he said he will dedicate himself to bringing new members to the organization.

"I want to reach out to all practicing general dentists and new graduates in Queens and invite them to come to our programs, come to our installation dinner and join QCDS," he said. "It is the best way for them to get to know other dentists in the area."

In addition, he said he wants to regularly hold QCDS sponsored dinners for new dentists. "It will make a big difference for the new residents and a big

difference for QCDS."

He said he would like his administration to concentrate on providing quality dental education to all dentists through QCDS dental education programs. He has already scheduled many nationally known speakers to come to Queens to provide specialized education to the membership as part of a series of Sunday presentations earning eight CE credits each.

For example, he said he has arranged for a "blockbuster dental education program" to be presented on Zoom by Dr. Lance Kisby on January 7. Dr. Kisby will discuss the latest updates in pediatric dentistry in a program titled "Things I

Never Learned in Dental School." He will present new insights into child psychology which will help dentists to apply current behavior guidance techniques with an emphasis on treating common special healthcare needs patients. The goal, according to Dr. Kisby, is increasing the pediatric portion of a dental practice by the diagnosis and treatment of a wide variety of dental procedures.

Dr. Shroff urged members to look for the announcement of additional upcoming Sunday educational programs in The Bulletin and in emails.

He also is looking to expand the range of topics to be covered in presentations at

—Continued on page 14



Dr. Pratix Shroff, the soon to be installed QCDS president at work with a patient in his Floral Park, Queens Office.

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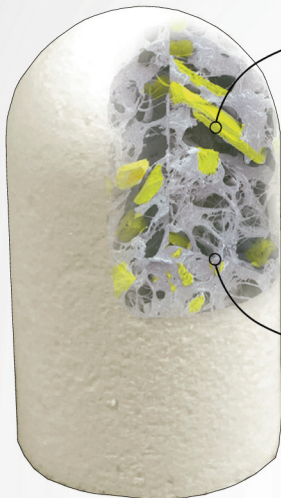
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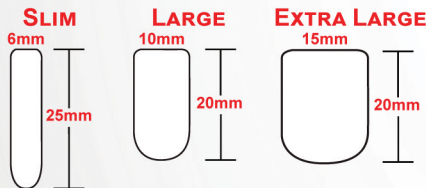
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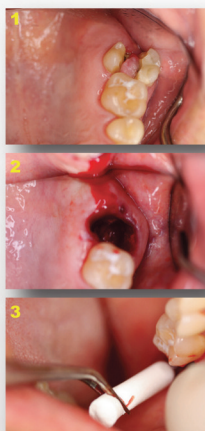
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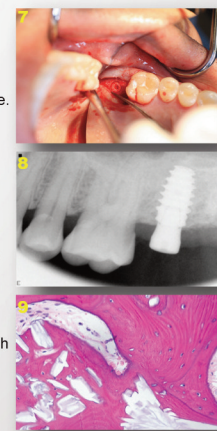
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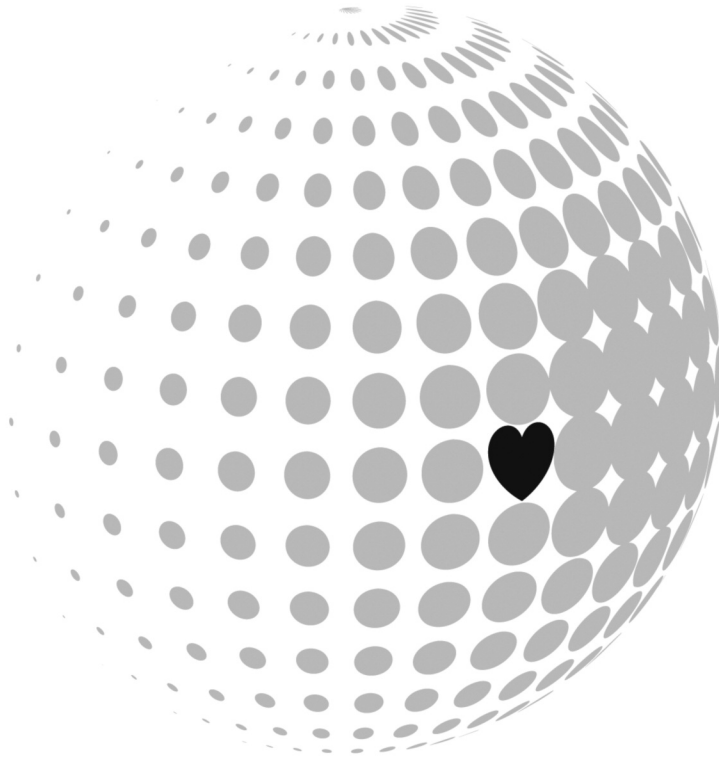
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Deadlines for manuscripts is six weeks prior to the date of publication. For example, the deadline for March/April issue is January 10th. All Submissions must be typed as a word document and emailed to QCDSBulletin@gmail.com.

