

From the President

reddy dental pc@gmail.com

Using Technology to Stay Competitive

By Dr. Savitha Reddy

As we continue to evolve as a profession, it is essential to embrace the advancements that shape our ability to provide exceptional care to our patients. In recent years, technology has become an integral part of our daily practice, influencing everything from diagnostics and treatment planning to patient communication and overall practice management. The integration of cutting-edge technologies has not only enhanced the way we work but also the experiences and outcomes we deliver to patients. It is critical that we continue to stay at the forefront of these developments to ensure that we provide the best care possible.

Digital Impressions and Intraoral Scanners

One of the most notable technological innovations in recent years is the use of intraoral impression materials, which often caused discomfort and was time-consuming, and are being replaced with highly accurate digital impressions. These scanners capture detailed images of the teeth and gums, resulting in quicker, more precise impressions that are more comfortable for patients. These digital scans not only improve patient comfort, but also increase the accuracy of restorations like crowns, bridges and dentures. The 3D images can be immediately shared with dental laboratories, allowing for faster turnaround times. Additionally, digital impressions can be stored electronically, eliminating the need for physical molds and providing better accessibility and organization of patient data.

CAD/CAM Technology

The integration of Computer-Aided Design (CAD) and Computer-Aided Manufacturing (CAM) has revolution-

—Continued on page 12

New QCDS Officers Taking Leadership Positions April 1

Dr. Savitha Reddy to be Sworn in as President

By Marc Katz

Dr. Savitha Reddy will be officially sworn in to office as the new Queens County Dental Society president at the organization's April 1 General Membership Meeting, along with a new slate of officers.

Dr. Reddy has made increasing QCDS membership the hallmark of her new administration. She said she plans to emphasize the reaching out to residents at area hospitals to join QCDS. "I'd like to see us invite them to regularly come to our programs," she said. "We have to reach out to the schools and encourage them to become part of our community. Perhaps we can entice recent graduates with reduced dues in our organization. We should become the place where both residents and students can network."

Joining her as new incoming officers are her husband, Dr. Chiran Reddy, president-elect; and Drs. Tinnysha Chopra, vice president; Chad Gehani, secretary; and Mitchell Greenberg, treasurer.

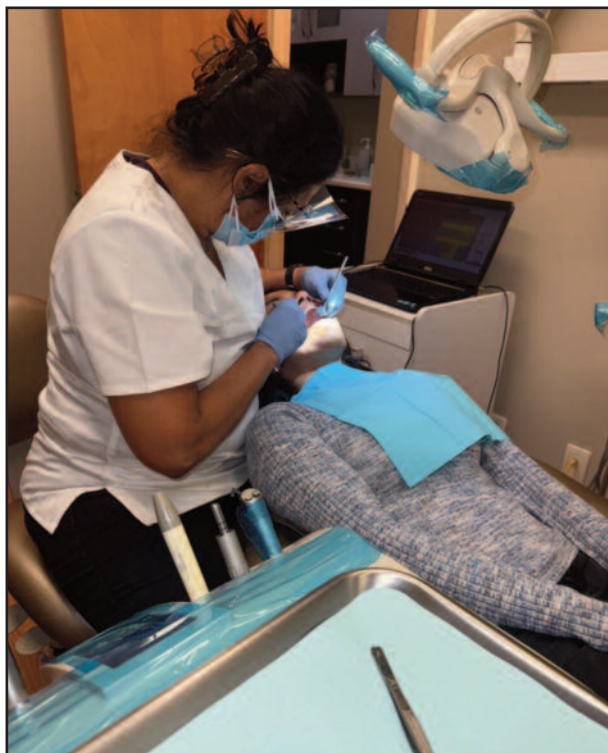
The officers will be installed by QCDS Executive Director Dr. Chad Gehani, a former ADA and NYSDA president. The current NYSDA president, Dr. Prabha Krishnan, will also be in attendance. She is also a former QCDS president.

