



PRESIDENT'S MESSAGE

AARATI KALLURI, D.D.S.



It's been an incredible 27-year journey, full of learning, meaningful connections, and exposure to diverse cultures and environments.

I grew up in a middle class family of academicians and researchers who taught me the value of hard work, perseverance, and ethical service.

What is my purpose to be here today? Because I believe deeply in the power of education and awareness. In our fast paced world, constant evolution is the norm. That's why we need to embrace fresh ideas and find ways to work smarter—so our healthcare teams can deliver safer, more effective care at the point of need.

As a mother of two, I get it: we all crave a regulated, trustworthy healthcare system where our families feel safe. I have worked alongside people from all walks of life. What matters most? Empathy and accommodation—these are the cornerstones of excellent care for Oregonians.

I earned my Bachelor's and Master's in Prosthodontics from India in 2003, then taught and practiced there. In 2005, I moved to Oregon, settling with my husband and had two lovely kids. In 2008, I graduated from UCSF with my DDS degree. I was awarded a Fellow of the Academy of General Dentistry in 2021—and now, this year, I'm earning the Mastership (MAGD). My drive to learn and excel continues stronger than ever.

I spent a couple of years working in Oregon before building my practice from the ground up. I'm passionate about clinical work and grateful to serve our community.

Five years ago, I joined the Board of Dentistry. I've had the privilege of working alongside of my colleagues and staff to help bring new systems and ideas that will help us abide by the mission statement of Oregon Board of Dentistry:

"To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals."

Today, I shared my 27-year journey—rooted in education, empathy, and ethical care. Now, as we move forward together, I want each one of you to bring one new idea, one small change, into your practice or workplace. Because when we act thoughtfully, we don't just treat—we transform."

"Empathy. Innovation. Trust. Three pillars for healthcare that serves families—our families in Oregon." ■

BOARD STAFF

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BOARD MEMBERS



AARATI KALLURI, D.D.S.

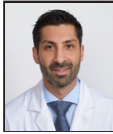
PRESIDENT
HILLSBORO

SECOND TERM EXPIRES 2029

SHEENA KANSAL, D.D.S.

VICE PRESIDENT
PORTLAND

SECOND TERM EXPIRES 2029



REZA SHARIFI, D.M.D.

PORTLAND

SECOND TERM EXPIRES 2027

KRISTEN SIMMONS, R.D.H.

HILLSBORO

FIRST TERM EXPIRES 2028



GINNY JORGENSEN

WILSONVILLE

FIRST TERM EXPIRES 2028

SHARITY LUDWIG, R.D.H.

BEND

FIRST TERM EXPIRES 2026



OLESYA SALATHE, D.M.D.

CLACKAMAS

FIRST TERM EXPIRES 2028

TERRENCE CLARK, D.M.D.

WEST LINN

FIRST TERM EXPIRES 2026



MICHELLE ALDRICH, D.M.D.

SALEM

FIRST TERM EXPIRES 2026

KIESHAWN LEWIS

TIGARD

FIRST TERM EXPIRES 2029



SCHEDULED BOARD MEETINGS

2025 -26

- June 13, 2025
- August 22, 2025
- October 24, 2025
- December 12, 2025
- February 27, 2026
- April 24, 2026
- June 12, 2026
- August 21, 2026
- October 23, 2026
- December 11, 2026

A WORD FROM THE EXECUTIVE DIRECTOR

STEPHEN PRISBY



Outgoing President Reza Sharifi, DMD & Incoming President Aarati Kalluri, DDS

A Time of Reflection and Transition

As we pass the halfway point of 2025, I want to take this opportunity to share key updates from the Oregon Board of Dentistry (OBD) and reflect on the important work we all do to ensure the integrity and advancement of oral healthcare in our state.

Leadership Transitions

At our April Board Meeting, we thanked outgoing President Dr. Reza Sharifi for his dedicated service since joining the Board in 2019. A skilled Oral Surgeon and holder of a General Anesthesia Permit, Dr. Sharifi made significant contributions during his tenure.

We also extended our gratitude and best wishes to Chip Dunn, who served two full terms (2017–2025) as a public member. We are pleased to welcome Mr. Keshawn Lewis as his successor—you will learn more about Mr. Lewis in this newsletter.