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## From the President

*ajfdmd@gmail.com*

# What a Year I Have Had!

*By Dr. Arthur Feigenbaum*

The time has passed so quickly. This issue of our Bulletin marks the last in my term of president. I am so thankful to have represented our Queens County Dental Society as its leader. I will never forget this time in my life. I met so many important people including such dignitaries as the governor of our state and our leadership in the American Dental Association. I am truly honored.

We accomplished so much during my term. It was the year we brought our society out of the gloom of the pandemic and held our first installation dinner in years. Hopelessness was replaced by happiness and optimism. Our Worlds Fair of Dentistry was a huge success, led by our keynote speaker, Dr. Gordon Christiansen. It was my pleasure to volunteer during this event and welcome some 400 people. We also had a robust CE program, including many of the mandatory courses at our QCDS headquarters.

It was a year of harmony and working as a team to create a better society. It seemed that all came together. The financials of our society are very solid.

I have special thanks for our executive director, Dr. Chad Gehani. It is such a privilege to have the former ADA president as a mentor. I have learned so much from him. I'd like to thank our executive assistant, Lucy Chabria, for all her hard work. She has worked so hard for our society and deserves a lot of credit for our success. I'd also like to thank our entire Board of Trustees for volunteering their time for the good of our entire membership. Lastly, I need to thank our entire membership for their support.

In January I will no longer be your president, but fear not. Our society will be led by our incoming president, Dr. Pratix Shroff. I have spent much time with him over this last year and truly believe in his dedication and ability as a leader. He will be a fine president for our organization. Our society is in great hands.

It was truly the most memorable year of my professional life. I will truly miss it. As the immediate past president of our society, I will continue to offer my services when needed.

God bless you all!

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# This Has Been a Busy ADA Year

By Dr. Brendan Dowd, ADA Second District Trustee

As we reach the fall season, I would like to take this opportunity to thank all of you for letting me serve as your trustee to the Second District. It has been a challenging and rewarding experience and I look forward to representing you over the next three years. Since my last correspondence, there has been a lot happening at the American Dental Association and I will try to give you as much information as possible.

As many of you know, the California Dental Association's Board of Directors unanimously passed a proposal this past spring to put a resolution before the California House of Delegates that would allow their constituent/component members the option of joining the ADA, beginning in January 2025. After an intense and thoughtful debate through the summer, the CDA Board decided to recalibrate and not bring a resolution forward to the California House of Delegates this November.

It is critically important to understand the ADA Board of Trustees does not want to go down this road. We believe the tripartite and the Power of Three is paramount to our accomplishments. The tripartite has been in existence for 110 years and has been intimately associated with our success as an organization and profession. Whether it is advocacy, science, continuing education, or helping members succeed throughout their career journeys, the ADA is stronger when we are together. The ADA looks forward to increasing and promoting the value of membership to all dentists. We feel strongly it will be a better ADA in the near and distant future with the Power of Three including the entire country.

Many members do not realize how much the ADA can help as you progress through your career. We are there for evaluating employment agreements. We also have debt management tools and can offer financial planning. A good number of us have taken advantage of the group insurance programs, including the life insurance and disability plans. The ADA can assist with physical and mental wellness, and we have a yearly meeting devoted to this topic. The ADAPT (American Dental Association Practice Transitions) program connects a large network of member dentists who are buying or selling practices, hiring associates or in the process of looking for new employment. All these wonderful services are

available at your fingertips by contacting the American Dental Association or going onto ADA.org. We are also open to new suggestions from members if you feel it will help individual dentists, our association and/or our profession. You can contact me anytime you would like. My contact information is at the end of this letter.



*The ADA looks forward to increasing and promoting the value of membership to all dentists.*



The ADA Board of Trustees met in Chicago from July 30-August 1. I can report to you that your ADA is financially strong, even with a decrease in membership. Our non-dues revenue has helped keep us monetarily healthy. Our recent external audit report for 2022 received an unqualified opinion by KPMG.

