

Smile . . .



WYOMING DENTAL HYGIENISTS' ASSOCIATION

LCCC Case Study Published in Access

Contributed by Sara Beres, RDH

Every day I walk down the street to my subdivisions community mail box and open the locked box to an overflowing accumulation of bills, advertisements and magazines. Usually this accumulation is taken from the box directly to my kitchen and they are thrown on the counter until I have a chance to sort them into their designated piles: bills to pay, magazines to throw away, magazines to keep, and magazines I should throw away, but keep for the some off chance that I should need them in the future. That is usually the case, but on this odd day, I actually sat down on the couch and started to rifle through the mail. This mail drop brought the cable bill, several Christmas cards and two dental hygiene magazines- ACCESS and Hygienetown. YES!

Bills and Christmas cards thrown aside, I started to read through the Access issue. I skimmed the editorial section that highlights the featured articles of the magazine, and began reading the "Strive Section." This section is a student's view of dental hygiene. This particular article was entitled: Case Study: The Geriatric Patient.

The first paragraph introduced the case study and the suggested that "looking at every aspect of health in the geriatric patient leads to better oral health outcomes." Peaking my interest, I continued to read the second paragraph of the article. "In November 2005, a 77-year-old Caucasian female presented at the Laramie County Community College Dental Hygiene Clinic in Cheyenne, Wyo. The patient's chief complaint was the need for an oral prophylaxis." I stopped reading and asked myself out loud- "Did I just read Laramie County Community College?" I re-read the paragraph and sure enough it was Laramie County Community College Dental Hygiene Clinic in Cheyenne, Wyoming. At that point I looked to the beginning of the article for the author, and again exclaimed out loud - "I know her!"

The author of the case study was Suzanne Hubbard. Suzanne was a year behind me in hygiene school at LCCC. Although I didn't know her very well, I did recall that she was her class' SADHA president and was very enthusiastic and involved with SADHA and other dental hygiene activities. I continued to read the case study and recalled the case study requirements that I had written while in hygiene school.

The following article has been reprinted with permission from the American Dental Hygienists' Association.

Hubbard, Suzanne. "Case Study: The Geriatric Patient." Access Dec. 2006: 7-10.

The article may also be viewed by accessing the ADHA website at:
<http://www.adha.org/publications/strive/12-2006-strive.htm>

Congratulations to Suzanne for being published!

Case Study: The Geriatric Patient

By *Suzanne Hubbard*

Case Study: The Geriatric Patient

In the aging adult, problems with oral health can be multi-faceted. Looking at every aspect of health in the geriatric patient leads to better oral health outcomes. The following case study documents the complexity of the aging adult and the treatment that leads to overall health.

Case Report

In November 2005, a 77-year-old Caucasian female presented at the Laramie County Community College Dental Hygiene Clinic in Cheyenne, Wyo. The patient's chief complaint was the need for an oral prophylaxis.

Medical History

The patient's vital signs were within normal limits. She has an irregular heartbeat and high cholesterol for which she is under the advisement of a physician. She premedicated for the heart condition, taking two 500 mg tablets of amoxicillin, before the patient appointment. She also took two 500 mg tablets after the completion of the patient prophylaxis. For the cholesterol, she takes Lipitor, 20 mg day. In addition, the patient takes 3 mg of Coumadin and 81 mg baby aspirin each day for her heart condition.

Dental History

The patient attends her three-month recall visits regularly. She reported sensitivity to hot and cold, but she is not sensitive to sweets, eating three to four candy bars each day. The patient's oral home care is excellent, as she brushes twice a day with a soft toothbrush, flosses twice a day, and uses a fluoride mouth rinse each evening.

Examination Findings

The patient began the appointment with a pre-rinse of 10 ml of 0.12% chlorhexidine gluconate to reduce the number of oral microorganisms. An extraoral and an intraoral examination were conducted and the patient presented within normal limits. The patient examinations included a periodontal assessment, dental occlusion and oral habits and an oral hygiene evaluation to determine the patient hygiene performance (PHP). The PHP is an oral debris assessment used to determine the amount of surface material on tooth structure. In this particular case, the use of disclosing agent was administered using a swish and expectorate method. With the PHP scoring, the tooth is divided up into five subdivisions, vertically (three divisions, mesial, middle and distal), each of which is scored with a numerical value of one. On this particular patient, teeth numbers 3, 8, 14, 19, 24, and 30 were observed. The patient was given a numerical value for each of the six teeth, and the total was divided by six to get an average of the scores.