(Left to Right) Reza Sharifi, DMD, Chip Dunn & Stephen Prisby

The Board has elected Dr. Aarati Kalluri as the new OBD President for the term April 2025 – April 2026. Her leadership will coincide with key initiatives, including:

- Implementation of the 2025–2027 Budget, featuring selective fee increases
- Anticipated updates to the Dental Practice Act later this year
- Development of our next Strategic Plan, building on the success of 2022–2025

Licensees and stakeholders will be invited to complete a strategic planning survey soon—your ideas and feedback are essential.

Workforce Trends & Access to Care

The Board remains focused on access to dental care across both rural and urban communities. We continue to track:

- Workforce availability
- Licensure portability
- Expanded roles for dental hygienists and dental assistants

The Dental Assistant Workforce Shortage Advisory Committee (DAWSAC), established in Fall 2023, meets quarterly to provide guidance and input. The OBD has shown its commitment to transparency and openness, responding to concerns about applications, scope of practice, and regulatory clarity.

We are working closely with professional associations, legislators, academic institutions, and community partners to explore innovative, evidence-based solutions—ensuring access to care without compromising safety or quality.

Enforcement & Ethics

Protecting the public remains at the core of our mission. Over the past five years, the Board has:

- Received and reviewed approximately 190 complaints per year
- Taken disciplinary action in about 26 cases annually
- Maintained a licensee base of around 8,000 providers (4,400 dental hygienists, 3,600 dentists)

Every complaint is reviewed with care and attention. While serious violations are addressed through appropriate enforcement, we remain equally committed to fairness, education, and ethical rehabilitation. Prevention through clear guidance is always preferable to post-incident discipline. In my experience, OBD licensees provide excellent care and customer service, and serve Oregonians safely and ethically.

Looking Ahead

As we prepare for upcoming rule changes and consider the impacts of the recently concluded 2025 legislative session, the Board will continue to:

- Promote regulatory clarity and consistency
- Review rules with input from committees and stakeholders
- Align with best practices across the profession

Stay tuned for updates from upcoming Board and committee meetings.

A Call to Engagement

To all licensees: stay engaged. Your involvement is vital—read our communications, attend meetings, respond to surveys, and reach out with questions or concerns. Together, we uphold a profession rooted in excellence, accountability, and public service.

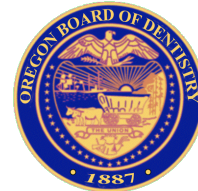
Thank you for your commitment to dentistry and dental hygiene, and for the compassionate care you provide to Oregon communities every day.

Since joining the Board in 2012 and becoming Executive Director in 2015, I have worked to uphold five key values in my service to the state:

Brevity – Equity – Fairness – Focus – Courtesy

I look forward to hearing from you if you have any questions or comments. ■

Stephen.Prisby@obd.oregon.gov
971-673-3200



FREQUENTLY ASKED QUESTIONS ■ ■ ■ ■ ■

Q: Do I need a sedation permit to prescribe for anxiolysis?

A: In accordance with OAR 818-026-0030(7) - When a dentist utilizes a single oral agent to achieve anxiolysis only, no anesthesia permit is required. Please be aware that a licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age (OAR 818-026-0020).

WELCOME



The OBD welcomed a new public board member on April 1, 2025. His term will end on March 31, 2029. Kieshawn Lewis is an Oregon resident and proud alumnus of Portland State University and the University of Southern California. With an early passion for dentistry and aspirations of becoming a maxillofacial surgeon, his career ultimately led him into the tech industry, where he started as an engineer and grew into a leadership role in Human Resources, specializing in diversity, equity, inclusion, and talent development. His curiosity about dentistry, combined with his background in engineering and people-focused leadership, reflects his deep commitment to problem-solving and helping others. In his free time, Kieshawn enjoys spending time with his family, working out, and exploring all the world has to offer while always seeking ways to give back in return. ■

NEW STAFF INTRODUCTIONS



Meet New OBD Investigator – Gabriel Kubik

Originally from Iowa, I've proudly called Oregon home since 2004. With over 15 years of experience in law enforcement, my career has spanned both military and civilian public safety roles. I began as a Military Police Officer, serving with distinction before advancing to the role of Military Police Investigator. Later, I dedicated a decade to the Oregon Department of Corrections, focusing on safety, accountability, and the rehabilitation of inmates.

I earned my Bachelor of Applied Science in Criminal Justice from Portland State University, graduating summa cum laude in 2021—an honor that reflects my commitment to academic excellence and lifelong learning.

