

NEVADA STATE BOARD  
of  
DENTAL EXAMINERS



BOARD MEETING

JULY 19, 2019

9:00 A.M.

**PUBLIC BOOK**

# **Draft Minutes**

# **May 10, 2019 Draft Minutes**



# NEVADA STATE BOARD OF DENTAL EXAMINERS

## Meeting Location:



Nevada State Board of Dental Examiners  
6010 S Rainbow Blvd, Suite A1  
Las Vegas, Nevada 89118

Video Conferencing was available for this meeting at the Nevada State Board of Medical Examiners  
Office located at: 9600 Gateway Drive, Reno, Nevada 89521

## PUBLIC MEETING

**Friday, May 10, 2019  
9:28 a.m.**

### Board Meeting **DRAFT** Minutes

**Please Note:** The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. The public is welcomed to attend the meeting at the Board office located at 6010 S. Rainbow Blvd, Suite A1; Las Vegas, Nevada 89118; or in the Conference room of the Nevada State Board of Medical Examiners office located at 1105 Terminal Way, Suite #301; Reno, NV 89502 (when applicable).

Persons wishing to comment may appear at the scheduled workshop/hearing or may address their comments, data, views, arguments or small business impact in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118, Attn: Debra Shaffer-Kugel, Executive Director; FAX number (702) 486-7046; e-mail address [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov)**. Written submissions must be received by the **NEVADA STATE BOARD OF DENTAL EXAMINERS** on or before **May 7, 2019** in order to make copies available to members and the public.

The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. See NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

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**Asterisks (\*) denote items on which the Board may take action.  
Action by the Board on an item may be to approve, deny, amend, or table.**

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### **1. Call to Order, roll call, and establish quorum**

Mrs. Bethea called the meeting to order and Mrs. Shaffer-Kugel conducted the following roll call:

Mrs. Yvonne Bethea ("Ms. Bethea") ----- PRESENT (President)  
Dr. R. Michael Sanders ("Dr. Sanders") ----- PRESENT (Secretary-Treasurer)  
Dr. Byron Blasco ("Dr. Blasco") ----- PRESENT  
Dr. Timothy Pinther ("Dr. Pinther") ----- PRESENT  
Dr. Jason Champagne ("Dr. Champagne") ----- PRESENT  
Dr. Gregory Pisani ("Dr. Pisani") ----- PRESENT  
Dr. D. Kevin Moore ("Dr. Moore") ----- EXCUSED  
Dr. David Lee ("Dr. Lee") ----- PRESENT  
Ms. Betty Pate ("Ms. Pate") ----- PRESENT  
Ms. Joan Shadler ("Ms. Shadler") ----- PRESENT  
Ms. Gabrielle Cioffi ("Ms. Cioffi") ----- PRESENT

**Others Present:** Melanie Bernstein Chapman, Board General Counsel; Rosalie Bordelove, Esquire, Deputy Attorney General/Board Co-Counsel; Debra Shaffer-Kugel, Executive Director.

**Public Attendees:** Terri Chandler, RDH, Future Smiles; Michael Kharioufeh, DDS; Daniel Bouer, Cameraman for the LVDA; Lyn Beggs, Esquire, Counsel for Smile Restore; Jennifer Hamilton, Executive Director for Smile Restore.

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**2. Public Comment:** (Public Comment is limited to three (3) minutes for each individual)

There was no public comment.

**Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)**

**\*3. Executive Director's Report** (For Possible Action)

**\*a. Minutes** – NRS 631.190 (For Possible Action)

- (1) Board Meeting – 03/22/2019
- (2) Committee on Dental Hygiene Meeting – 03/22/2019

Executive Director directed the Board members to the draft minutes provided in their meeting books and inquired if there were any amendments/corrections to be made. If none, Executive Director requested approval.

MOTION: Board Member Sanders motioned that the Board adopt both draft minutes of March 22, 2019. Motion seconded by Board Member Blasco. With no further discussion, the vote was unanimous, motion passed.

**\*b. Financials** – NRS 631.180/NRS 631.190 (For Possible Action)

- (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for period July 1, 2018 to March 31, 2019 (Informational Purposes only)

Mrs. Hummel was present. Mrs. Hummel inquired if the Board members had any questions regarding the financial statements. Mrs. Hummel discussed the statement of revenues and fund balances. She noted a significant increase in dental applications received for licensure by endorsement. The applications received were more than was anticipated in budget. Mrs. Hummel went over certain accounts with the Board and briefly explained how the allocation of funds are determined with drafting the budget.