The ADA Board of Trustees will begin a new budgeting process to a 12-month, rolling mission-based budget, starting in November. It is expected that the transition to a mission-based budget will assist in identifying the need for cessation of certain programs due to the ineffectiveness of those programs to generate metrics that support positive movement in supporting the ADA's strategic forecast. The ADA Board will be assisted along the way by action groups from the Strategic Forecasting Committee, a committee of the ADA House of Delegates. This way, the House has input throughout the entire year instead of just during the annual meeting.

On March 24 of this year, ADA President Shepley was able to attend the White House Conference on Hunger, Nutrition and Health, held at the White House. Dr. Shepley created the ADA Task Force on Sugar, Nutrition and Diet, which has had a very productive year. They have met virtually several times, reviewing existing ADA policy on the three subjects. They also agreed to new recommendations concerning healthy foods, avoiding ultra-processed foods and promoting access to potable water. Future ideas include educating dental students, prevention and patient education, more inter-professional education and an increase in dental research. The task force was approved for another year to have the Council on Scientific Affairs explore the feasibility of developing science-based guidelines to document the impact of added sugar consumption on oral health outcomes and to develop an action plan to educate the public on foods with added sugar consumption as it relates to oral and systemic health.

I would like to thank every one of you for your membership. As I mentioned, I have been honored to serve as the ADA Trustee for the Second District. My second year begins at the conclusion of the ADA annual meeting in Orlando in October.

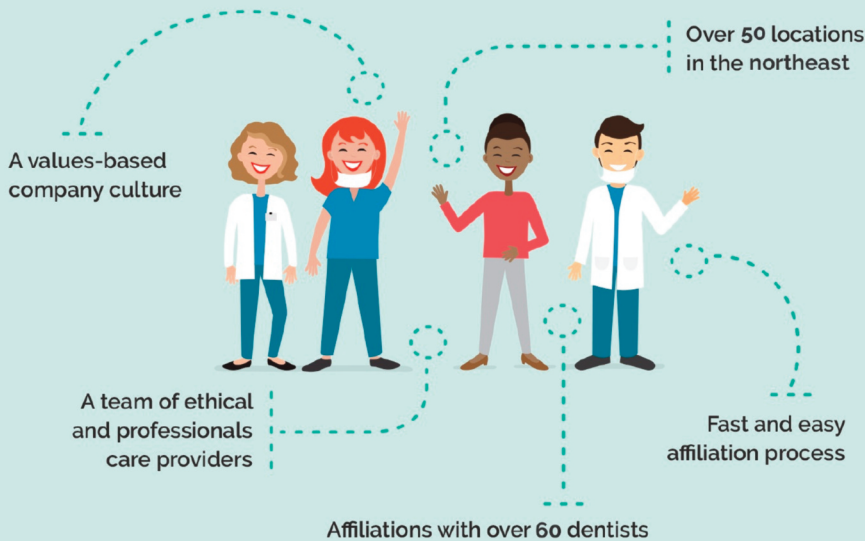
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## Top Trends Impacting Dentistry

By Dr. Prabha Krishnan, Chair, ADA Council on Communications

The dental profession has experienced a great amount of change over the past few years, through the COVID-19 pandemic and beyond. The ADA Council on Communications, which advises on the management of the Association’s reputation and communications strategies for Association priorities, works to determine ongoing and emerging needs within dentistry.

The annual Communications Trend Report is based upon data from dental professionals and consumers, which can be used as an additional input to national, state and local dental society decision makers planning for the year ahead.

There are two primary takeaways from the 2023 report. First, dentists—and their practices—are still under stress: A slowing economy has impacted staffing, reimbursement and ultimately dentists’ mental health. Second, drug use and opioid prescriptions continue to be a hot button topic. Prescriptions are being administered conservatively, while patients who arrive under the influence of marijuana or another drug is on the rise.

Inflation has significantly impacted dental practices, increasing staff wages, operations and supply costs, and lowering profit margins. It has also impacted patients’ ability to pay for services, making it difficult to increase fees to

cover expenses.

Workforce shortages are not a new concern, yet this year’s survey looked at its impact on burnout, with 41 percent of respondents reporting wanting to quit dentistry or not go to work at least monthly. Younger dentists, under the age of 44, report higher levels of anxiety than more seasoned dentists, along with a higher ratio of females than

males. The ADA has a collection of mental wellness resources available, which can be accessed on the ADA website, along with staffing resources.

In the area of pain management, dentists are typically prescribing opioids conservatively, with the majority encouraging patients to use ibuprofen or acetaminophen for pain. Younger and female dentists reported more pushback from patients requesting strong medication.

The ADA has recently published a new clinical practice guideline for pain management in children in *The Journal of the American Dental Association*.