The clinical tissue examination revealed generalized red color, slight edematous consistency, smooth texture with slightly rolled margins and bulbous papillae. Probing depths were generalized 3-4 mm, with localized bleeding on probing especially in the molar regions. Recession was generalized 2-3 mm, and localized 3-4 mm affecting the facial and lingual anterior teeth of the mandible. The patient presented with Class II mobility on the mandibular anterior teeth, as well as mucogingival involvement. The patient presented with localized Class I furcations of the mandibular molars. The patient's American Academy of Periodontology (AAP) periodontal classification was Moderate Chronic Periodontitis (AAP III) due to recession and bone loss. Radiographic findings presented with both vertical and horizontal bone loss. Clinical examination revealed extracted teeth, #1, #15, #16, #17, #18, #30, and #31. Full gold crowns existed on #2, #3, #19 (endodontic treatment with silver pins), #20 and #32. Porcelain composite restoration existed on the buccal of #6. Bilateral bridges existed on #3, #4 (pontic, porcelain fused to metal), #5 (PFM), and #11, #12 (pontic, porcelain fused to metal), #13 (crown), and #14 (crown). Distal occlusal amalgams existed on #21, and #28 with bilateral buccal amalgams. #29 is a mesial occlusal amalgam. Stress fractures were noted on #8 and #9. Slight plaque and interproximal calculus were detected.

Dental Hygiene Diagnosis and Treatment Plan

Based on the patient's examination, and because she did not want to premedicate for a second appointment, it was determined that the patient's treatment needs could be met in one appointment. After completion of all assessments, the dental hygiene care plan was presented. It was determined that seven vertical bitewings would adequately assess bone loss; and that oral debridement of all four quadrants via hand scaling/instrumentation, selective polishing, and fluoride administered in gel trays would be treatment-planned. The patient consented to treatment and signed the care plan. The patient was given disclosing solution and her PHP revealed a plaque score of 1.1. Hand scaling was performed on the patient. The patient complained of sensitivity during hand scaling, so the treatment plan was modified. Duraflor (desensitizing therapy) was used to occlude dentinal tubules exposed from the patient's recession. The patient signed the care plan for this modification. Selective polishing performed according to the care plan. Neutral sodium fluoride (2%) was administered in a mouth tray. A re-evaluation appointment for purposes of home health care implementation and patient education reiteration was set up for four weeks later.

Implementation of Treatment

Treatment began as soon as the care plan had been signed confirming patient consent. Seven vertical bitewing radiographs were taken. Full-mouth debridement was performed via hand scaling. Selective polishing was performed. Duraflor was given for patient sensitivity. Neutral sodium fluoride was administered in gel trays, and the patient was scheduled for a re-evaluation appointment.

Patient Education/Oral Hygiene Instruction

Patient education was conducted at several times throughout the treatment plan. The patient's diet and age were ascertained, and the patient's answers to the following questions were recorded.

- Was the patient eating a balanced diet?
- Was the patient eating chocolate with a meal or eating the candy bars separately from a meal?
- Was the patient taking vitamin and/or mineral supplements for nutritional needs? Education was given about medications, xerostomia and oral health.
- Did the patient feel that her mouth was dry?
- Did the patient drink enough water throughout the day? Education about aging, gingival recession and sensitivity was relevant.
- Did the patient notice sensitivity in the areas of recession? Did the patient use toothpaste formulated for sensitive teeth?

The patient's responses were noted and it was deemed that the patient was not eating as well as she could be. The patient did not take a multi-vitamin, and noted that her mouth was consistently dry. The patient felt she drank enough water-six, six-ounce glasses each day. The patient noticed sensitivity upon brushing.

When the patient demonstrated brushing, she showed a scrub-brush method. Oral hygiene instruction included the modified Bass technique, used in conjunction with toothpaste for sensitive teeth. Patient education was provided about the relationship of dry tissues to medications. A lubricating mouthrinse with fluoride was suggested, and samples were sent home with the patient. When demonstrating flossing, the patient showed a perfect "C" shape technique. For edentulous areas, it was recommended that the patient use gauze strips. For the bilateral bridges, it was recommended that the patient use a floss threader and tufted floss or a thick yarn. The patient demonstrated each different technique and satisfactorily met the requirements in both patient compliance and understanding. The patient felt as though she were able to fit these recommendations into her daily regimen.