**\*c. Authorized Investigative Complaints** - NRS 631.360 (For Possible Action)

- (1) Dr. Z: Received information from the Board's Licensing Specialist that Dr. Z has failed to file current board re-certification for his/her designated specialty in accordance with NRS 631.255 (For Possible Action)

Executive Director advised the Board members of the alleged violations of Dr. Z and requested the Board authorize an investigation against Dr. Z.

MOTION: Board Member Pate motioned that the Board authorize the investigation against Dr. Z. Motion was seconded by Board Member Blasco. No further discussion, the vote was unanimous, motion passed.

**\*d. Travel:** (For Possible Action)

- (1) OSAP Boot Camp Meeting – May 30 through June 2, 2019 – Tucson, Arizona
  - (a) Joan Shadler, RDH

Executive Director noted that Board Member Shadler has volunteered to attend the OSAP Boot Camp Meeting on behalf of the Board and Infection Control Committee. It was noted that Board Member Shadler would provide a report at the next board meeting. At the request of Board Member Lee, it was explained that OSAP was one of the largest groups that works with CDC compliance. It was explained why attending the meetings benefits the board in staying up to date with changes as they may affect dentistry, specifically as it relates to the CDC guidelines.

MOTION: Board Member Pisani motioned that the Board approve travel for Board Member Shadler. Motion seconded by Board Member Pinther. No further discussion, the vote was unanimous, motion passed.

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119 \*e. **Contracts:** (For Possible Action)  
120

121 (1) Lee Drizin, Esquire, Chartered  
122

123 Executive Director stated Mr. Drizin's current contract will expire on June 30<sup>th</sup> and to avoid interruption  
124 with continued legal representation in litigation case(s), the board would need to enter into a new  
125 contract with an effective date of July 1, 2019.  
126

127 MOTION: Board Member Blasco motioned that the Board approve the contract. Motion  
128 seconded by Board Member Sanders. No further discussion, the vote was unanimous,  
129 motion passed.  
130  
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133 \*4. **General Counsel's Report** (For Possible Action)  
134

135 \*a. **Legal Actions/Lawsuit(s) Update**  
136

137 General Counsel stated the case regarding Abbey Dental remained pending, and gave an update on  
138 where they were in the case and the motions/orders that have been issued.  
139  
140

141 \*b. **Board to determine if Smile Restore (a non-profit clinic) is operating in accordance**  
142 **with NRS 631.215(2)(f)(3)** (For Possible Action)  
143

144 Lyn Beggs, Counsel for Smile Restore was present, as well as Jennifer Hamilton, the Executive Director for  
145 Smile Restore. General Counsel stated that they have submitted information that was requested at the  
146 previous board meeting. General Counsel explained why this must come before the board. Smile  
147 Restore's fee schedule was provided to the Board; and Ms. Beggs explained that they condensed their  
148 fee schedule look so that it would be easier to understand. Ms. Beggs went on to explain all the  
149 documents submitted by Smile Restore. UCR fee is not charged to any SR patient. It was determined that  
150 the voucher program was a little too complicated to understand and implement, and they have moved  
151 away from doing that for the time being. There was some discussion regarding how discounts are  
152 displayed on patient ledgers and the Access to Health Care Discount Program. Ms. Hamilton explained  
153 what the program is and how it worked.  
154

155 MOTION: Board Member Pisani moved that board motion that Smile Restore is compliant with NRS  
156 631.215(2)(f)(3). Motion seconded by Board Member Pinther. No further discussion, the  
157 vote was unanimous, motion passed.  
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161 \*5. **New Business** (For Possible Action)  
162

163 \*a. **Consideration of Application to Reactivate Inactive License** – NAC 631.170  
164 (For Possible Action)  
165

166 (1) Michael Kharoufeh, DDS  
167

168 Executive Director noted that Dr. Kharoufeh was present. Executive Director stated that anyone with an  
169 inactive license that has not practiced dentistry in two (2) or more years must come before the board for  
170 consideration of their application to reactivate their inactive license. Executive Director stated that  
171 historically the Board has required a skills assessment or clinical exam in order to reinstate a license in  
172 where the licensee has not practiced dentistry or dental hygiene for 2 or more years. Dr. Kharoufeh  
173 stated that he was physically disabled from his right arm, but that he would be going to go work as a  
174 consultant, and therefore was seeking an active license with the limitation of doing no physical aspect of  
175 dentistry. Dr. Kharoufeh's license would be limited to diagnosis and treatment planning.  
176

177 MOTION: Board Member Blasco motioned that the Board approve Dr. Kharoufeh's application for  
178 reactivation of his Inactive license to active and the license is limited to diagnosis and  
179 treatment planning. Motion seconded by Board Member Pisani. No further discussion,  
180 the vote was unanimous, motion passed.  
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**\*b. Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)**

- (1) Kerry D. Hanson, DDS
- (2) Robert E. Hill, DDS

Executive Director advised the Board the licensee wished to surrender their licenses in the state of Nevada. The surrender is absolute and irrevocable. There was no pending matters and recommended approval of the voluntary surrender.