The QCDS membership is invited to attend the installation, to be held at QCDS headquarters, beginning at 7 p.m. The installation will feature a guest speaker, earning two C.E. credits for those in attendance. The installation will be celebrated at a dinner

for the new officers and Board of Trustees on April 22.

Dr. Reddy and her husband, who she met in dental school, share a Floral Park office. "Dentistry has sort of been a family business for us," she said recently. The Reddy dental office offers patients general dentistry, including restorative, endodontic, pediatric, oral surgery, and prosthetic services, among other specialties.

After opening their dental office in Queens in 1998, the Reddys both became active in QCDS, regularly participating in continuing education courses and serving on the Board of Trustees for a number of years. Savitha has also served as the QCDS vice president and secretary.



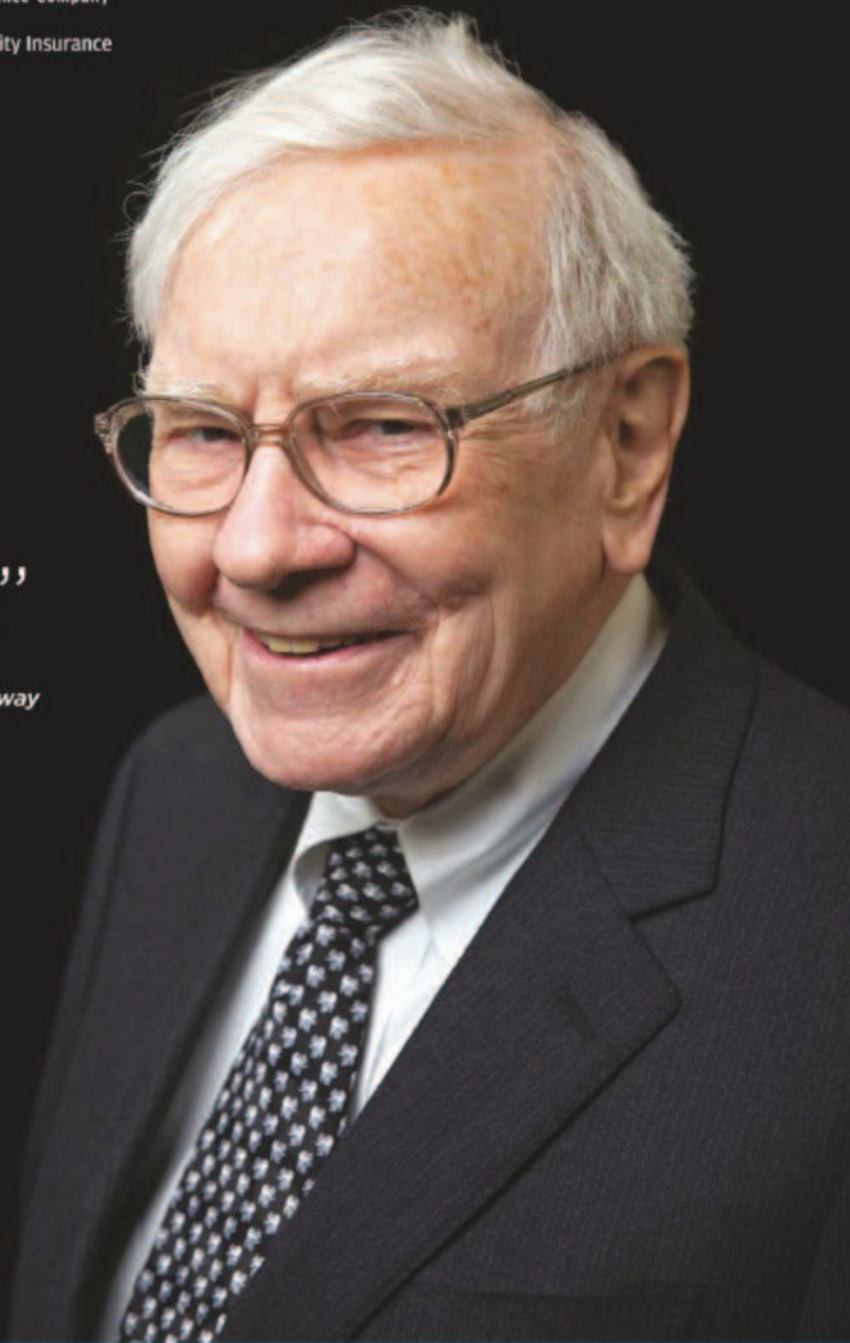
Incoming QCDS President Dr. Savitha Reddy, with a patient in her Floral Park office.



