

DENTAL DATELINE

A newsletter for MLMIC-insured dentists

Spring 2019 | Volume 18 | Number 1

INSIDE

- 2 Case Study: Care Factors Involving Damaged Lingual Nerve Lead to Lawsuit
- 5 Electronic Health Records – Risks and Benefits of Storage Alternatives
- 5 MLMIC Releases Healthcare Weekly
- 6 New Dental School Graduates! Or if you know one...
- 7 New York State and New York City Implement Stronger Protections Against Sexual Harassment in the Workplace
- 9 2019 MLMIC Event Calendar

Social Media: Responding to Unflattering Online Reviews

Donnaline Richman, Esq.
Fager Amsler Keller & Schoppmann, LLP
Counsel to MLMIC Insurance Company

Dentists are increasingly concerned about the use of online social media and rating sites to disparage patient care and/or staff interactions with the patients. They perceive that social media and rating sites threaten their livelihood. Depending on the nature of the post, they see some of the

posts as personal threats. Unfavorable comments are being made by patients on a myriad of social media sites, including the dentist's own website. However, sites which purport to rate dental professionals are specifically

[continued on page 7](#)

MLMIC Insurance Company Receives AM Best Financial Strength Rating of A+

MLMIC Insurance Company has received an A+ (Superior) Financial Strength Rating and a Long-Term Issuer Credit Rating of "aa-" from AM Best, a global credit agency rating and information provider with a focus on the insurance industry. As of December 18, 2018, AM Best reports that "the outlook assigned to these Credit Ratings is stable."

"We are very pleased with the A+ rating from AM Best," says Dr. John Lombardo, president of MLMIC Insurance Company. "We look forward to continuing to deliver value to healthcare professionals and facilities in New York State."

According to the AM Best announcement, "The ratings reflect MLMIC's balance sheet strength, which AM Best categorizes as strongest, as well as its adequate operating performance, limited business profile and appropriate enterprise risk management."

The agency also says that leadership has maintained "MLMIC's leading market position within New York," one of the "most challenging market environments" in the country.

[Click here to view the AM Best news release.](#)



Dental Dateline is published under the auspices of MLMIC Insurance Company's Patient Safety & Education Committee.

Editorial Staff

John Scott, Editor
Barbara Gottstein
Mirsade Markovic, Esq.
Donnaline Richman, Esq.
Danielle Zimbardi

CASE STUDY

Care Factors Involving Damaged Lingual Nerve Lead to Lawsuit

Barbara Gottstein

Unit Manager, Dental Claims

MLMIC Insurance Company

A 17-year-old male patient was seen by the defendant dentist because he was considering braces. He had no significant medical problems. A full mouth series of x-rays, periodontal charting, and a prophylaxis examination were performed. The patient was observed to have good oral hygiene. However, the dentist's clinical examination revealed swelling, irritation and inflammation in the area of tooth number 32. The dentist advised the patient's mother, who did not speak English, and the patient that teeth numbers 17 and 32, as well as teeth numbers 1 and 16, were impacted and that all of them needed extraction. However, he also advised that the extraction of teeth numbers 1 and 16 appeared to be less urgent. He sent a consent form home with the mother and patient. It was in English.

The patient returned to the office, without his mother, for the extraction. The dentist then extracted tooth number 32. He documented this in his record as an uneventful full bony extraction. He closed the area with #5 silk sutures and prescribed Amoxicillin, Motrin and Vicodin for this patient. One week later, he removed the sutures. At that appointment, the patient complained that the right side of his tongue was numb, and that the area had started to tingle. The dentist advised the patient he would continue to observe him to see if he had any improvement in sensation.

Several days later, the patient called to make an appointment to have tooth number 17 extracted. The dentist asked the patient whether his tongue remained numb. The patient advised him that the numbness had continued. The dentist told the patient that if there was no

improvement by his next appointment, he would refer him to an oral surgeon. When the patient next saw the dentist, he informed him that the anterior of his tongue remained numb. The dentist prescribed Cortef 200 mg and referred him to an oral surgeon. This was the last time the dentist saw the patient.

At that appointment, the patient complained that the right side of his tongue was numb, and that the area had started to tingle.