MOTION: Board Member Blasco moved that the board approve the request for voluntary surrender of the dental licenses. Motion was seconded by Board Member Pate. No discussion, the vote was unanimous, motion passed.

**\*c. Approval for Anesthesia-Permanent Permit – NAC 631.2233 (For Possible Action)**

**(1) General Anesthesia (For Possible Action)**

- (a) Paul P. Bohman, DDS

Executive Director stated that Board Member Moore reviewed the application and recommended approval of the Temporary General Anesthesia permit for Dr. Bohman.

MOTION: Board Member Pinther moved that the board approve the temporary General Anesthesia permit for Dr. Bohman. Motion seconded by Board Member Shadler. No discussion, the vote was unanimous, motion passed.

**(2) Moderate Sedation (patients 13 years of age & older) (For Possible Action)**

- (a) Chung M. Tsang, DMD

Executive Director stated that Board Member Moore reviewed the application and recommended approval of the Temporary General Anesthesia permit for Dr. Tsang.

MOTION: Board Member Pisani moved that the board approve the temporary Moderate Sedation (patients 13 years of age & older) permit for Dr. Tsang. Motion seconded by Board Member Champagne. No discussion, the vote was unanimous, motion passed.

**(3) Moderate Sedation (Pediatric Specialty) 21 years of age or younger (For Possible Action)**

- (a) Samira Farokh, DMD

Executive Director stated that Board Member Moore reviewed the application and recommended approval of the Temporary General Anesthesia permit for Dr. Farokh.

MOTION: Board Member Pinther moved that the board approve the temporary Moderate Sedation (Pediatric Specialty) 21 years of age or younger permit for Dr. Farokh. Motion seconded by Board Member Sanders. No discussion, the vote was unanimous, motion passed.

**\*d. Approval for Anesthesia-Temporary Permit – NAC 631.2254 (For Possible Action)**

**(1) Moderate Sedation (patients 13 years of age & older) (For Possible Action)**

- (a) Aaron J. Osga, DDS
- (b) Jong M. Um, DDS

Executive Director stated that Board Member Moore reviewed the application and recommended approval of the Temporary General Anesthesia permit for Dr. Osga and Dr. Um.

249 MOTION: Board Member Pinther moved that the board approve the applications for a temporary  
250 Moderate Sedation (patients 13 years of age & older) permit. Motion seconded by  
251 Board Member Champagne. No discussion, the vote was unanimous, motion passed.

252 **(2) Moderate Sedation (pediatric specialty) 21 years of age or younger** (For Possible Action)

253 (a) Andrek J. Ingersoll, DMD  
254

255 Executive Director stated that Board Member Moore reviewed the application and recommended  
256 approval of the Temporary General Anesthesia permit for Dr. Ingersoll.  
257

258 MOTION: Board Member Pisani moved that the board approve the application for a temporary  
259 Moderate Sedation (Pediatric Specialty) 21 years of age or younger permit. Motion  
260 seconded by Board Member Pinther. No discussion, the vote was unanimous, motion  
261 passed.  
262

263 **\*e. Approval for a 90-Day Extension of Anesthesia Permit** – NAC 631.2254(2) (For Possible Action)  
264

265 **(1) General Anesthesia** (For Possible Action)  
266

267 (a) Thomas P. Myatt, DDS  
268

269 (b) Tate L. Viehweg, DMD  
270

271 MOTION: Board Member Pisani moved that the board approve the request for a 90-day extension  
272 for the applicants listed. Motion seconded by Board Member Champagne. No  
273 discussion, the vote was Unanimous, motion passed.  
274

275 **\*f. Legislative Session Update:** (Informational Only)  
276

277 Executive Director stated that SB366 was a bill sponsored by Senator Ratti along with the Nevada Dental  
278 Hygiene Association that would have established a separate board for dental hygiene. However, that  
279 provision has been deleted from the bill. Currently, the bill would enact licensure for dental therapists in  
280 the state of Nevada .  
281