Treatment Outcome

The most involved oral manifestation included recession, mobility and mucogingival involvement, especially localized to the anterior teeth. Clinical findings were discussed with the patient and, based on those findings, the patient was given several options: 1) mandibular anterior implants, 2) surgical grafting (as long as the bone levels weren't compromised) or 3) leaving the teeth alone. The patient stated that, due to her age, she felt her teeth would outlast her body, and she chose to leave the teeth alone. The patient was thoroughly informed of her oral condition and options were presented to her.

Upon her re-evaluation appointment, the patient's probing depths and recession levels remained virtually the same. However, her gingival tissue presented healthier and the tissue color was a light pink. The patient noticed a difference in her tissues at her re-evaluation. The patient had implemented the oral hygiene instruction given and the assessment for her PHP. Her plaque score was lowered from a 1.1 to a 0.5.

Prognosis

The prognosis for this patient is fair. The patient has excellent oral hygiene home care. At this time, she is maintaining her oral health and has revised her eating habits, except the intake of chocolate. She agreed to brush after she eats a candy bar. She discussed the implementation of a multi-vitamin with calcium with her physician, and he advised her to do so. She will continue coming to the clinic for her regular three-month appointments.

Conclusion

The oral health of the aging adult is complex and many factors play into oral as well as overall health. Diet, multiple medications, xerostomia, supplements, risk factors such as local factors and systemic factors related to aging, recession, sensitivity, and manual dexterity are examples of what clinicians look for when viewing the oral care issues of the geriatric patient and satisfactorily meeting their treatment needs.



WDHA Calendar for 2007

| | |
|------------------------------|---|
| February 2006 | National Children's Dental Health Month |
| April 21, 2007 | General Membership Meeting Planning Workshop Thermopolis, Wyoming 12 p.m. |
| June 9, 2007 | Executive Board Meeting Rock Springs, Wyoming 10 a.m. (In conjunction with WDA annual meeting.) |
| June 20-27, 2007 | 84th ADHA Annual Session New Orleans, Louisiana |
| July 20, 2007 | Newsletter Submission Deadline |
| Aug 10, 2007 | Newsletter Mail Date |
| September 21-22, 2007 | 50 th Annual WDHA Meeting Thermopolis, Wyoming |

2006-2007 WDHA Officers

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*WDHA Goals and Objectives 2006-2007

Goal 1: Promote professional development of dental hygienists in Wyoming

Objective 1 Advocate for educational standards that advance the profession of dental hygiene by establishing continuing education requirements in Wyoming.

Objective 2 Educate Wyoming dental hygienists and dental hygiene students of the importance of WDHA and ADHA.

Goal 2: Maintain a strong organizational foundation

Objective 1 Increase Membership and Participation in WDHA by 10%

Objective 2 Foster a cooperative, respectful relationship with the Wyoming Dental Association

Goal 3: Advocate community involvement by dental hygienists

Objective 1 Encourage all dental hygienists to help raise our patients and the public's knowledge of dental health and prevention

*Edited for space. If anyone would like the strategies to achieve these goals, please contact a board member.



Even though there are some individuals out there who have no idea where Wyoming is located, there are those who know- but they still think we ride horses to work and school. The WDHA is proud to announce that the people who live in Wyoming have electricity, indoor plumbing and the internet! In celebrating and embracing these “new” found technologies, the new WDHA website is: http://www.dentalhygienecomponents.org/wy_wdha/
The website includes links to information on:

- WDHA Officers
- Continuing Education
- LCCC and Sheridan College SADHA
- WDHA Calendar of Events
- Minutes of Meetings
- Employment
- Noteworthy News
- Related Links
- Membership
- President's Message
- Legislative Information
- Licensure Information
- Goals and Objectives

The website is a great way to communicate to dental hygienists in the state, as well as out-of-state dental hygienists who are curious about the WDHA and Wyoming's dental hygiene licensure requirements. If you are interested in contributing to the website please contact Tabitha Converse.