The oral surgeon identified a transection of the lingual nerve. He then performed a primary repair and anastomosis of this nerve. Following surgery, the patient progressed well. Two months after surgery, the sensation in his tongue had increased. At his six-month checkup, he now had a gagging sensation and the surgical site was well healed. The oral surgeon requested to perform a panorex to see if further surgery was required. However, due to finances, the patient and his mother declined the panorex. As a result, the oral surgeon initiated only palliative treatment. Over the next two months, the oral surgeon called the patient several times to evaluate his progress. Eight months after surgery, the paresthesias had improved, but were not full resolved. The oral surgeon gave the patient an appointment for a one-year follow-up examination.

In the interim, the patient commenced a lawsuit against the dentist. He alleged that the dentist's extraction of tooth number 32 had resulted in traumatic damage to the right lingual nerve, resulting in paresthesias and numbness to the right side of his tongue, requiring restorative surgery.

At his deposition, the plaintiff testified very well. At his mother's deposition, the plaintiff acted as her interpreter. They both testified at the depositions that at the patient's first visit, the dentist gave them only an informed consent form for an extraction in English to take home and sign. However, he did not have an informed consent discussion with them, nor did he document a discussion. The plaintiff also testified that when he appeared for the extraction, he was not accompanied by an adult. He further testified that although the numbness to his jaw diminished when the anesthesia wore off, the right side of his tongue remained numb. On telling his mother about this when he arrived home, she advised him to return to the dentist's office. However, he instead waited for a week and advised the dentist when the stitches were removed. He was later referred to see an oral surgeon. He claimed that he sporadically had a burning sensation on the right side of his tongue. Because of this feeling, he was forced to eat only on the left side of his mouth. Additionally, due to the continuing numbness, he occasionally bit his tongue. Finally, the patient did not have any other teeth extracted because of this experience.

At his deposition, the dentist made a very poor witness. He testified that he

did not see the inferior alveolar nerve on the initial films he took. However, he claimed that, because he could visualize the canal, the nerve would not be at risk during the extraction. He also stated that he did not refer the patient to an oral surgeon for the extractions because he had sufficient experience to do these. However, when questioned about this by the patient's attorney, he became quite flustered. He provided non-responsive answers to questions, while attempting to bolster his defense. This tactic was largely unsuccessful.

Although the dentist claimed he had spoken to the oral surgeon on several occasions, he failed to document any such conversations. The oral surgeon did inform him after the referral that the extraction likely damaged the patient's lingual nerve. This particular patient's lingual nerve took an unusual path. It ran closer to the ridge of the teeth, rather than from the back of the mouth to the front, along the bottom of the teeth. The dentist was then forced to concede at the deposition that his x-ray of tooth number 32 was of very poor quality, because it did not depict the entire tooth and root. Further, he claimed he did not take a panorex because the patient's mother had declined one for financial reasons. However, there was no documentation of that conversation with the patient's mother.

The case was reviewed by the dentist's District Claims Review Committee as well as by MLMIC expert reviewers. The District Claims Review Committee was critical of the dentist's poor and inaccurate documentation. Further, because the dentist had a panorex machine in his office, the expert opined that he could have taken a panorex for his own edification, despite the mother's alleged refusal to permit this film due to cost. Doing so would have given him a much better view of the nerve. Finally, when the dentist testified that he had performed an



informed consent discussion with the mother of the patient, his testimony was controverted by the plaintiff's testimony. Further, even if there had been such an alleged conversation, this too was not documented. The plaintiff's attorney was able to undermine those assertions because the plaintiff was a minor and the dentist had not provided a translator for the patient's mother.

The District Claims Review Committee was concerned that the patient's attorney would easily find an expert to state that the dentist had clearly deviated from the standard of care by extracting a tooth without seeing the entire tooth on x-ray. They opined that his failure to provide a translator for the patient's mother and document that he actually had an informed consent discussion would create major problems in defending this case. Therefore, due

to the conflicting testimony the dentist provided at his deposition regarding an informed consent discussion, his failure to have an adult interpreter available for the patient's mother, the very poor documentation contained in his records, and the poor quality of the films he took, coupled with his failure to perform a panorex, the Committee recommended that the lawsuit be settled. The plaintiff's initial demand to resolve this lawsuit was \$500,000. Ultimately, the case was settled for \$387,500.