For the past year, I've been working with the Oregon Board of Dentistry, and I've thoroughly enjoyed the transition into this new role. It's been an exciting and rewarding change, allowing me to apply my experience in a fresh, impactful setting.

Outside of work, I'm a devoted father and outdoor enthusiast.

Whether skiing, backpacking, or traveling, I love exploring the outdoors with my daughters, ages 12 and 15. These shared adventures help us stay connected and grounded in the beauty of the natural world. ■

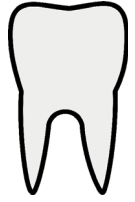


Meet New OBD Office Specialist – Dawn Dreasher

I joined the Oregon Board of Dentistry as Office Specialist on August 19, 2024. Born and raised in Chicago, I arrived in Portland (via Denver) in 2005. I graduated from the University of Colorado with a BA in Philosophy.

At law firms in Chicago and Denver, I served as a legal assistant in the areas of real estate and civil litigation. I also bring my experience as an executive assistant in the reinsurance industry. I strive each day to provide excellent customer service and to support the talented and dedicated people working to fulfill the Board's mission.

Outside of the office, I enjoy exploring on foot – especially hiking, backpacking, and dog walking. I spent many years as a youth mentor in the BSA scouting program and continue to roam the beautiful Pacific Northwest wilderness with my husband and two adult children. ■



Have you moved or changed work locations recently?

ORS. 679.120(4), 679.615(5), and 680.074(4) requires that licensees update the Board within 30 days of any change of address.

To update your contact info, please go to www.oregon.gov/dentistry and click "Licensee Portal" for instructions.

CLARIFICATION ON RADIOGRAPHS

The Oregon Board of Dentistry (Board) regularly receives questions about the requirement for radiographs/X-rays and how often they are required.

The decision about whether and/or when to take radiographs is the responsibility of Oregon licensed dental professionals, including Dentists, Dental Therapists, or an Expanded Practice Permit Dental Hygienist. It should be based on factors including the patient's oral health, patient's age, the risk for disease, and any sign or symptoms of oral disease that a patient may be experiencing.

The Oregon Board of Dentistry does not have a time requirement for how often radiographs or X-rays are to be taken. So, if your Dentist says we (the Board) require X-rays every six months or every year, that is not true.



The dental professional uses their professional judgment to decide when radiographic imaging is clinically indicated, not the patient.

Dental radiographs are an important diagnostic tool to assist your dental professional in treatment planning, and it is the responsibility of the treating dental professional to determine how often they are needed.

The Board takes the following into consideration when it reviews care provided by our licensees:

Oregon Revised Statute (ORS) 679.140(4) states: "In determining what constitutes unacceptable patient care, the board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice Dentistry in this state, the current teachings at accredited dental schools, relevant technical

reports published in recognized dental journals, and the desirability of reasonable experimentation in the furtherance of the dental arts."

In order to diagnose dental pathology and complete an adequate examination on a new or existing patient, the dental professional must have adequate dental radiographs, periodontal probings (if appropriate), and a current medical history. If pathology is diagnosed during the dental examination, the dental professional is obligated to explain the problem, the treatment options, the risks of providing or not providing the treatment, and answer questions. The dental professional is also required to document in the patient's records any dental pathology that is diagnosed during the examination.

When treatment is provided, the dental professional is expected to have obtained the patient's informed consent prior to providing the treatment. Patients may choose to refuse diagnostic tests, dental radiographs, or recommended treatment. A dentist is not obligated to treat a patient who does not agree with a treatment plan, including X-rays. The Board cannot mandate that dental professionals provide unacceptable patient care, and the Board cannot force a licensee to provide treatment for a patient if, in their professional judgement, they do not have the ability to obtain an accurate dental diagnosis or dental justification for treatment. ■

FREQUENTLY ASKED QUESTIONS EXPANDED PRACTICE PERMITS

Q: What is a collaborative agreement?

A: A Collaborative Agreement is an approved agreement between a licensed dentist and an Expanded Practice Dental Hygienist (EPDH), which allows that EPDH to perform some or all of the following services while practicing under their EPP: Administering local anesthesia (if the EPDH also has a local anesthesia endorsement); administering temporary restorations without excavation; and prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement. The Collaborative Agreement should also contain agreed-upon referral parameters.

Q: Do EPDHs need to have a Collaborative Agreement to practice under their EPP?

A: No. However, the EPDH may not provide any of the services listed in the previous answer while working under the EPP unless they have a current Collaborative Agreement that has been approved by the OBD.