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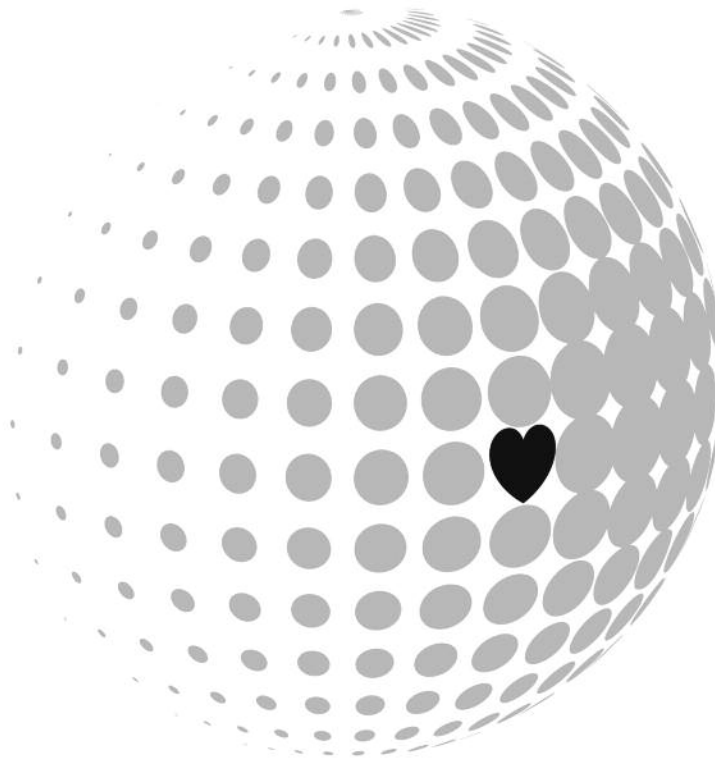
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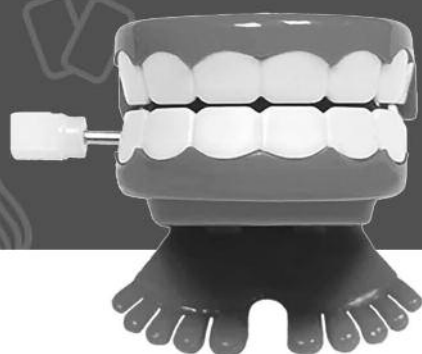
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From the President

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Using Technology to Stay Competitive

By Dr. Savitha Reddy

Continued from page 1

ized the process of creating dental restorations. CAD/CAM systems allow for the design and fabrication of crowns, bridges, veneers, and even orthodontic appliances in a single visit. The patient's digital impression is used to design the restoration, which is then fabricated using a milling machine or 3D printer in-office or at an external lab.

This technology offers multiple advantages, such as reduced chair time for patients, faster delivery of dental restorations and highly accurate, well-fitting results. It also provides the opportunity for practitioners to provide immediate care, improving patient satisfaction and reducing the number of follow-up visits.

3D Printing in Dentistry

3D printing is quickly becoming an essential tool in dentistry, offering new possibilities for patient care. This technology allows for the creation of precise models, surgical guides, dental implants, and even prosthetics. Dentists can now design and print models of a patient's teeth and jaw in 3D, providing more accurate planning for treatments such as implants, extractions, and orthodontics. For example, 3D printing enables the rapid production of surgical guides for implant placement, ensuring the correct angle, position and depth for successful implantation. Similarly, it is being used to print custom prosthetic devices and orthodontic aligners with remarkable precision.