Editorial . . . by Sheila Flynn, RDH
WDHA Member

Who is the Wyoming Dental Hygienists' Association? Who do you think of when you hear about WDHA? Do you see a face, or faces, do you assign a personality or a mind set to WDHA? My hope is that WDHA reflects all the members, for WDHA is its members. If you are a WDHA member your reflection in the mirror is the face of WDHA. Your attitudes, your professionalism, your standards and your goals for the profession of Dental Hygiene in Wyoming are WDHA. My ardent hope is that **all** dental hygienists in Wyoming would be WDHA. That each person would be in the mosaic that would make up our logo.

Look at the Logo. It is a triangle, or delta, the symbol of the dental profession. The center contains the initials DH, a Bucking Bronco with rider and the Wyoming state flower, the Indian Paintbrush.

Can you see yourself being part of the bucking horse whose job would be to fight hard and not be broken in spirit when you see yourself as the rider, a leader, the center of attention has to hold on while riding this moving mount? The rider must try to uphold her dignity with her hat and a graceful dismount.

Look closer, use a magnifying lens. Can you see yourself in the mosaic that makes

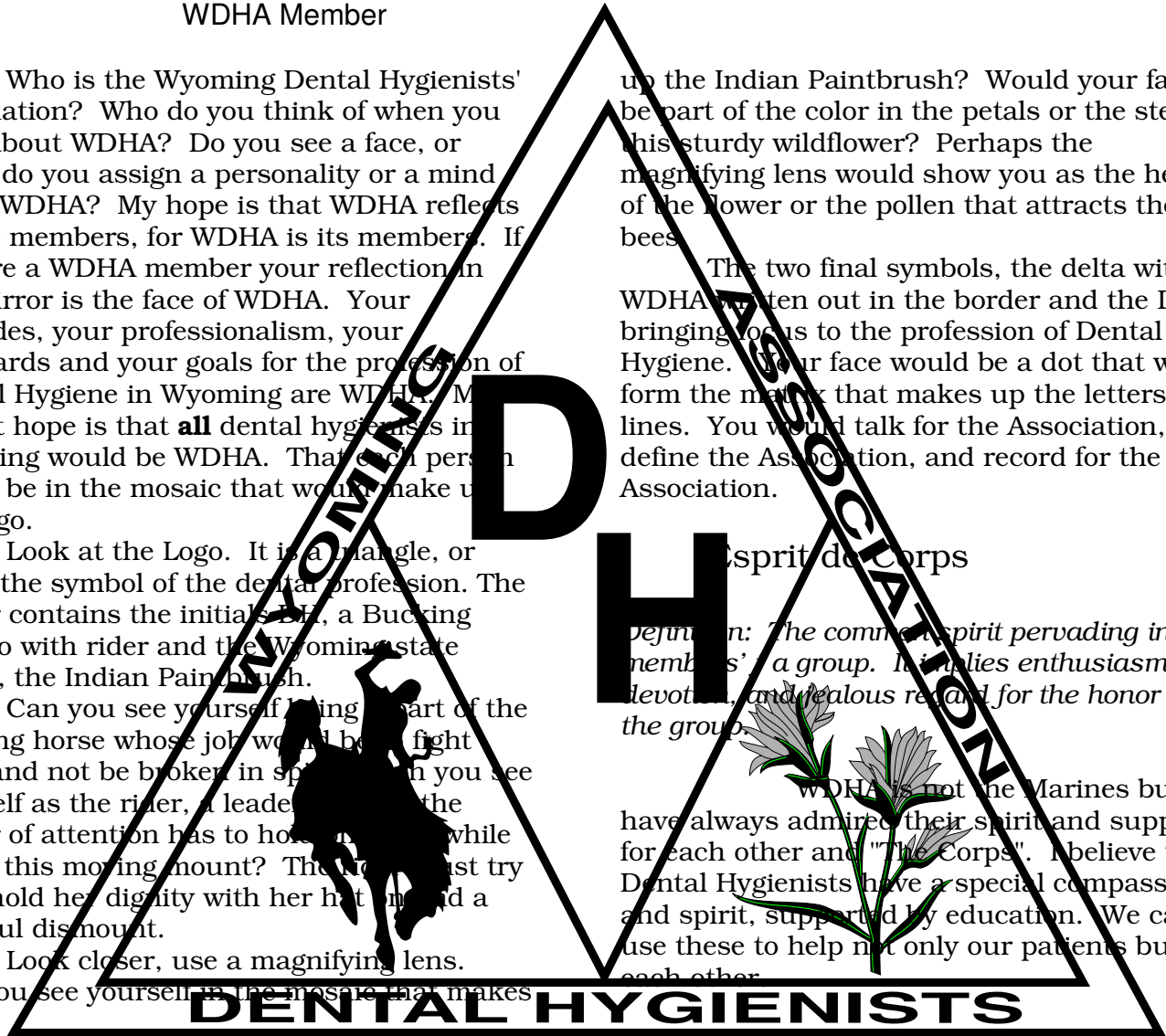
up the Indian Paintbrush? Would your face be part of the color in the petals or the stem of this sturdy wildflower? Perhaps the magnifying lens would show you as the heart of the flower or the pollen that attracts the bees.