**Stay current with MLMIC
Healthcare Weekly**

Sign up from any MLMIC blog post
at MLMIC.com.

CASE STUDY

A Legal & Risk Management Analysis

Donnaline Richman, Esq.

Fager Amsler Keller and Schoppmann LLP
Counsel to MLMIC Insurance Company

This case contains several legal issues and one of the most serious concerns is the lack of an in-depth informed consent discussion with the patient's mother as well as with the patient. At 17 years of age, the patient is still a minor, since he did not fit into one of the few exceptions contained in the New York State law governing informed consent.¹ Therefore, only his mother could provide consent for him. Unfortunately, the patient's mother did not understand written or spoken English well, if at all. However, the dentist made no attempt to have a discussion of the risks, benefits, and alternatives of an extraction with the patient's mother, nor did he provide an interpreter. Rather, he merely provided her with a consent form to be read at home and then signed. Handing a patient a form to read is not providing informed consent. Rather, informed consent is a discussion of the risks, benefits, and alternatives, including the risks of the alternatives and no treatment. This discussion must be documented in the patient's record. Further, since the mother had limited English proficiency², the dentist may have had a legal obligation to provide her with an interpreter in the office. Certainly, also having the consent form translated into the mother's language would have been appropriate.

If a dentist accepts payment from federal sources such as Medicare or Medicaid, he/she cannot discriminate on the basis of national origin. Therefore, reasonable steps must be taken to meet the obligations to patients who don't speak or understand English. This requires that a dentist retain a qualified medical interpreter. It is inappropriate to use a minor who

lacks the competency to understand and translate dental terminology to be the interpreter. Therefore, under the federal statute and regulations and the state law requiring an informed consent discussion, this dentist was obligated to ensure that the patient's mother had meaningful access to important information and a discussion about the proposed procedure in order to make an informed decision. By failing to provide an interpreter in this

...reasonable steps must be taken to meet the obligations to patients who don't speak or understand English.

situation, the dentist was potentially at risk for the imposition of penalties by the United States Office for Civil Rights (OCR) and the Civil Rights division of the United States District of Justice, in addition to facing a lawsuit alleging dental malpractice and the failure to obtain an informed consent.

Another deficit in this case was whether the dentist should have proceeded with this extraction with no parent accompanying the minor. There are substantial risks in doing so. These risks include: the minor not having safe transportation home after the procedure; whether post-operative instructions are more appropriately given to an adult; and, finally, if further consent was needed due to a problem during the extraction, there was no one present to give that consent.

As in many dental malpractice cases, the lack of documentation seriously impacts the ability to defend the lawsuit. In this case, it created significant difficulties in trying to defend the dentist. Perhaps the most serious issue was the dentist relying on an x-ray of the proposed operative area that was poor and did not clearly reveal the path of the nerve. The dentist's excuse that he failed to take a panorex for financial reasons, which would have provided a much better view of the operative site, did not absolve him from doing so. Because he had panorex equipment in his office, there was no good reason not to have taken one. If he had done so, he might have referred the patient to an oral surgeon for this initial extraction, because he would have seen clearly that the nerve was in an unanticipated position.

Finally, the dentist should have been more aggressive in dealing with this injury. It was obvious at the time of the extraction that the patient had a nerve injury. Therefore, referral to a specialist for evaluation and treatment should have been prompt. The patient's attorney could easily argue at trial that the dentist's delay in making the referral to an oral surgeon caused a more permanent injury.

In summary, the dentist's care clearly deviated in many ways from the reasonable dental standard of care. This was evidenced by both a clear lack of informed consent with the patient's mother, poor and inadequate documentation, and a delay in referral of this injury to a specialist. Therefore, the lawsuit was clearly indefensible. Because the patient was left with a permanent nerve injury, it is not unexpected that the settlement which resulted was sizeable.

1. Public Health Law § 2504.
2. Title VI of the Civil Rights Act of 1962.

Electronic Health Records – Risks and Benefits of Storage Alternatives

Marilyn Schatz, Esq.