PATIENT RECORDS

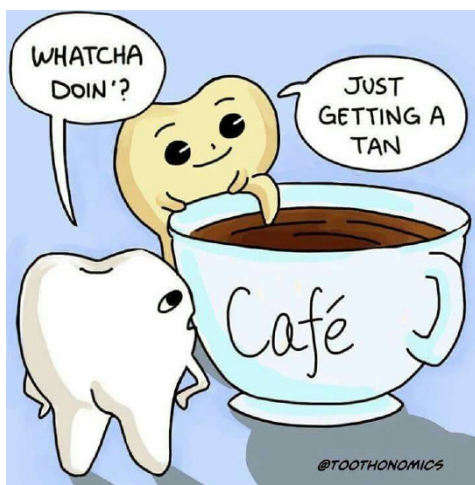
The OBD regularly interacts with unhappy consumers and also Licensees who are frustrated in trying to track down patient records. Please do your best to ensure patient records are transferred appropriately in all circumstances: patients transferring offices, retiring, relocating, or closing a practice.

Professional relations, customer service and doing the right thing should ensure patient records are transferred in a timely manner and will reduce the number of complaints the Board receives every year. It will also speed up investigations and the time it takes to close board cases.

Diagnostic Records — in general patient records need to be transferred or given to the patient within 14 days. You do not need a written request to do it.

When changing practice locations, closing a practice location, or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location, or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.

Please review OAR 818-012-0032 Diagnostic Records and 818-012-0070 Patient Records for more detail and specific language in the rules. ■



OAR 818-021-0115 DISPLAY OF LICENSES

Every licensee of the Board shall have conspicuously displayed their current license in every office where that licensee practices in plain sight of the licensee's patients.

Licenses are available for printing 24/7 on the licensee portal!

<https://online.oregondentistry.org/#/>

OREGON WELLNESS PROGRAM



All licensees — dentists, dental therapists, and dental hygienists — have access to highly confidential mental health services through the Oregon Wellness Program (OWP). Self-referral is all that is required and the Board is not involved or aware of anyone accessing it.

Any Licensee may contact the OWP and receive up to eight free visits per calendar year. Interested licensees can make a self-referral by visiting the OWP website to review available providers and contact providers directly to schedule an appointment. Visits are available in-person or via telehealth. There is no reporting to a primary health provider or billing of insurance.

The Oregon Board of Dentistry is committed to mental wellness and supportive of our licensees utilizing all available tools for success in their practice and in all aspects of life.

<https://oregonwellnessprogram.org/>



For program questions or help choosing a mental health provider, call [541-242-2805](tel:541-242-2805).

If you are experiencing a mental health crisis, call 9-1-1 or 9-8-8.

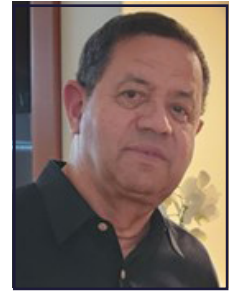


OREGON BOARD OF DENTISTRY

LETTERS OF CONCERN

Angela M. Smorra, DMD

Bernie Carter, DDS



A "Letter of Concern" is used by the Board to address a specific issue with a Licensee's documentation, clinical care, behavior, or actions. It is a way to formally communicate concerns without necessarily imposing formal disciplinary action taken by the Board. The goal of this type of Board action is to outline a specific concern, reinforce relevant standards, and may include suggestions for improvement. The purpose is to inform and document the concern, as well as give the Licensee an opportunity to address any issues and work towards improvement.

- Once the Board receives a written complaint regarding a Licensee, the Board is mandated by statute to open a case and investigate the complaint until resolved by Board Action.
- The Board carefully considers the totality of the facts while remaining consistent and considering circumstances relevant to each individual case. The safety of the public is of paramount importance, and disciplinary actions are calculated to aid in the rehabilitation of the Licensee.
- The final Board Action can include public notice of proposed discipline or confidential motions finding No Violation, No Further Action, or issuing a Letter of Concern (LOC).
- The minutes of the Board meeting, which are open to the public, will reflect only the case number if the outcome is confidential. The Licensee will not have their name published by the Board.
- The specific information of the LOC is not reported to the National Practitioner's Data Bank
- In general, Licensees may receive a LOC for minor violation(s) of Statutes and/or rules of the Dental Practice Act (DPA).
- Investigatory information obtained by an investigator and the report issued by the investigator are exempt from public disclosure.
- If the Licensee's violation(s) of statutes and/or rules of the DPA contained in the LOC emerge as a recurring trend with the Licensee, the Licensee may be disciplined for those violations by the Board through a future Board action.
- The Letter of Concern received by the Licensee (respondent) and the complainant may state the specifics of the LOC.