The two final symbols, the delta with WDHA written out in the border and the DH bringing focus to the profession of Dental Hygiene. Your face would be a dot that would form the mosaic that makes up the letters and lines. You would talk for the Association, define the Association, and record for the Association.

DH esprit de Corps

Definition: The common spirit pervading in the members of a group. It implies enthusiasm, devotion, and zealous regard for the honor of the group.

WDHA is not the Marines but I have always admired their spirit and support for each other and "The Corps". I believe that Dental Hygienists have a special compassion and spirit, supported by education. We can use these to help not only our patients but each other.



2007 General Session Convenes January 9, 2007

Contributed by Sheila Flynn, RDH

The 2007 Wyoming State Legislative Session began January 9 and WDHA invites all Dental Hygienists in the State to educate themselves in the legislative process. We ask you to take 15 minutes to look up the website, explore the home page and find your Representatives and Senators. Take an extra five minutes and put your legislators in your address book; the legislators prefer correspondence via email. Dental Hygienists need to be part of the process for positive changes in the Oral Health of the people of Wyoming.

Website: <http://legisweb.state.wy.us> or Google Wyoming State Legislature.

Home Page will help you "Locate Your Legislator" and "E-Mail Your Legislator". You can review "Committee Sponsored Bills for the 2007 General Session".

Institute for Oral Health

Contributed by Pauline P. Phillips, RDH, MPA. Institute Liaison

Institute Mission “To encourage and promote professional excellence through scholarships and quality research in collaboration with the American Dental Hygienists’ Association.”

Institute Scholarships Now Available Online

One of the primary functions of the ADHA Institute for Oral Health is to provide scholarship opportunities for outstanding dental hygiene students. October’s newsletter listed the names of the **46 scholarship** recipients for 2006-2007. The winners represented **30 states** from all parts of the country. A wonderful goal for the New Year would be to have **all 51 constituents** represented by a scholarship award winner.

To be able to achieve this goal, more dollars need to be raised to increase the number of scholarships available. Increased fundraising goals will also provide the extra funds needed to increase the visibility of the IOH scholarship and grants programs. Through increased promotion of the availability of scholarships and through fundraising activities to reach your state’s goals, we can work together to make this happen.

The due date for 2007-2008 scholarship applications is **May 1, 2007**. Instructions for obtaining and completing applications will be available online on **January 1, 2007**, by visiting the Institute Web site at: www.adha.org/Institute. A complete listing of all Institute scholarships and their criteria is also available on the Web site.

2007 Institute for Oral Health Raffle

This year the Institute introduces its first ever raffle! The “Big Easy” raffle has the potential to raise \$25,000 in revenue to help fund vital institute programs. The drawing will take place at the 2007 ADHA Institute for Oral Health Gala at the 84th Annual Session in New Orleans, Louisiana. There will be one (1) cash prize of \$2500; winner need not be present to win.

Each IOH Liaison is asked to sell a minimum of 200 tickets at \$2 each; all tickets sold will count toward fulfilling your 2006-2007 fundraising goal. We absolutely welcome you to sell more than the minimum of 200 raffle tickets. (I’ll have tickets and more information soon.)

We encourage you to ask hygienists’ at local and state level meetings, employers and co-workers, friends and family, anyone who might have an interest in supporting Institute programs and the profession of dental hygiene.

- ✓ Wyoming’s goal for 2006-2007 is **\$2,562.00**
- ✓ Monies raised for 2005-2006 totaled **\$2,050.00**

Your continued financial support of the Institute will ensure its’ continued success in providing for educational scholarships, research grants, faculty fellowships and community service grants. Donations may be sent to the Institute at ADHA, 444 North Michigan Avenue, Chicago, IL 60611 or to Pauline Phillips at PO Box 21237, Cheyenne, WY 82003.