Artificial Intelligence (AI) and Machine Learning

As previously discussed, AI is playing an increasingly important role in dental diagnostics and treatment planning. AI-based algorithms are being trained to analyze dental images, such as X-rays and 3D scans, to detect cavities, bone loss and even early signs of oral cancer. By analyzing large datasets, AI can help identify patterns and abnormalities that may be difficult for the human eye to detect, providing early intervention and improving diagnostic accuracy.

Machine learning, a subset of AI, has applications in predicting patient outcomes, suggesting personalized treatment plans and optimizing practice management. AI-powered tools can recommend the best treatment based on a patient's medical and dental history, leading to more efficient and effective care. In the near enhancing precision in complex procedures.

Tele-dentistry

Through video consultations, virtual exams and remote monitoring, dentists can offer consultations, follow-up care and advice without requiring patients to come into the office. Tele-dentistry has proven to be effective in screening for oral health conditions, managing chronic diseases and providing post-treatment follow-up, especially during a public health crises such as the COVID-19 pandemic.

Laser Dentistry

Laser technology in dentistry is gaining widespread use for various soft and hard tissue procedures. Lasers offer a precise, minimally invasive way to treat a variety of dental conditions.

They are used for procedures such as gum reshaping, cavity treatment, teeth whitening and even removing tumors or cysts. Laser treatments are generally less painful, require less anesthesia and often result in quicker recovery time for patients. This technology also minimizes bleeding and reduces the risk of infection, making it a preferred option for many dental professionals and patients.

Robotic Surgery and Robotics-Assisted Procedures

The use of robotic surgery in dentistry is still in its early stages, but it holds great promise for improving the precision and efficiency of certain procedures. Robotics-assisted systems, such as The Yomi Robot, allow for more accurate placement of dental implants and other complex oral surgeries. These robotic systems provide real-time guidance, which helps surgeons achieve the optimal angle and depth when performing implant surgery. Robotic assistance offers greater precision and predictability, ultimately enhancing patient outcomes and reducing complications.

Patient Management Software and Electronic Health Records

On the administrative side, patient management software and Electronic Health Record (EHR) systems have transformed the way dental practices manage patient information. These digital platforms streamline the patient experience from scheduling appointments and billing to maintaining comprehensive medical records. EHR systems improve patient care by providing dentists with a centralized database of patient information, medical histories, allergies and treatment progress. This helps ensure that patient care is accurate, timely, and consistent. Additionally, patient management software can assist in tracking treatment progress, sending appointment reminders and processing insurance claims more efficiently.

Conclusion: The Future is Now

The integration of technology in dentistry is accelerating at an unprecedented rate, and it is essential for us to embrace these tools to improve patient care, enhance practice efficiency and stay competitive in the ever-evolving field of dentistry.

As dental professionals, we must continue to adapt, learn and invest in the technologies that will drive our practice forward. Together, we have the technologies to leverage these innovations to provide the highest standard of care to our patients while creating a more efficient, sustainable and patient-friendly practice environment. Let us continue to explore and implement these technological advancements, ensuring that we are not only keeping pace with change but leading the way for the future of dental care. The integration of AI in dentistry is still in its early stages, but the potential it holds is undeniable.

As your president, I urge all of you to stay informed about these emerging technologies and how they might enhance your practice. We must not only embrace innovation, but also lead the charge in setting standards for its ethical and responsible use.

Thank you for your commitment to excellence and for embracing the future of dentistry with enthusiasm and dedication.

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A Financial Checklist for the New Year

By Peter J. Klein

The start of a new year is a great time to assess where things stand and get your financial house in order. As changes in your life occur, are you adjusting your financial plan accordingly? Here is a ten-point checklist of key areas of your financial life.