Patients showing up under the influence of marijuana or another drug continues to be a growing concern for dentists, raising questions about how to effectively determine anesthesia in these situations, particularly when patients are not forthcoming. Notably, 50 percent of dentists reported seeing at least one patient a month under the influence of marijuana or another drug, but only 11 percent of consumers acknowledge this.

Among consumers, approximately 139 million U.S. adults have a dentist, and 81 percent of that group report having dental benefits. However, an additional 65 million consumers who have dental benefits don’t have a regular dentist. There is clear opportunity to continue to elevate the importance of dental care as part of holistic health, in addition to providing resources and messaging for our members to capture those prospective patients. Currently, 70 percent of respondents with the highest income level recognize the correlation between oral health and overall health, while only 56 percent of those from the lowest income level do.

The Council on Communication’s full report can be found at [ADA.org/2023TrendReport](https://ada.org/2023TrendReport). I hope you will find it useful not only for planning the year ahead, but to reinforce the value of the member resources the ADA continues to provide. The Council, along with all of the ADA, is focused on providing all dental professionals with the support and tools they need to succeed in their efforts to make—and keep—people healthy. We look forward to continued steps forward, together, in the year head.



*Inflation has significantly impacted dental practices, increasing staff wages, operations and supply costs, and lowering profit margins.*



*If you have not yet renewed your membership, please do so as soon as possible.*

*You will no longer be receiving communications from the ADA, NYSDA, or QCDS unless you renew for 2024.*

*Please don't let your membership lapse!*

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# A World's Fair of Dentistry Scrapbook

More than 400 dental professionals—a record attendance—participated in the recent Queens County Dental Society's World's Fair of Dentistry, held at Terrace on the Park, Flushing. Almost a dozen noted presenters attracted the large

audience, including Dr. Gordon J. Christensen, one of the most recognizable and respected authorities in the dental community worldwide. Scenes from the busy 2-day event are on this page.



# Don't Drive Blindfolded to Retirement

By Peter J. Klein

Of course, no one would ever drive a moving vehicle blindfolded. Yet, many investors today are doing just that with their finances instead of their cars. The case can be made to strongly defend the art and financial science that goes into creating a financial plan.

Many investors may fantasize about throwing out their alarm clocks and enjoying weeks on end without a Zoom meeting, but these dreams can quickly turn into nightmares when they start thinking about the "How to." How are they going to fund these dreams and maintain their idyllic lifestyle once they stop working?

Americans, it has been shown, spend more time planning vacations than planning for their financial future. That does not strike me as a strange statistic. Financial planning is difficult, requiring specific skills in understanding investment returns, tax planning, and estate planning, whereas vacation planning is much more enjoyable. Why? Because once folks realize the amount they need to spend during their retirements, which are starting earlier and earlier, they often become distraught and resort to "the ostrich" approach, also known as "a head-in-the-sand." Put it aside and postpone it for another time. It will be alright. This type of thinking often results in procrastination when it should encourage engagement. When you don't want to do the work yourself, you can seek a professional advisor who possesses extensive knowledge and experience in financial planning.

Being a fiduciary means that we do not "sugarcoat" these issues. Instead, we map them out using robust software to illustrate the unimpeachable mathematics behind cash flow-based planning. "Mr. and Mrs. Jones, as you can see in this exhibit, your expected spending in retirement is not supported by the growth of your assets. You will run out of capital before you turn..."

Okay, so the Joneses may not be super happy to hear this news and may even hold it against their advisor. However, the facts remain that they need a plan to move towards retirement in a responsible manner. For many pre-retirees, there are no magic bullets to help them reach their retirement goals. They may need to make difficult choices now, such as spending less, saving more, reallocating their savings into portfolios with longer-term capital appreciation, and possibly even retiring later. A financial plan can clearly demonstrate the impact of these choices on their financial future. A plan to achieve those dreams and vanquish the nightmares. It's not easy for some, but it's a wake-up

call for many. Working with a fiduciary-centric advisor who can explain the importance of making those tough decisions today can lead to better retirements in the future.

So, what is a financial plan? The term has been discussed for decades. A simple explanation is a cashflow-based exhibit that examines your current financial situation (income, spending, savings, asset growth) and future scenarios (retirement at 65, relocation, buying a second home, helping your children get started). The plan clearly shows the amount of money involved in each scenario. Since this is an iterative process and not an exact science, we aim to create as many scenarios as possible to help ensure that the plan

has it covered. Because the financial plan is math-based, it is also unemotional, eliminating the kind of pixie-dust thinking that simply, and irresponsibly, states that "everything will be okay." If you cannot input a figure, then it doesn't count. The financial plan is unemotional in that way, using math's exact science to provide a clear gut check to one's financial future.