282 **6. Committees:**  
283

284 **a. Legislative and Dental Practice** (For Possible Action)  
285

286 (Chair: Dr. Pinther; Dr. Lee; Dr. Moore; RDH Shadler & Ms. Cioffi)  
287

288 Board Member Pinther stated there was no report.  
289

290 **\*b. Legal and Disciplinary Action** (For Possible Action)  
291

292 (Chair: Dr. Blasco; Dr. Pisani; Dr. Lee; RDH Pate & Ms. Cioffi)  
293

294 Board Member Blasco stated there was no report.  
295

296 **\*c. Examinations Liaisons** (For Possible Action)  
297

298 **\*(1) WREB/HERB Representatives** (For Possible Action)  
299

300 (Dr. Blasco; RDH Pate)  
301

302 Board Member Blasco stated there was no report. Board Member Pate stated there was no report.  
303

304 **\*(2) ADEX Representatives** (For Possible Action)  
305

306 (R. Michael Sanders, DMD)  
307

308 Board Member Sanders stated there was no report.  
309

310 **\*d. Continuing Education** (For Possible Action)  
311

312 (Chair: Dr. Champagne; Dr. Lee; Dr. Moore; RDH Shadler)  
313

314 Board Member Champagne stated there was no report.  
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**\*e. Committee of Dental Hygiene** (For Possible Action)  
(Chair: RDH Pate; RDH Bethea; RDH Shadler; Dr. Pisani)

- (1) Approve/Reject recommendation to amend NAC 631.210 regarding utilizing a laser for the treatment of herpes labialis (cold sores) by dental hygienists (For Possible Action)

Board Member Pate, Chair of the Committee on Dental Hygiene explained the request and recommendation amending the regulation to include, utilizing a laser for the treatment of herpes labialis (cold sores) by dental hygienists. General Counsel noted that there was a motion to change 631.210 to allow dental hygienist to utilize lasers to treat aphthous ulcers. Board Member Pisani clarified that the recommendation was to treat both aphthous ulcers and herpes labialis; further, that the diagnosis must come from the dentist before the dental hygienist can treat for one or both with a laser.

MOTION: Board Member Blasco motioned that the Board approve the recommendations by the Committee on Dental Hygiene. Motion seconded by Board Member Sanders. No further discussion, vote was unanimous, motion passed.

- (2) Approve/Reject recommendation to amend NAC 631.173 to add the American Academy of Dental Hygiene as an automatic approved continue education provider (For Possible Action)

Executive Director stated the courses offered by the American Association of Dental Hygiene which receives automatic provider approval under the regulations courses are approved by the American Academy of Dental Hygiene. Therefore, the Committee on Dental Hygiene recommends amending the regulation to include the American Academy of Dental Hygiene to receive automatic approval.

MOTION: Board Member Sanders motioned that the Board approve the recommendations made by the Committee on Dental Hygiene. Motion seconded by Board member Cioffi. No further discussion, vote was unanimous, motion passed.

**\*f. Anesthesia** (For Possible Action)  
(Chair: Dr. Moore; Dr. Champagne; Dr. Sanders)

Board Member Champagne stated there was no report. General Counsel noted that the Board received an invite for any board members to audit a DOCS anesthesia course.

**\*g. Infection Control** (For Possible Action)  
(Chair: RDH Bethea; Dr. Sanders; Dr. Champagne; RDH Shadler)

Board Member Bethea stated there was no report.

**\*h. Budget and Finance Committee** (For Possible Action)  
(Chair: Dr. Sanders; Dr. Moore; MRDH Bethea; Ms. Cioffi)

Board Member Sanders stated there was no report.

**7. Public Comment:** (Public Comment is limited to three (3) minutes for each individual)

There was no public comment.

**Note:** No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

**8. Announcements:** Executive Director announced that dental license and limited license renewals were well underway, and that a second reminder postcard would be mailed to licensees.

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**\*9. Adjournment** (For Possible Action)

Board Member Bethea called for a motion to adjourn.

MOTION: Board Member Blasco motioned the May 10, 2019 meeting of the Nevada State Board of Dental Examiners be adjourned. Motion seconded by Board Member Sanders, and without discussion, the vote was unanimous, motion passed.

Meeting adjourned at 10:34 a.m.

*Minutes approved at the July 19, 2019 Board Meeting*  
Respectfully Submitted by:

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**Debra Shaffer-Kugel, Executive Director**

DRAFT

# **June 14, 2019 Draft Minutes**



NEVADA STATE BOARD OF DENTAL EXAMINERS  
 6010 S. Rainbow Boulevard, Suite A1  
 Las Vegas, NV 89118  
 Friday, June 14, 2018  
 9:12 a.m.