1. Life Changes (e.g. retirement, new family members, change of residence, etc.)

- Do you expect changes in your personal life that will significantly impact your financial plan (switching jobs, changing your marital status, moving to another residence, etc.)?
- Are there significant events occurring that will impact your family members, such as children going to college or getting married, parental needs, etc.?

2. Overall Financial Plan Updates

- Do you have a documented financial plan that has been reviewed within the past six months?
- Do you expect significant changes to your income and expenses in the upcoming year?
- Does your budget reflect your values and priorities?
- Have you taken into account long-term compensation (e.g., stock options, restricted shares, etc.) and long-term savings (e.g., retirement plans)?

3. Emergency Savings

- Do you have an emergency fund that would cover three to six months of expenses?
- Is your emergency fund able to be accessed easily if necessary?

4. Insurance Policies and Coverage

- Homeowners/renters: is it sufficient to cover your home and property against disasters?
- Life insurance: will it replace your income for your dependents?
- Disability insurance: do you have income support if you are injured or disabled?
- Healthcare insurance: do you have suitable healthcare insurance?

5. Credit Card Review

- Are your current loans or credit cards at higher-than-market rates? Should you consider refinancing or consolidating these loans?
- If you have outstanding loans or credit, do you have a plan for paying back what you owe in a timely manner?

6. Gifting to Heirs or Charities

- Have you considered making gifts to heirs while you are living to reduce the size of your estate?
- Do you have a charitable giving strategy? Have you considered bunching charitable donations for potential tax benefits?

7. Estate Plans and Associated Legal Documents

- Do you have an estate plan in place that accurately reflects your intentions?

- Do you have a living will, healthcare directive, healthcare proxy and durable power of attorney?
- Have any changes occurred that might require updates to these documents?

8. Tax Changes That May Impact You

- Did any tax law or IRS rule changes occur that will impact your financial planning? These could include the following:
 - Changes in tax rates or deductions
 - Changes in contribution limits to retirement accounts
 - Changes to required mandatory distributions from retirement plans

9. Eligibility for Benefits and Retirement Planning Opportunities

- If eligible, should you take advantage of catch-up contributions to your retirement accounts or HSA?
- Are you hitting one of the key dates for eligibility for a government benefit or incentive this year (e.g., 50 for catch-up retirement account contributions, 62 for Social Security, 65 for Medicare or 70.5 for qualified charitable distributions)?

10. Retirement Income Plan (If Retired or Semi-Retired)

- Have you reviewed the status of your income sources (Social Security, pension payments, annuities, etc.)?
- Have you reviewed your retirement expenses?
- Do your required minimum distributions (RMDs) cover the balance of these expenses?
- Is your retirement plan able to weather the key retirement risks (e.g., longevity, healthcare, inflation and poor market returns)?
- Have you made adequate accommodations for healthcare needs, including appropriate Medicare options?

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Nominating Committee, Actively Forming, Urgently Seeking Candidates as Officers

By Dr. Savitha Reddy

At the May 2025 Queens County Dental Society General Membership meeting, nominations and election of three members and alternates of the Nominating Committee will

received by the executive director within ten days of the report of the Nominating Committee.

The Nominating Committee will meet in June. The QCDS president will determine the date of this meeting. This meet-

The members of the Nominating Committee will consist of:

- The last two immediate past presidents
- Two members to be elected by the Board of Trustees at its April 2025 meeting
- Three members to be elected by the membership at the May 2025 membership meeting
- Three alternates to be elected by the membership at the May 2025 membership meeting
- The president acting as the chair without the right to vote.

be made. The election of officers, including members of the QCDS Board of Trustees, is scheduled for the November 4 Membership Meeting. The Nominating Committee will report its recommendations at the October 7 Membership meeting.