NATIONAL CHILDREN'S DENTAL HEALTH MONTH



Overview by the ADA: The annual observance of children's dental health began as a one-day event in Cleveland, Ohio on February 3, 1941. During that year, February 3-7 was designated as Children's Dental Health Week in Akron, Ohio

The American Dental Association held the first national observance of Children's Dental Health Day on February 8, 1949. This single day observance became a week-long event in 1955. In 1981, the program was extended to a month-long celebration known today as National Children's Dental Health Month

Since 1941, the observance has grown from a two-city event into a nationwide program. NCDHM

If you visit the ADA website at www.ada.org/prof/events/featured/ncdhm.asp you can download free coloring and activity sheets for use as handouts in classrooms or for young patients in your office. There are also tips on planning a school presentation. Other materials available for NCDHM can be purchased through the ADA's catalog.

messages reach millions of people in communities across the country and at numerous armed service bases abroad. Local observances often include poster, coloring, and essay contests, health fairs, free dental screenings, museum exhibits, classroom presentations and dental office tours.

The American Dental Association produces a program planning kit for its state and local societies and dental alliances to assist them in local promotional efforts. Planning kits include a poster, planning workbook, suggested resources, reproducible handouts, and publicity information. Posters are also available to the dental societies for use in classroom visits.

Tips For Working With Children—From Utah Dental Hygienists' Association, "The Fulcrum Point"—January 2005.

*Each staff member should greet the child by name in a friendly and welcoming manner. Bend down or squat so that you are at the child's head level and listen to what he or she has to say.

*The treatment room should be decorated in a way that appeals to children. Show the child the instruments you will be using and explain how they are used. Make everything unfamiliar look friendly. For example, you might draw faces on masks used for demonstration, or some practitioners like to call the suction "Mr. Thirsty." Demonstrate the buttons on the chair and how it moves up and down, but do not put the chair back if doing so makes the child nervous

*Let mom or dad into the operatory if the child wants them there, especially for the first visit. Both you and the room will look less frightening with a familiar face present.

*Explain exactly what you are going to do during the appointment. Use age-appropriate terms to explain why it is so important that teeth be kept healthy.

*Turn the exam into a game. For example count eyes, ears and fingers before moving on to counting teeth.

*Always give the child a choice of flavors. Write down preferences so you will have all their favorites ready for the next time. If the light gets in a child's eyes, produce a pair of sunglasses and say how cool he or she looks. If the fluoride trays are unacceptable, apply the fluoride manual with a new toothbrush presented during the brushing lesson. Let the patient know that you are in control with a fast solution to every problem.

*Praise the good but don't criticize the bad. A child may take "these teeth don't look so good" very personally and feel he or she has done something wrong. Concentrate on teaching the right way to take care of teeth.

*Don't use tricks or lie: keep your promises. If you say "just let me do one more thing," do it and let the patient go. If a child won't cooperate, try again another day.

*When the visit is over let the child pick a treat from a "treasure box". Praise good behavior and let the child give mom or dad "the good news".

Student American Dental Hygienists' Association Updates

Sheridan College 2005-2006

Activities

1. Paid for subscriptions for the clinic waiting room: Sports Illustrated, Real Simple, Time, Entertainment Weekly, Reader's Digest and Highlights for Kids
2. Donated toothbrushes and toothpaste to the following programs:
 - a. Women's shelter
 - b. Youth Home
 - c. Men's homeless shelter
 - d. Buffalo Head Start
3. Purchased a DVD/VHS combination player and \$90 Blockbuster gift certificate for the Sheridan Youth Home.
4. Purchased toys and clothing for two local children for Christmas.
5. Donated \$100 to the ADHA Scholarship Fund
6. Allocated \$1,100 to the junior students to help defray the cost of food on their trip to the Rocky Mountain Dental Convention in Denver.
7. Allocated \$400 toward expenses for Kindergarten Day at Sheridan College.
8. Donated \$300 to the Sheridan College Speech Team to help them with the costs of traveling to Prague for an international speech competition.
9. Provided an educational table at the Arvada-Clearmont Health Fair for their students.
10. Made popcorn and handed it out for free to students on campus during finals week.