Notice of Formal Hearing Agenda

Nevada State Board of Dental Examiners v. George B. Miller, DMD

**DRAFT Minutes**

**1. Call to Order, roll call, and establish quorum**

RDH Bethea called the meeting to order and Executive Director Shaffer-Kugel conducted the following roll call:

- Dr. Timothy Pinther ("Dr. Pinther") ----- PRESENT
- Dr. R. Michael Sanders ("Dr. Sanders") ----- PRESENT
- Dr. Byron Blasco ("Dr. Blasco") ----- PRESENT
- Dr. Jason Champagne ("Dr. Champagne") -- EXCUSED
- Dr. David Lee ("Dr. David Lee")----- PRESENT
- Dr. Gregory Pisani ("Dr. Pisani") ----- PRESENT
- Dr. D. Kevin Moore ("Dr. Moore") ----- PRESENT
- RDH Joan Shadler ("Ms. Shadler") ----- PRESENT
- RDH Yvonne Bethea ("Ms. Bethea") ----- PRESENT
- RDH Betty Pate ("Ms. Pate") ----- PRESENT
- Public Member Gabrielle Cioffi ("Ms. Cioffi") -----PRESENT

**Others Present:** Melanie Bernstein Chapman, Board General Counsel; Sophia Long, Deputy Attorney General/Board Co-Counsel; Debra Shaffer-Kugel, Executive Director, George B. Miller, DMD, Sean Kelly, Esquire, Legal Counsel for Dr Miller.

**Public Attendees:** George Brett Miller, DMD; Sean Kelly, Esquire – Counsel for Dr. Miller, Carroll, Kelly Trotter; John Dorgan, Expert Witness for Dr. Miller; Haley Koziol, Touro University Nevada; Katie Chalkin, LVDA; Johanna Vorce, LIT Services.

**2). The purpose of this hearing is to consider the allegations regarding/related to the verified complaint received by the Nevada State Board of Dental Examiners for the violations of NRS 631 and NAC 631 and take such action the Board deems appropriate, pursuant to NRS 631.350. (Pursuant to NRS 241.030(a), the board may, by motion, enter into closed session)**

Melanie Bernstein Chapman, Esquire General Counsel for the Board made an opening statement and went over the allegations contained in the formal complaint. Ms. Lissa McCain the patient who filed the verified complaint against Dr. Miller testified before the Board. In addition, Bradley Strong, DDS, Disciplinary Screening Officer testified before the Board regarding his investigation and the findings and recommendations. Dr Miller provided testimony along with his expert John Dovgan, DDS.

Thereafter, the Board Members deliberated on the preponderance of evidence and possible violations of statutes and/or regulations and Decision. Dr. Pisani and RDH Pate abstained from participation and vote due to their positions on the Review Panel.

\*\*Transcription of the hearing is available upon request.

*Minutes approved at the July 19, 2019 Board Meeting*  
 Respectfully Submitted by:

**Debra Shaffer-Kugel, Executive Director**

# **June 20, 2019 Draft Minutes**



**NEVADA STATE BOARD OF DENTAL EXAMINERS**  
**6010 S Rainbow Boulevard, Suite A-1**  
**Las Vegas, Nevada 89118**  
**(702) 486-7044**



Telephone Conferencing site for this meeting was at the Nevada State Board of Dental Examiners Office  
Conference Room: 6010 S Rainbow Blvd, Suite A1, Las Vegas, Nevada 89118

**Telephone Conference**

**PUBLIC MEETING**

**Thursday, June 20, 2019**

**7:31 PM**

**Board Meeting Agenda**

**DRAFT Minutes**

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Persons wishing to comment may appear at the scheduled workshop/hearing or may address their comments, data, views, arguments or small business impact in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118, Attn: Debra Shaffer-Kugel, Executive Director; FAX number (702) 486-7046; e-mail address [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov)** . Written submissions must be received by the **NEVADA STATE BOARD OF DENTAL EXAMINERS** on or before **June 18, 2019** in order to make copies available to members and the public.

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Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

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***Action by the Board on an item may be to approve, deny, amend, or table.***

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- Dr. Byron Blasco ("Dr. Blasco") ----- PRESENT
- Dr. Timothy Pinther ("Dr. Pinther") ----- PRESENT
- Dr. Jason Champagne ("Dr. Champagne") ----- EXCUSED
- Dr. Gregory Pisani ("Dr. Pisani") ----- PRESENT
- Dr. D. Kevin Moore ("Dr. Moore") ----- PRESENT
- Dr. David Lee ("Dr. Lee") ----- PRESENT
- Ms. Betty Pate ("Ms. Pate") ----- PRESENT
- Ms. Joan Shadler ("Ms. Shadler") ----- PRESENT
- Ms. Gabrielle Cioffi ("Ms. Cioffi") ----- PRESENT

**Others Present:** Melanie Bernstein Chapman, Board General Counsel; Sophia Long, Esquire, Deputy Attorney General/Board Co-Counsel; Debra Shaffer-Kugel, Executive Director.