Fager Amsler Keller & Schoppmann, LLP
Counsel to MLMIC Insurance Company

Since the development of the first electronic medical record system in 1972, electronic health records (EHRs) have become progressively more prevalent throughout the healthcare industry. Today, the clear majority of health records are stored and accessed digitally in the form of EHRs.

Selecting from the various data storage options is a challenging process, one that mandates the exercise of due diligence to assess the capabilities of available storage systems. The major difficulty lies in weighing the relative risks and benefits of each alternative prior to reaching a decision that results in ease of authorized access and HIPAA compliance. Performance, services, customer support, data security, cost, and incident and disaster response are some of the variables that must be carefully analyzed for informed decision-making that yields the most suitable choice for a healthcare practice. It is important to understand where generated data will reside and how this can potentially impact operations and patient satisfaction.

There are three basic options to select from for the electronic storage of protected health information (PHI):

on-site; cloud based; and hybrid. The primary benefit offered by having PHI storage on the premises of a healthcare provider or facility is the ability to maintain greater control over access to and the physical location of EHRs. A wireless internet connection is not required so that there is less risk of downtime or external cyberattacks. The most significant drawback to hosting a server on site is the sizable initial capital investment required for the purchase of equipment and software, as well as the ongoing costs. System management, maintenance, updates, and backups must be performed on a routine basis by experienced IT staff. The provision of designated physical storage space that offers protection from fire, floods, and other disasters, as well as cooling costs, contribute to overhead. Other factors to consider include: the expense of employing knowledgeable IT support; the potential for physical server HIPAA breaches; the responsibility for performing regular backups; and lack of remote accessibility to data.

Cloud technology involves the internet-based sharing of computing resources, and transmission of data to and from connected devices on demand. A cloud-based system does

not involve the burdensome investment in expensive hardware on the premises of a healthcare provider or facility. This option allows for a simplified, flexible, and cost-effective alternative for data storage as leasing fees paid to an off-site service provider are typically based on actual storage needs. Data remains accessible by a healthcare practice from any computer with an internet connection. Frequent data back-ups, as well as encryption and automated recovery capabilities, afford better security protections from the potential consequences of a natural disaster or data breach.

However, cloud storage of PHI can potentially compromise the smooth operation of a healthcare practice because access to data is impossible if the internet connection is lost. Data recovery can be time consuming, which may negatively impact the delivery of healthcare services. In addition, lack of control over the server can result in security implications and HIPAA violations stemming from third-party access to PHI. HIPAA specifies that a signed Business Associate Agreement that outlines permitted and required

[continued on page 6](#)

MLMIC Releases Healthcare Weekly

MLMIC Insurance Company is pleased to announce the release of its new online publication, Healthcare Weekly.

Comprised of informative and current topics of discussion from the MLMIC.com Blog, as well as healthcare-related insights and articles from throughout the industry, Healthcare Weekly topics

are presented as quick, easy-to-digest titles that give the big picture. Readers wanting to dig in for further details are encouraged to click the provided links to view the full articles.

Healthcare Weekly is emailed each Thursday to all MLMIC policyholders, as well as to leading New York

State healthcare practitioners and organizations. Should you wish to receive Healthcare Weekly in your inbox each week and are not a MLMIC policyholder, please [click here](#) to sign up. Only your email address is required.

Questions? klagano@mlmic.com

uses and disclosures must be obtained from the chosen data storage vendor.¹

The option of a hybrid system for the storage of PHI consists of a combination of onsite and cloud-based solutions. Maintaining some onsite server hardware is advantageous because there is no need to rely on continuous access to the internet. The cloud component of a hybrid system enables connectivity from any user location. In addition, data security can be enhanced by backing-up PHI to both an on-site server as well as to a cloud system. However, as with any system involving the cloud, reliance must be placed on a service provider for uptime, performance, regulatory compliance, and technical support.

1. <https://www.hhs.gov/hipaa/for-professionals/special-topics/cloud-computing/index.html>.

Technological advancements in the collection and storage of PHI have enabled significant improvements in communication among healthcare providers and with patients. The healthcare industry is under increasing pressure



to balance these enhancements while maintaining the accessibility and security of PHI. The selection of a dependable data storage solution is essential for the safe and effective handling of PHI, and the avoidance of practice disruptions.