- All Licensees and Complainants are encouraged to resolve patient related and non-patient related complaints, if possible, prior to a complaint being submitted to the Board for investigation.
- The action required of the Licensee receiving a Letter of Concern, may verbally state, "Licensee is reminded to assure that they complete.....*[(the articulated Board action(s))]*."

Below are 12 specific examples of areas of concern the Board has noted in recent cases, and relevant Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR).

1. Reminding Licensee of the importance of case selection when treatment planning the surgical removal of impacted teeth. **OAR 818-012-0010, 818-012-0070(1)(b)(c)**
2. Reminding Licensee to not allow their Healthcare Provider BLS Certification to lapse, even if they have not been practicing during a brief period. **OAR 818-012-0030(18)**
3. Reminding Licensee to assure they document the number and types of radiographic images taken and the radiographic findings of each image. **OAR 818-012-0070(1)(f)**
4. Reminding Licensee to assure they document that informed consent has been obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or its equivalent. **OAR 818-012-0070(1)(c)**
5. Reminding Licensee to assure they do not document conflicting notes about types of restorations completed. **OAR 818-012-0070(1)(d)**
6. Reminding Licensee to assure their preoperative radiographic imaging allows for careful consideration of all potential risks or complications of the teeth they extract. **OAR 818-012-0070(1)(b)(c)(d)**

7. Reminding Licensee to assure their permanent restorations have sound margins, adequate resistance form, and adequate retention form. **ORS 679.140(1)(e)**

8. Reminding Licensee to assure they notify the Board in writing of their intent to use the services of a qualified anesthesia provider. **OAR 818-026-0080(8)**

9. Reminding Licensee to assure they complete all required continuing education hours, including those related to Cultural Competency, Infection Control, and Pain Management, within the required license renewal period. **OAR 818-021-0060(5)(6)(7)**

10. Reminding Licensee to assure that, when they utilize a qualified anesthesia provider, it is documented that the sedation permit holder has assessed the patient's responsiveness and met discharge criteria prior to releasing the patient. **OAR 818-026-0080(6)**

11. Reminding Licensee to assure they provide all required implant information to the patient in writing and document it in the patient record when they surgically place dental implants. They are reminded this includes all of the following: the manufacture brand; design name of implant; diameter and length of the implant; lot number; reference number; and expiration date. **OAR 818-012-0070(4)**

12. Reminding Licensee to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience in surgical management of complex surgical extractions. **OAR 818-012-0010(2)**

While some of these violations could result in immediate disciplinary action, the focus of LOCs is on improvement. LOCs are meant to encourage positive change, rather than a public disciplinary action. All Licensees should review the ORS and the OARs of the Dental Practice Act to ensure compliance with the statutes sets by the State of Oregon and administrative rules set by the Oregon Board of Dentistry. ■



DENTAL ASSISTING

The Changing Opportunities and Recognition of Oregon Dental Assistants; Implementation of Local Anesthesia Functions Certificate (LAFC)



According to Marilyn Wilson, EFDA, EFODA, LAFC “waiting for her dentist to numb the patient” is no longer necessary now that she successfully completed an Oregon Board of Dentistry (OBD) approved Local Anesthesia Course for Oregon Expanded Functions Dental Assistants (EFDAs). Having acquired the Local Anesthesia Functions Certificate (LAFC), Marilyn is allowed to perform this procedure for dental patients in Dr. Dean Gregson’s dental practice in Milwaukie, Oregon, where she has been employed for 11 years.

Marilyn enrolled in an OBD approved 65-hour local anesthesia course as one of the first Oregon EFDAs to do so. Dr. Gregson and the dental hygienists employed in his practice encouraged and supported her decision to expand her knowledge and advance her dental assisting career by taking this challenging course.

Having an EFDA in the dental practice who can provide local anesthetic for restorative patients alleviates the need to wait for the dentist or to ask the hygienists to leave their hygiene patient to anesthetize a restorative patient in the next operatory. The time savings supports the dental practice and lessens the “chair-time” for the dental patients. It is a “win/win” for all.