Going deeper into the financial planning process, we often discuss estate planning and legacy planning as well. These elements seek to ensure that a family's wishes after their demise can be carried out using trusts and other legal documents. Ultra-high net-worth families also seek our counsel to assist them with their legacy planning. This often leads us to the family's philanthropy to ensure that legacy, whether through Donor Advised Funds or Family Foundations.

*Peter J. Klein is a principal of Aline Wealth, which is dedicated to the financial planning process. They welcome your inquiry for a complimentary discussion on how they can help you and your family develop these strategies and work alongside you to help ensure a responsible financial future. They can be reached at [aline@alinewealth.com](mailto:aline@alinewealth.com) or 631-760-7639. ALINE Wealth is a group of investment planning professionals registered with Hightower Securities, LLC, member FINRA and SIPC, and with Hightower Advisors, LLC, a registered investment advisor with the SEC. Securities are offered through Hightower Securities, LLC; advisory services are offered through Hightower Advisors, LLC.*

“

*Americans...  
spend more time  
planning vacations  
than planning  
for their  
financial future.*

”

## Dietary Concerns

QCDS wishes to accommodate the dietary needs of attendees at meetings and programs.

Anyone requiring kosher or other specialized foods should notify the QCDS office at the time of registration.

# Good Documentation for Good Defense

By Amy T. Kulb

Practicing dentistry in a post pandemic world continues to present more challenges than it ever has. Many dentists are still finding it challenging to maintain and recruit skilled staff. Caring for patients who have been non-compliant with coming in for recall visits or to complete treatment, many with financial constraints or the loss or curtailment of dental benefits, is also challenging. Increased time and expense required to comply with CDC and OSHA guidelines is, as well.

In meeting these challenges and providing good dental care, taking the time and effort to adequately document can be short changed. At the same time, Medicaid, managed care and insurance networks are auditing more aggressively than ever before and more closely scrutinizing all pre-authorizations and claims, especially in certain categories such as perio treatments and surgeries. There has also been a continuing uptick in patient complaints to the Office of Professional Discipline, the New York State Attorney General and consumer agencies. Accordingly, the neglect of clear and adequate documentation of evaluation, diagnosis, treatment planning options, and consent and resolution of complications and complaints can be very costly.

§29.2(a)(3) of the Rules of the Board of Regents states that it is unprofessional conduct to fail to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient. It further requires that records must be maintained for at least six years for all patients and for patients under 18 for one year past the age of 21. While some states statutorily define the required elements of an adequate dental record, New York does not. However, it is expected that the recordkeeping meets current standards of care. The American Dental Association website has a current documentation-patient record section which is a guide to information that should be included in every record. Up-to-date and quality EMR software templates are a worthwhile investment, along with staff training to facilitate compliance.

Many different factors can trigger a dental chart audit. Examples include patient complaints regarding quality of care or billing, utilization of certain procedure codes substantially in excess of the “mean” amongst providers or the number of procedures billed in a day exceeds the “time value” of what could be done in an average day. Many networks that previously sent “utilization” letters to dental practices are now following up with chart audits, if currently the “overutilization billing “patterns” appear to continue.

Dental insurance plans and networks cannot dictate nor substitute clinical judgment nor impose different standards of care than the current ADA recognized standards of care. Payors can, however, dictate what they pay for. In deciding whether or not to participate in a plan or program, it is essential to be educated on what is or is not covered. In submitting claims for patients and accepting payment, there similarly should be a clear understanding of what benefits the patient has. Keep in mind that you

are certifying the accuracy of every claim submitted by your biller or billing service.

When charts are submitted in an audit, the reviewer will initially look to see if the claimed service was documented and performed on the date certified in the claim, whether it was provided by an eligible provider and by the dentist identified on the claim form and whether the service matches the code and description on the claim form and was it a “covered” service under the patient’s insurance. Whether or not the patient met any deductible or co-payment requirement will also be reviewed.

Beyond this threshold, a dental reviewer will then scrutinize the chart to assess whether the treatment was appropriate (for

example, restoring a tooth with a hopeless prognosis) and/or whether there was documented dental necessity (for example, scaling/root planing with no radiographically apparent bone loss, no pocket dept charting, no perio assessment) and whether the completed treatment was acceptable (for example, open crown margins, root canal filling short of the apex). Sometimes, the problem is that the dentist did not take the time to review what records staff submitted and incomplete records were submitted. In many instances, it is not a quality of care issue and rather the problem is that there was not complete or accurate charting that, if done, would have supported the treatment.