Additional nominees will be added for any elective position upon the receipt of a petition signed by 20 members and

ing may happen via Zoom or be postponed to July or August. Any member may request his or her candidacy. The request should be sent to the Nominating Committee, Queens County Dental Society, 86-90 188 Street, Jamaica, NY 11423, or emailed to QueensCountyDentalSociety1@gmail.com. Include a letter of intent indicating the position of interest and a current CV. This request must be received before June 1, 2025.

The Legalities of Office X-Ray Equipment

By Martin Schnee

There are two topics to bring to your attention to avoid confusion and possible citation from inspectors.

The first is a reminder of the rules in section 175.49 (a)2 which requires all dental facilities to have documented initial training and then continuous annual evaluations of all x-ray operators. The regulations require a minimum of six topics to be addressed. The City will not be asking to see how you train, but does require some proof that the training and evaluations were performed.

There is an additional requirement in this section that most offices miss: a requirement to have policies pertaining to general regulations regarding x-rays and radiation. Examples would be a policy for pregnant x-ray workers, pregnant patients, ALARA and holding patients. These are topics covered during a CRESO inspections, which tends to last for three to four hours. An inspector should not just inspect, but educate and distribute instructive, useful forms.

**The City
will not be asking
to see how you train,
but does require
some proof that the
training and evaluations
were performed.**

The second topic is to advise dentists who are retiring that the x-ray equipment in your possession is your responsibility and your permit does not cancel if it expires. You must inform the New York City Office of Radiological Health when you would like your permit to be cancelled. In addition, you must indicate to the City the disposition of your equipment. A New York Disposition Form is an official way to declare your actions. This form is also used when you are replacing an old or broken x-ray unit. You are responsible to disassemble, sell or donate your old units and inform the City who has done this for you or who you have transferred the unit to.

New x-ray units are the responsibility of the installer. They must submit a copy of an FDA 2579 form to the FDA, New York City and the dentist when a new or used x-ray machine is put into an office.

Martin Schnee, a licensed and experienced CRESO inspector, is available for personal consultations. He can be reached at 718-373-6348; or 718-986-4996.

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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 2025. Please don't let your membership lapse!

Call the QCDS Executive Director at 718-454-1020 if you are experiencing temporary financial difficulties to explore possible options.



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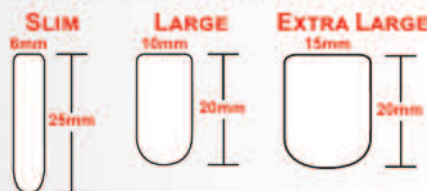
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1. Spivak, J Biomed Mater Research, 1990; 2. Ricci, J Oral Maxillofacial Surgery, 1992; 3. Valeri, J Oral Implantology, 2002.

Clinical Case Example

Clinical images courtesy of German Murias DDS, ABOI/ID

1. Tooth #15, set to be extracted.

2. Remove the entire pathologic periodontal ligament and flush socket twice. Use #6 carbide bur, make holes through the Lamina Dura to trabecular bone and establish Regional Acceleratory Phenomenon.

3. Insert Large or Slim sized OsteoGen® Bone Grafting Plugs and allow blood to absorb.

4. Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain Plug. Do not suture through Plug. No membrane is required.

5. OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement.

6. As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque.

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References

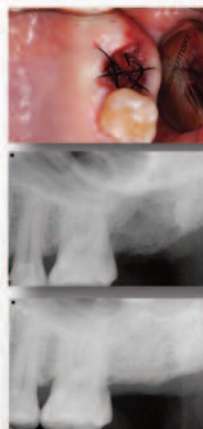
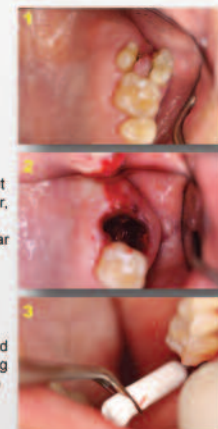


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The collagen promotes keratinized soft tissue coverage while the OsteoGen® crystals resorb to form solid bone. In this image, a core sample was retrieved.

Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation.



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