Fundraising

1. Worked the volleyball and basketball concessions for Sheridan College
2. Sold Prevident, Rembrandt whitening strips, Hummingbird flossers and Oral B rotary toothbrushes in the clinic.
3. Chili Sale
4. Christmas Raffle
5. Worked at the campus blood drive.
6. Worked the highway cleanup for Student Senate.
7. Attending Student Senate meetings and working at the activities to earn points
8. Worked at the Ducks Unlimited banquet
9. Had a Super Nacho Sale on campus
10. Working Student Senate activities to earn points and semester money.

\$6,364 was earned in fundraising during the 2005-2006 year

LCCC SADHA

Contributed by Emily Groll

The spring semester at LCCC brings about many exciting endeavors to look forward to. The senior students are getting ready to wrap up the program and prepare for their national and regional board exams and move on to the "real world" of being employed RDH's. At the same time they have welcomed the new incoming class of 2008. While the new class has been anxiously awaiting the beginning of their journey through dental hygiene school, the seniors have been busy being active participants of SADHA. They have sponsored several fundraisers to raise money for not only their graduation ceremony, but also for the community outreach programs they have already participated in and will continue to do so throughout their last term as part of their Public Health course. As well as promoting oral health in various schools in the community, the seniors will take part in February's Give-Kids-A-Smile program. One of their final projects will include table clinic presentations to members of the dental community. This month the seniors also look forward to welcoming the new class to their first SADHA meeting in order to show them the ropes of being a member of the Student American Dental Hygiene Association.

**ADHA/ WDHA MEMBERSHIP
PREPAYMENT PLAN**



Did You Know?

A Latte a week will fund your Association dues for the year.

\$200 = \$3.85 per week
52 weeks

**You and your profession
NEED each other.**

WDHA is offering a prepayment program for the 2007 ADHA/ WDHA membership dues. This payment plan is designed to take the sting out of membership dues. This plan is currently available for the 2007 Spring billing cycle. ADHA annual dues are **\$170** and **\$30** for WDHA, which comes to **\$200** total payable dues.

1. Payments are due in February, March, April and May for Spring 2007.
2. No refunds will be made with the exception of hygienists moving out of state.
3. If you are NOT currently an ADHA/ WDHA member, please request a membership application with your first payment.
4. If you are currently an ADHA member, return your ADHA billing notice with your last payment.
5. NO BILLING WILL BE SENT. Each participant will be responsible for meeting each payment; your check is your receipt.

With your final payment, your application will be processed immediately for ADHA/ WDHA benefits. If you wish to participate, please complete the attached form and sign. THANKS!

Agreement & Payment 1- Due Feb. 1, 2007

I, _____, agree to participate in the WDHA dues prepayment plan for 2007 is not refundable. Enclosed is my first payment of **\$50**.

Name _____

Social Security # _____

Address _____

City _____ Zip _____

Telephone _____

Signature _____

New Member: Yes _____ or No _____

Make Checks payable to **WDHA** and mail to:
Rhonda Faulkner
1048 Lane 11
Powell, WY 82435

Payment 2 – Due March 1, 2007

Payment due is **\$50** and is not refundable.
Make checks payable to **WDHA** and mail to:
Rhonda Faulkner
1048 Lane 11
Powell, WY 82435

Name _____

Address _____

City /Zip _____

Payment 3 – Due April 1, 2007

Payment due is **\$50** and is not refundable.
Make checks payable to **WDHA** and mail to:
Rhonda Faulkner
1048 Lane 11
Powell, WY 82435

Name _____

Address _____

City /Zip _____

Payment 4 – Due May 1, 2007

Payment due is **\$50** and is not refundable.
Make checks payable to **WDHA** and mail to:
Rhonda Faulkner
1048 Lane 11
Powell, WY 82435

Name _____

Address _____

City /Zip _____

WDHA Newsletter

Winter 2006

WYOMING DENTAL HYGIENISTS' ASSOCIATION

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ADHA- Important numbers you can use.

- Main: 312-440-8900
- Fax: 312-467-1806
- Toll Free 1-800-243-2342 (members only)
- Website: <http://www.adha.org/>
- Email: mail@adha.net

Oral Health Care Hotline

1-800-847-6718

Website: www.adha.org/institute

Email: institute@adha.net