Audit outcomes can be very costly. Demands for repayment can be made for disallowed claims within the chart sample and, under some circumstances, by extrapolating an “error” Taking the time and effort can avoid costly outcomes, if and when your charts come under review. extend to six years. There is the further potential of the insurance plan or network terminating participation and reporting it to the National Practitioner Data Bank and/or making a complaint to the Office of Professional Discipline and, in very extreme and egregious instances, reporting to law enforcement for investigation.

Accuracy and adequacy in documentation are as important for when a chart is requested by OPD and reviewed by a member of the State Board for Dentistry. At the outset, you must be certain that the chart that you are submitting is the complete dental record and, if there are any handwritten documents, that the handwriting is legible and that the x-rays are dated, clear and legible. For example, digital x-rays can be put on a disc or a drive, emailed or printed on photo paper because if simply printed on plain paper, the images will not be clear. If there are questions about what records OPD is requesting, what records OPD is entitled to or the quality and completeness of the chart, it is never too early to confer with experienced counsel before submitting the record.

In many instances, a State Board member initially reviewing the complaint will find fault and potentially make a harsh recommendation about the dentistry, when, in fact, the only fault is the documentation. It is frustrating to a Board member when a

—Continued on page 14

“  
*Taking the  
time and effort  
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outcomes, if and when  
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under review.*”

# A To-Do List for Selling a Dental Practice

By Michele Gabriel

Dr. Smith ran a reputable practice for 32 years in a growing community. She had built a loyal patient base, a dedicated staff and a thriving business. But, after decades of hard work and focus, she was ready to look ahead to retirement within a couple of years to spend more time exploring other interests.

However, selling her practice was not an easy decision. Dr. Smith had poured her heart and soul into the business and wanted to ensure it would continue thriving under new ownership. She knew the process would be complex and overwhelming, but she was determined to make the transition smooth. Her local DDSmatch Professional helped her organize the steps for a manageable approach to this monumental change in her life.

If you're a dentist considering selling your dental practice, there are many keys to a smooth transition. Here are things to do as you navigate the process:

- Start with your vision for tomorrow: Most dentists feel like Dr. Smith; selling your life's work comes with mixed emotions. Spend quality time exploring why you're ready to retire and how you'll structure your days. Will you volunteer, teach, start another business, or travel? Have you always wanted to write a book? It's essential to design your life for the next stage with the same intention you poured into your dental practice.
- Get your financial records in order: Ensure that your accounting records are up-to-date and accurate, and organize all financial statements and tax returns for the past 3-5 years. Audit your internal practice analytics and ensure the most common metrics reflect a healthy enterprise.
- Talk with an experienced transition professional: Many dentists think of a dental "broker" as someone who helps find a buyer and sets up a contract. At DDSmatch, they support every aspect of the sale process, even if you're a few years from selling. They can help you navigate the steps and find qualified buyers, but can also help you sort through options and design the ideal exit strategy.
- Prepare your practice for sale: Make necessary repairs, update your equipment and ensure your facility is in top condition. A well-maintained practice is more attractive to potential buyers. Be careful with major equipment upgrades, and discuss the potential ROI with your transition team before investing. Cosmetic remedies, like carpet and paint, can help boost a potential buyer's perception of your facility. But a new CBCT machine a year before the sale may not be the best move. Every practice is different, and an advisor can help you make decisions that boost your practice value.
- Determine your practice's worth: Get an accurate practice valuation from a professional appraiser experienced in this unique process. Certified Valuation Analysts by Blue & Company, for example, provide the most comprehensive appraisal of your practice. Their team includes specialized Certified Public Accountants focusing on medical and dental practices. A de-

tailed valuation creates trust with lenders and buyers and helps you capture the value you deserve.

- Spend time with your financial team: Dentists are accustomed to predictable monthly income and cash flow often changes after selling the practice. Practice proceeds bring tax consequences and investments can fluctuate with the economy. Discuss taxes with a CPA, and work with a comprehensive financial planner to design a strategy that produces income and peace of mind. If your sale includes real estate, work with professionals that have real estate licenses and can help structure this aspect, too.

- Create a detailed marketing plan: Finding the right buyer takes time, but leveraging technology with the human touch can streamline the process. Work with a transition team that utilizes a multi-channel approach to target potential buyers. At DDSmatch, for example, they identify a unique practice profile and share it confidentially with an extensive network of pre-screened candidates. When working with a transition team, ensure they're actively marketing with the latest techniques.
  - Find qualified buyers: A Transition Professional should understand the unique characteristics of a region and buyer pool. This may include other dentists, dental groups or private equity firms. Each buyer type brings conditions that influence the structure of an exit. Transition professionals should work closely with clients to explore all of the options and the pros and cons of each.