Are you satisfied with an inhouse structure, or should you reach for the cloud? The pros and cons of internal servers and cloud-based systems must be weighed very carefully before choosing an approach that is a good fit for a healthcare practice. Thorough research is crucial to determine which solution best suits individual practice needs. Obtaining guidance and expertise from a skilled technology partner will assist healthcare providers in this demanding undertaking. During the complex process of selecting an EHR storage solution, all issues with the potential for an adverse impact on operations should be thoroughly examined.

Underwriting Update

New Dental School Graduates! Or if you know one...

MLMIC Insurance Company offers new graduates a cost-effective way to obtain malpractice insurance in the Program designed by and for NYSDA members* with New York State's leading malpractice carrier.

Our NYSDA-MLMIC Program offers a flat rate premium of \$50 for your choice of either first year claims made coverage or occurrence coverage, at limits of \$1 Million/\$3 Million, to qualifying newly graduated dentists entering private practice for the first time immediately following the completion of training.

New dentists who do not qualify for the flat rate premium may be eligible for a 75% discount off the standard rates for their first year of coverage.

And, subsequent to the first year, both claims made & occurrence policies are eligible for the following discounts:

- 60% 2nd year
- 25% 3rd year
- 10% 4th year

The new dentist discounts, together with MLMIC's personalized service, solid protection against claims, and benefits such as access to a variety of legal services related to the health professions provided by Fager Amsler Keller & Schoppmann, LLP, counsel to MLMIC, make MLMIC a solid choice for new dentists just starting out.

MLMIC policyholders enjoy the security of an A+ (Superior) rating by AM Best, the backing of Berkshire Hathaway,

and the experience of a carrier who has been successfully defending New York State doctors for 40+ years.

Work with one of our dental underwriters to discuss your options. Contact Luisa Fernandez at (212) 576-9611 or James Simons at (212) 576-9660.

To learn more about Claims Made vs. Occurrence coverage, go to www.MLMIC.com/dentists/malpractice-coverage/

* As a newly graduated dentist member of NYSDA you may be eligible for your first year of \$50 coverage free from NYSDA. For information contact Sherri Lenz at NYSDA via email at slenz@nysdental.org or call at (518) 689-2740.

New York State and New York City Implement Stronger Protections Against Sexual Harassment in the Workplace

New York State and New York City have each enacted legislation aimed at providing stronger protections against sexual harassment in the workplace. Both pieces of legislation require New York employers to revise their policies and procedures and provide training relative to sexual harassment in the workplace.

The New York State legislation applies to all employers throughout the state. The New York City legislation, which contains additional requirements, applies to employers within the city with 15 or more employees. For

information about the key components of both pieces of legislation, please visit www.fakslaw.com.

New York State has also released minimum standards for all sexual harassment prevention policies.

These standards are available at <https://www.ny.gov/combatting-sexual-harassment-workplace/employers>.



Social Media **continued from page 1**

designed to solicit patients to review their experiences, and an increasing number of patients do so. Some of these websites include Healthgrades, Yelp, Google and Angie's List.

Ratings and reviews can either be positive or extremely negative. The rating and the commentary accompanying a review is frequently an opinion and not fact. It is solely based upon a perception of how the dentist and/or the staff treated the patient. Unfortunately, like many social media posts, negative comments remain on social media for an extended period of time, sometimes many years after treatment. Further, merely "googling" the name of the dentist or practice may bring up these same posts.

When one becomes aware of a negative review or threat posted by a patient, one's immediate instinct is to specifically respond in a defensive manner to the post. In part, this is based upon

the fear that this post will seriously impact the dentist's practice and income. Thus, the initial response is to want to sue the patient for defamation. The second response is to offer the patient the option to remove the post in exchange for receipt of a refund or payment. However, this is often exactly what the patient wants the dentist to do. We often see letters from patients threatening to go online with a negative post, unless a payment is made.