53 **Public Attendees:** Daniel Bouer, Cameraman for LVDA.  
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55 **2. Public Comment:** (Public Comment is limited to three (3) minutes for each individual)  
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57 There was no public comment.  
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59 **Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself**  
60 **has been specifically included on an agenda as an item upon which action may be taken. (NRS**  
61 **241.020)**

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63 **\*3. New Business:** (For Possible Action)  
64

- 65 (a) Board to determine and approve the reasonable investigation costs and attorney fees  
66 regarding the Formal Hearing(s) for George B. Miller, DMD – NRS 622.400 (For Possible Action)  
67

68 Executive Director stated to the Board Members should have received a copy of the fees and costs  
69 associated with the investigation and informal hearings. Executive Director stated that during  
70 deliberation at the Formal Hearing, DAG Long explained that there was a change that now required  
71 regulatory bodies must determine whether the costs are reasonable. She added that a breakdown of all  
72 costs, as well as the invoices associated with the costs, was also provided to them for consideration at this  
73 meeting. Executive Director stated what the total costs were, but noted that the invoice that was yet to be  
74 received was the court reporters' costs from hearing that had taken place the week prior; however, the  
75 court reporter cost included in the breakdown was a smaller amount than what was actually projected by  
76 the court reporter and what has been charged by the court reporter in comparison to other formal hearings.  
77 It was noted that the travel costs for Board Member Pate and Board Member Pisani, were not included in  
78 the costs, as they sit on the review panel. There was discussion between Board Member Moore and Board  
79 General Counsel regarding the number of hours spent on the case during the three (3) years that the  
80 matter was ongoing.  
81

82 MOTION: Board Member Sanders motioned that the Board reviewed the fees and costs; they  
83 found them reasonable, necessary and actually incurred and approve the fees as  
84 presented. Motion seconded by Board Member Pinther. Board Member Pate and  
85 Board Member Pisani abstained from the vote. No further discussion, motion passes.  
86

- 87 (b) Approve an installment plan for George B. Miller, DMD for the reimbursement of  
88 investigation costs and attorney fees pursuant to NRS 622.400 (For Possible Action)  
89

90 Executive Director stated that upon the conclusion of the hearing, she contacted Mr. Sean Kelly, Counsel for  
91 Dr. Miller, and notified him of the result of the deliberations. During the discussion with Mr. Kelly, it was noted  
92 that Dr. Miller would need an installment plan. Executive Director added that, if approved, the Board would  
93 need to amend the order to include an installment plan for the reimbursement of fees. Executive Director  
94 stated that they could include an installment plan of, for example, 11 payments that would take effect 30  
95 days from the date of the order. If such a plan were approved, it could be broken into installments as  
96 follows: 10 payments in the amount of one thousand nine hundred nineteen dollars and fifty cents  
97 (\$1,919.50), and a final (11<sup>th</sup>) payment in the amount of three thousand eight hundred and thirty-nine dollars.  
98

99 MOTION: Board Member Blasco motioned that Board approve the installment plan as outlined.  
100 Motion seconded by Board Member Sanders. Board Member Pate and Board Member  
101 Pisani abstained from the vote. No further discussion, motion passes.  
102

- 103 (c) Amend the supervised provision of the Decision approved by the Board on June 14, 2019  
104 regarding George B. Miller, DMD (For Possible Action)  
105

106 This item can be withdrawn – no action on this agenda item, since the installment plan coincided with the  
107 one year supervised period.  
108

- 109 (d) Approve independent/private mediator in lieu of a court assigned mediator at the request and  
110 cost of plaintiffs in the Abbey Dental Center case (For Possible Action)  
111

112 Board General Counsel noted that while the agenda states "arbitrator" the plaintiffs are actually requesting  
113 Mediation not Arbitration. It was noted that that plaintiffs requested this mediation and have agreed to  
114 cover the costs of the private mediator.  
115

116 MOTION: Board Member Moore motioned to approve the independent mediation. Board Member  
117 amended his motion to include that the Board appoint the Board's Litigation Counsel to  
118 make the final determination as to which mediator is agreed upon. Motion seconded by  
119 Board Member Sanders. No further discussion motion passes.  
120

- 121  
122 (e) Request the Board issue a subpoena duces tecum signed by the Board's Secretary-  
123 Treasurer to Dr. X. Dr. X has refused the Board's request for records in connection with a  
124 patients verified complaint and in violation of NRS 629.061 (For Possible Action)  
125