- Negotiate the terms of the sale: Once you've found a potential buyer, you'll want to negotiate the terms of the sale carefully with sound advice by your side. A deal includes the purchase price and payment terms, but may also include how long a dentist will stay with the practice, non-compete agreements and much more. For example, a DSO deal could mean the dental professional will continue working for another five years. Key is matching goals to the right buyer and overall exit plan.

- Plan for a smooth transition: Work with a buyer to ensure a smooth ownership transition. Consider the complex psychology of everyone in the process, including the staff, patients and overall community. A thoughtful change includes patient letters, announcements, staff meetings, and an open house. A clear communication plan can minimize disruption, including patient and staff attrition. As a result, you can set the new owner up for success while protecting your legacy and reputation.

Selling a dental practice is like placing a composite; it looks easy, but it takes many steps to produce the outcome you expect.

*If you're a dentist considering selling your dental practice, there are many keys to a smooth transition.*

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*This article is by Michele Gabriel of DDSmatch. She works to help clients navigate steps to selling a practice. "You don't have to know exactly when you'll exit dentistry to start planning; whether you're six months or six years from a career change, we can help you sort through the options in today's complex market," she said. For further information, she can be reached at [mgabriel@ddsmatch.com](mailto:mgabriel@ddsmatch.com) or 892-409-9925.*

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## Good Documentation

*Continued from page 12*

crown or an implant has failed and the evaluation, diagnosis and treatment plan is not clearly and adequately documented or an evaluation and diagnosis and treatment plan to address the complaint or complication or failure is not well documented. The burden then falls on you and your attorney to "un-ring the bell" by demonstrating that all was done within standards of care. The successful resolution would have been quicker and easier and more certain, if the documentation had been up to standards.

There are so many resources and tools available to you, including EMR software and staff training and recordkeeping courses to facilitate and maintain charting that is up to current standards. Taking the time and effort can avoid costly outcomes, if and when your charts come under review.

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*Amy T. Kulb is a member of Jacobson Goldberg & Kulb in Garden City, concentrating her practice on the defense of professional discipline matters. Further Dental Documentation information is available by contacting her at 516-222-2330 or [akulb@jngllp.com](mailto:akulb@jngllp.com).*

## Dr. Pratix Shroff

*Continued from page 1*

the annual World's Fair of Dentistry, scheduled for Saturday and Sunday, September 7-8, 2024.

Dr. Shroff, who has had a general practice in Floral Park, Queens, for 30 years, has served as a QCDS Board member, secretary and president-elect. He will take over as president of the organization following the QCDS Installation Dinner, to be held at Leonard's Palazzo in Great Neck in January.

Joining his administration will be Savitha Reddy, president elect; Chiran Reddy, vice president; Chad Gehani, secretary; and Mitchell Greenberg, treasurer.

At the dinner, NYSDA President-Elect Dr. Prabha Krishnan will be presented with the Emil Lentchner Award for her distinguished service to the dental profession for the past 30 years.

"I have known Dr. Shroff as a colleague since 1990 and have the utmost confidence in his ability to run the Queens County Dental Society in a very effective manor," Dr. Krishnan said.

ADA President Dr. Linda Edgar will attend and speak at the dinner. Joining her will be NYSDA President Anthony Cuomo and ADA Past President Dr. Chad Gehani, now the QCDS executive director. "This will be a perfect occasion for the QCDS membership to meet and have a conversation with the leaders of organized dentistry," said Dr. Shroff.


He said the installation will feature entertainment, with a DJ playing all types of music, as well as his daughter, Trisha, a professional Indian classical dancer, who has earned a diploma in Classical Indian Dance. Following in her father's footsteps, she is a second year dental student at NOVA Southeastern University in Florida.

Dr. Shroff, who was born in Mumbai, India, attended the Nair Hospital Dental School in Mumbai, where he earned a B.D.S. degree. After immigrating to New York in 1990, he joined the New York University College of Dentistry Foreign Graduate program and graduated with honors in 1994. He worked as a dental assistant to put himself through dental school and trained at the New York Hospital Medical Center in Flushing as part of the General Practice Residency Program, where he met his wife, Anjali. He then worked as an associate before opening his own practice in Floral Park.