This immediate impulse to respond to a negative review must be held in check. The risk of violating both HIPAA¹ and New York State patient confidentiality laws² is grave. These violations can lead to allegations of professional misconduct with resulting disciplinary investigations and actions. Patients are increasingly aware of their HIPAA protections. Some rating sites have even

reported that patients have expressed concern about their confidentiality³ by posting reviews. If a determination is made that a patient's confidentiality has been breached, a large fine may be imposed by the United States Office of Civil Rights for HIPAA violations. Additionally, disciplinary proceedings may be commenced by the New York State Office of Professional Discipline (OPD). Further, any fines imposed by a government agency cannot by law be paid by insurers. Rather, they must be paid directly by the professional. Thus, responding directly and without intensive thought to a negative review is inherently risky.

Therefore, we strongly recommend that the patient's comments and/or ratings be ignored. If the patient can

1. 45 CFR Parts 160 and 164.
2. New York State CPLR § 4504.

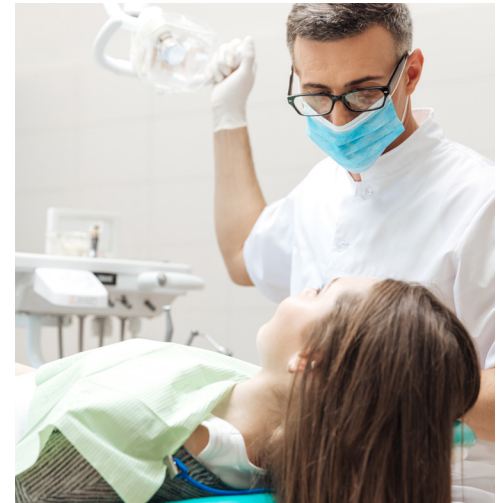
3. <https://www.propublica.org/article/stung-by-yelp-reviews-health-providers-spill-patient-secrets>.

be identified, it is reasonable to try to directly contact the patient and ask the patient to come to the office to discuss the matter in order to attempt to resolve the complaint amicably. If the patient doesn't wish to come to the office, it also might be possible to resolve the patient's complaints during a telephone call. If the complaint cannot be resolved, consider discharging the patient from the practice by letter, if the patient's dental condition and stage of treatment permit doing so. The negativity expressed in the patient's post clearly suggests a serious disruption in the dentist/patient relationship.

However, when a patient does post comments which are blatantly untrue, there are several options. Suing the patient is not one of them. In fact, suing a patient is generally both ineffective and costly as attorney's fees for defamation suits are not covered by professional liability insurance. Such a lawsuit is highly unlikely to succeed because opinions are not considered to be defamation and are protected as free speech under the First Amendment to the United States Constitution. Even if the patient cites "false facts,"

the chances of success are not good. Bringing a lawsuit against a patient for defamation will likely result in even more unfavorable publicity. Future patients who check these rating sites often ignore negative remarks, especially those that appear to be motivated by malice or are not credible. If a post is blatantly untrue, another alternative is to contact the rating site to ask that the post be removed. Some sites will remove the post, but they are not legally obligated to do so. They are also protected by law from lawsuits brought by the subjects of the ratings. Finally, if a review contains realistic threats to the safety of the dentist, staff, or family, the police may be notified. Additionally, if a patient's negative post also alleges negligent dental care, it is important to promptly notify MLMIC Insurance Company to open a precautionary event file.

In summary, we strongly recommend that dentists not respond online to negative and even inaccurate reviews or ratings on social media sites, as tempting as that may be. Rather, encouraging constructive feedback from patients can help to improve a dental practice. It is important that patients feel they can



express their concerns directly to the dentist when they are unhappy. Reaching out to unhappy patients allows their concerns to be resolved without their resorting to posting negative reviews on social media. Finally, try to remember that the majority of prospective patients who review these sites will focus more on the many good reviews posted about your practice, rather than focusing on the few posts that are negative. If you have questions about how to proceed, feel free to contact any of the attorneys at Fager Amsler Keller & Schoppmann, LLP, to assist you in dealing with your concerns.

Stay connected

Get the latest updates and industry news from New York's #1 medical professional liability insurer. No one knows New York better than MLMIC.

Follow MLMIC on Twitter and LinkedIn

Get news to inform your practice and help you manage risk.