126 Board General Counsel noted that there were two (2) typographical errors, should say "refused not  
127 "regused" and "NRS 629.061" not "NRS 629.016". Board General Counsel noted that Dr. X has a verified  
128 complaint against them; however, Dr. X has refused to provide copies of the records requested. Board  
129 General Counsel requested that the Board determine whether or not a subpoena for the records should be  
130 issued.  
131

132 MOTION: Board Member Pinther motioned that Board authorize the issuance of a subpoena to be  
133 signed by the Secretary-Treasurer. Motion seconded by Board Member Blasco. Discussion:  
134 Board General Counsel stated that Dr. X's position is that the Board is not entitled to the  
135 records and that the Board does not have jurisdiction over the complaint, and therefore  
136 they are refusing to submit the records in response to the Board's request for records in  
137 conjunction with the patients verified complaint. No further discussion, motion passes.  
138  
139

- 140 (f) Appoint Disciplinary Screening Officers (DSO) NRS 631.190 (For Possible Action)  
141

- 142 (1) Andrew Stutz, DDS (General)  
143 (2) James Mah, DDS (Ortho)  
144 (3) Prashanti Ballu, DMD (Ortho)  
145

146 MOTION: Board Member Pinther motioned that Board approve the appointment of the DSO's as  
147 listed above. Discussion: Dr. Lee inquired how a licensee becomes a DSO. The Executive  
148 Director explained that on the board's website there is an application that a licensee  
149 interested in serving as an Infection Control Inspector, an Anesthesia Evaluator – for those  
150 who hold an anesthesia permit – or as a DSO, may complete and submit an application to  
151 the Board office. Board General Counsel noted that Dr. Mah is affiliated with UNLV SDM  
152 and Dr. Ballu is affiliated with Roseman University, and therefore asked that any board  
153 member that would like to note any disclosures should state so. Board Member Sanders  
154 disclosed that he is retired faculty from UNLV SDM. Board Member Bethea disclosed that  
155 her husband is faculty at UNLV, but does not interact with dental faculty. Deputy Attorney  
156 General advised that these disclosures do not require abstention by Board Members  
157 Bethea or Sanders. Motion seconded by Board Member Pate. No further discussion,  
158 motion passes.  
159  
160

161 **4. Public Comment:** (Public Comment is limited to three (3) minutes for each individual)  
162

163 There was no public comment.  
164  
165



166 **Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself**  
167 **has been specifically included on an agenda as an item upon which action may be taken. (NRS**  
168 **241.020)**

169  
170 **5. Announcements:** Executive Director announced that the next Board Meeting is July 19, 2019.  
171 Executive Director reminded dentists and limited license holders that their license renewals are due by  
172 June 30<sup>th</sup>, and that reminder postcards were sent out.

173  
174  
175 **\*6. Adjournment** (For Possible Action)

176  
177 Board Member Bethea called for a motion to adjourn.

178  
179 MOTION: Board Member Blasco motioned the June 14, 2019 meeting of the Nevada State Board of  
180 Dental Examiners be adjourned. Motion seconded by Board Member Sanders, and without  
181 discussion, the vote was unanimous, motion passed.

182  
183 Meeting adjourned at 7:57 p.m.

184  
185  
186  
187  
188 *Minutes approved at the July 19, 2019 Board Meeting*  
189 *Respectfully Submitted by:*

190  
191  
192  
193 \_\_\_\_\_  
194 **Debra Shaffer-Kugel, Executive Director**  
195