Dr. Shroff said he plans to reach out to all stakeholders to improve the health of the residents of Queens County. "I want to make sure the public understands that good general health begins with good oral health. Oral health is essential to general health."

He said he is enthusiastic about increasing awareness of preventive dentistry and regular oral cancer screenings. For many years, he has visited local schools during February, Oral Health Awareness Month, seeking to educate children about the importance of good oral hygiene, eating healthy foods and giving oral hygiene instruction to students in kindergarten through seventh grade. He is also part of his local community's annual health fair, which focusses on senior citizen screening for oral cancer.

"I can only be successful in my goals as QCDS president if our entire Board works together as a team," Dr. Shroff said. "By working together we can have a great impact on the future of our dental society as well as the communities we serve."



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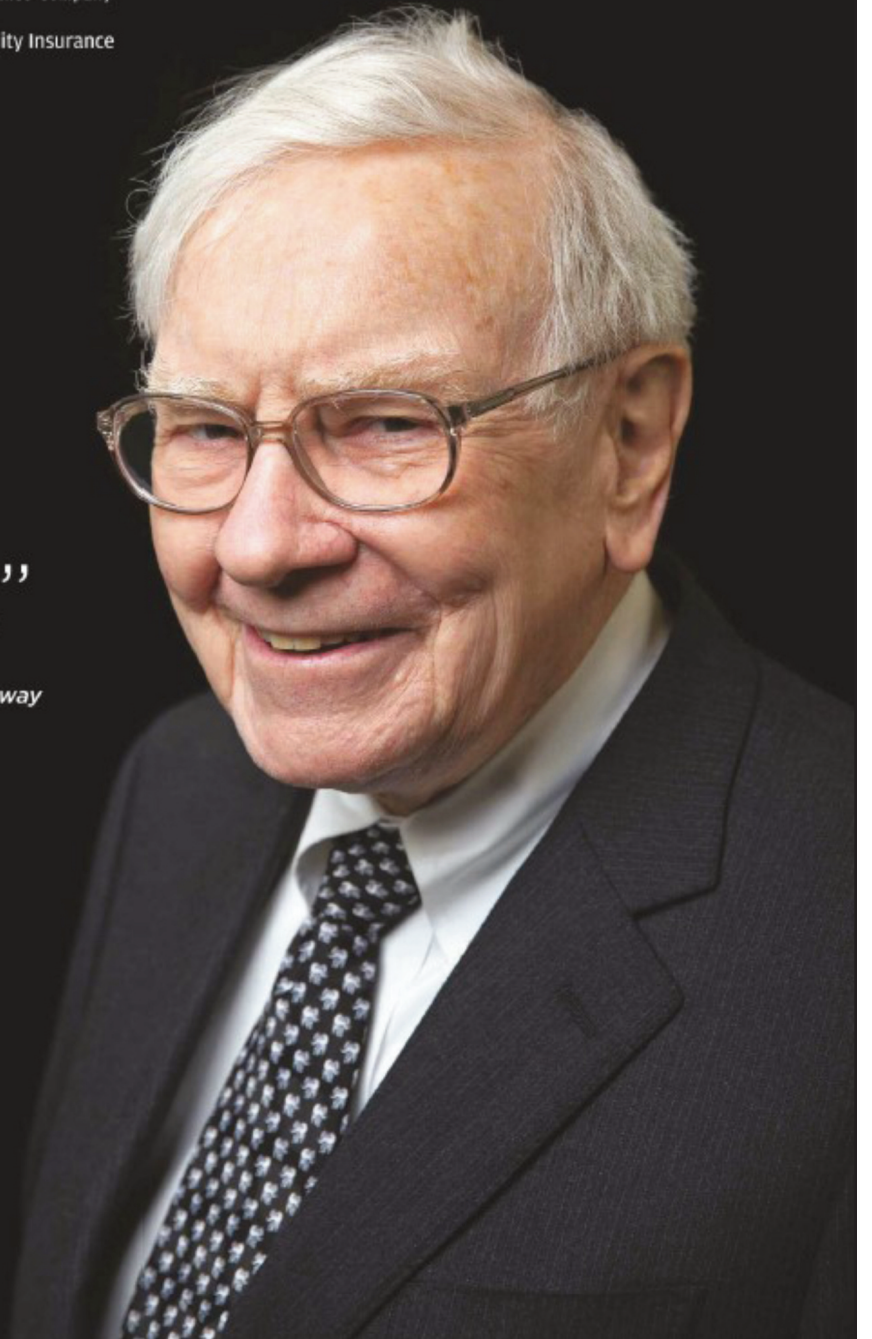
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