@MLMIC



[linkedin.com/
company/mlmic](https://www.linkedin.com/company/mlmic)



Check out our blog at MLMIC.com

Read about important developments in medical and dental liability, get risk management tips, and sign up for MLMIC Healthcare Weekly.

2019 MLMIC Event Calendar

In 2019, MLMIC will be participating in the following events throughout New York State. For more information on MLMIC's involvement in these events and others, please contact Pastor Jorge, Manager, Marketing Services, at 212-576-9680.

Third District Dental Society - 2019 CE Seminar - Radiography

May 10, 2019 (The Century House, Latham, NY)

Ninth District Dental Association - Frills & Drills -

Celebrating Women in Dentistry

May 15, 2019 (The Manor, Briarcliff, NY)

Nassau County Dental Society - Taco Tuesday Social Night & Dinner

May 21, 2019 (K. Pacho in New Hyde Park, NY)

Fourth District Dental Society - Saratoga Dental Congress

May 23, 2019 - May 24, 2019

(Saratoga Springs City Center, Saratoga Springs, NY)

Queens County Dental Society - Resident/New Dentist CE Program & Casino Night

June 4, 2019 (QCDS's Headquarters, Jamaica, NY)

NYSDA House of Delegates - 2019 Annual Session

June 7, 2019 - June 9, 2019 (Buffalo, NY)

Suffolk County Dental Society - 20th Annual Golf Outing

June 12, 2019 (Mill Pond Golf Course - Medford, NY)

Fifth District Dental Society's -

2019 (CNYDC) 38th Central New York Dental Conference

September 12, 2019 - September 13, 2019 (OnCenter, Syracuse)

New York County Dental Society - General Membership Reception

September 16, 2019

(New York County Dental Society's Headquarter, Manhattan)

Ninth District Dental Association - 2019 General Meeting

September 18, 2019 (Doubletree Hotel, Tarrytown, NY)

Queens County Dental Society - 2019 World's Fair of Dentistry

September 21, 2019 - September 22, 2019

(Terrace on the Park, Flushing, NY)

Fourth District Dental Society -

Semi-Annual Continuing Education/Golf Outing

September 20, 2019 (The Hiland Park Country Club in Queensbury, NY)

Suffolk County Dental Society - General Membership Meeting

September 25, 2019 (Radisson Hotel, Hauppauge, NY)

Third District Dental Society's -

Greater Capital District Dental Symposium Annual Meeting

September 26, 2019 - September 27, 2019 (Albany Marriott, Albany, NY)

Queens County Dental Society - General Meeting

October 1, 2019 (Queens County Dental Society's Headquarter, Jamaica, NY)

Buffalo Niagara Dental Meeting - 2019 42nd Annual Convention

October 2, 2019 - October 4, 2019

(Buffalo Niagara Convention Center, Buffalo, NY)

Sixth District Dental Society - 151th Annual Meeting

October 4, 2019 (Owego Treadway Inn & Conference Center, Owego, NY)

Second District Dental Society -

General Membership Meeting

October 10, 2019 (Dyker Beach Golf Course - Brooklyn, NY)

Nassau & Suffolk County Dental Societies -

10th Annual Scrubs & Stilettos Women's

November 1, 2019 (Holiday Inn Plainview, Plainview, NY)

New York County Dental Society -

General Membership Meeting

November 4, 2019

(New York County Dental Society's Headquarter, Manhattan)

Suffolk County Dental Society - General Membership Meeting

November 6, 2019 (Radisson Hotel - Hauppauge, NY)

Ninth District Dental Association - 2019 General Meeting

November 13, 2019 (Westchester Country Club, Rye, NY)

Second District Dental Society -

General Membership Meeting

November 14, 2019 (Dyker Beach Golf Course - Brooklyn, NY)

Fifth District Dental Society -

2019 Fall Seminar - The Single Tooth Implant

November 21, 2019 (Marriott Syracuse Downtown, Syracuse, NY)

Greater New York Dental Meeting - 2019 95th Annual Session

November 29, 2019 - December 4, 2019 (Jacob Javits Center, NY)

Read more: MLMIC policyholders have access to our complete archive of past *Dental Dateline* issues online.