Marilyn graduated from the Portland Community College Dental Assisting Program in 1997 where she received her OR-EFDA, OR-EFODA and Pit and Fissure Sealants Certificates. Her 28-year career has seen many changes. Mrs. Wilson mentioned that dental assistants have so many important responsibilities in a dental practice that are way beyond chairside duties. This includes Equipment and Dental Unit Waterline maintenance, infection control and sterilization, OSHA standards, supply inventory and more.

When Marilyn first learned there was the potential for dental assistants to earn a certificate to provide local anesthetic injections, she was thrilled. Marilyn said that, “Much of the waiting during the day is for the dentist or hygienist to give the local anesthetic injection.” By earning the LAFC, she will be able to

help keep the patient schedule moving rather than “standing around” waiting.

Initially, Marilyn heard about the LAFC through a Patterson study club meeting that she attends. She discussed it with Dr. Gregson who was supportive and checked in with the dental hygienists in her dental practice to make sure they were “on-board”. There was some slight skepticism just as there was for many in the dental community until they found out that the course EFDAs are required to take and pass is the same course they were required to take and pass in their dental hygiene programs. It made sense to them and was a relief to know they would not be asked as often to anesthetize restorative patients.

With Dr. Gregson’s financial support and encouragement and the purchase of a required liability insurance policy, Marilyn registered for one of the first OBD approved courses offered in Oregon. Joined by 10 other cohorts, two of whom already had their Restorative Functions Certificate (RFC) and are currently placing fillings and one dental hygienist who moved to Oregon from Texas, who did not have the opportunity to provide local anesthetic in her state, the rigorous study of local anesthesia began.

Marilyn said the course was difficult and required lots of study time but the course had been structured so the online content was well-organized and provided pre-recorded lectures, study guides, progress tests and a final exam that all students are required to pass at 75% or higher to successfully complete the course and receive the LAFC. The students even received a plastic skull and colored pens to use for the study of the location of nerves, injection sites and angles.

Once the cohort came together in a dental office setting for the clinical requirements, there were lengthy discussions regarding specific patient scenarios, potential outcomes and the “step-by-step” process of giving local anesthetic prior to injecting each other. During the required two-day in-person part of the course, Marilyn was able to practice injecting on 6 others. She received over 20 injections herself. The entire cohort of 11 successfully completed the course and are now able to provide this service for dental patients. Not only will it lessen the need to “wait around” but it will also increase efficiency in the dental schedule while improving access to care for Dr. Gregson’s dental patients.

Although it took time and a village to gather the support for Oregon to accept that dental assistants are very capable of learning and providing local anesthetic for dental patients, the benefits will outweigh the wait.

As Oregon continues to work on filling the dental assistant

shortage, making this progressive move toward adding career advancement opportunities will enhance the interest in the profession and retain those who may otherwise have been looking for a more challenging and rewarding career. With the addition of advanced dental assistant functions, Oregonians can be confident they will receive the high-quality dental care they deserve from educated professionals.

Meanwhile, Marilyn says, “It has just been so much fun getting people numb and seeing my doctor relieved that he can start working.”

Congratulations to Oregon and the EFDAs who receive their LAFC! ■

Ginny Jorgensen, ODAA President

FREQUENTLY ASKED QUESTIONS — — —

Q: May a hygienist apply SDF to treat caries on a patient that hasn't been examined by a dentist?

A: No. Under OAR 818-035-0025 (1) a dental hygienist is prohibited from diagnosing and treatment planning anything other than for dental hygiene services. Use of CDT Code D1354 (interim caries arresting medicament application) would require a dentist to diagnose active, non-symptomatic caries, and justify treatment. However, under OAR 818-035-0030 RDH’s can determine the need for fluoride as a preventative measure, and some fluoride may include SDF in the formula. The RDH would bill using the appropriate CDT prevention code. The Board has noticed an uptick in complaints involving the use of SDF. At a minimum, documentation of PARQ, or its equivalent, is required under the Dental Practice Act. Review with your malpractice insurance, legal counsel, office policies, and dentist to determine how long after caries diagnosis standing orders for SDF are acceptable.

Q: I bought a new digital impression scanning system. May I have my dental assistant take the final digital impressions?

A: Dental Assistants with the proper training may take final impressions using traditional, or digital, impression materials. It is the dentist’s responsibility to review all impressions to ensure accurate and clinically acceptable impressions are captured. Prior to January 1, 2020 the Dental Practice Act prohibited dental assistants from taking jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances. However, this rule has been struck.

OREGON BOARD OF DENTISTRY



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