# **Financial Review**

**Nevada State Board of Dental Examiners**  
**Balance Sheet**  
As of May 31, 2019

	<u>May 31, 19</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
10000 · Wells Fargo-Operating	771,150.38
10015 · Wells Fargo - Saving	535,467.18
10010 · Wells Fargo-Reserves	1,200,328.65
<b>Total Checking/Savings</b>	<u>2,506,946.21</u>
<b>Accounts Receivable</b>	
11001 · Allowance for Bad Debts	-84,477.53
11000 · Accounts Receivable	85,480.71
<b>Total Accounts Receivable</b>	<u>1,003.18</u>
<b>Other Current Assets</b>	
11050 · Reimbursements Receivable	118.45
11200 · Prepaid Expenses	27,063.11
11210 · Prepaid Insurance	1,338.91
18000 · Deferred Outflows-Pension	246,396.00
<b>Total Other Current Assets</b>	<u>274,916.47</u>
<b>Total Current Assets</b>	<u>2,782,865.86</u>
<b>TOTAL ASSETS</b>	<u><u>2,782,865.86</u></u>
<b>LIABILITIES &amp; FUND BALANCE</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
20000 · Accounts Payable	33,285.47
<b>Total Accounts Payable</b>	<u>33,285.47</u>
<b>Other Current Liabilities</b>	
22125 · DDS Deferred Revenue	463,095.32
22136 · RDH Deferred Revenue	248,859.90
20500 · Fines Payable-State of Nevada	300.00
23750 · Accrued Vacation/Sick Leave	94,535.84
23821 · Employee Deferred Comp Payable	220.00
<b>Total Other Current Liabilities</b>	<u>807,011.06</u>
<b>Total Current Liabilities</b>	<u>840,296.53</u>
<b>Long Term Liabilities</b>	
20601 · Pension Liability	644,106.00
21001 · Deferred Inflows-Pension	46,114.00
<b>Total Long Term Liabilities</b>	<u>690,220.00</u>
<b>Total Liabilities</b>	<u>1,530,516.53</u>
<b>Fund Balance</b>	1,252,349.33
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<u><u>2,782,865.86</u></u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2018 through May 2019

	<u>Jul '18 - May 19</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
<b>40000 · Dentist Licenses &amp; Fees</b>			
40100 · DDS Active License Fee	554,351.43	537,625.00	16,726.43
40102 · DDS Inactive License Fee	31,843.01	30,712.00	1,131.01
40135 · DDS Activate/Inactive/Suspend	9,000.00	20,130.00	(11,130.00)
40136 · DDS Activate Revoked License	1,800.00	1,500.00	300.00
40140 · Specialty License App	1,625.00	3,250.00	(1,625.00)
40145 · Limited License App	2,125.00	2,250.00	(125.00)
40115 · Limited License Renewal Fee	10,101.37	12,815.00	(2,713.63)
40146 · Limited License-S Application	1,700.00	0.00	1,700.00
40116 · LL-S Renewal Fee	1,650.02	1,650.00	0.02
40150 · Restricted License App	600.00	450.00	150.00
40180 · Anesthesia Site Permit App	13,500.00	6,150.00	7,350.00
40182 · CS/GA/Site Permit Renewals	41,957.71	39,540.00	2,417.71
40183 · GA/CS/DS or Site Permit Relnp	20,250.00	15,950.00	4,300.00
40175 · Conscious Sedation Permit Appl	1,750.00	11,250.00	(9,500.00)
40170 · General Anesthesia Permit Appl	13,250.00	11,250.00	2,000.00
40186 · Pediatric Anesthesia Permit	7,000.00	3,000.00	4,000.00
40184 · Infection Control Inspection	18,250.00	17,750.00	500.00
40212 · DDS ADEX License Application	51,600.00	24,000.00	27,600.00
40205 · DDS Credential Appl Fee-Spcly	22,200.00	18,000.00	4,200.00
40211 · DDS WREB License Application	63,600.00	72,200.00	(8,600.00)
40214 · DDS License by Endorsement	36,600.00	24,000.00	12,600.00
<b>Total 40000 · Dentist Licenses &amp; Fees</b>	<u>904,753.54</u>	<u>853,472.00</u>	<u>51,281.54</u>
<b>50000 · Dental Hygiene Licenses &amp; Fees</b>			
40105 · RDH Active License Fee	198,811.16	198,766.00	45.16
40106 · RDH Inactive License Fee	6,878.94	7,345.00	(466.06)
40130 · RDH Activate/Inactive/Suspend	10,275.00	3,050.00	7,225.00
40110 · RDH LA/N2O Permit Fee	3,725.00	5,000.00	(1,275.00)
40224 · RDH ADEX License Application	6,600.00	2,400.00	4,200.00
40222 · RDH WREB License Application	33,300.00	33,600.00	(300.00)
40226 · RDH License by Endorsement	8,400.00	9,600.00	(1,200.00)
<b>Total 50000 · Dental Hygiene Licenses &amp; Fees</b>	<u>267,990.10</u>	<u>259,761.00</u>	<u>8,229.10</u>
<b>50750 · Other Licenses &amp; Fees</b>			
43650 · Reimbursed Investigation Costs	18,241.92	22,000.00	(3,758.08)
40602 · Monitoring Fees	87.50	0.00	87.50
40220 · License Verification Fee	5,650.00	7,000.00	(1,350.00)
40227 · CEU Provider Fee	10,000.00	8,850.00	1,150.00
40225 · Duplicate License Fee	1,075.00	800.00	275.00
40555 · Fines	450.00	0.00	450.00
40185 · Lists/Labels Printed	7,605.00	5,750.00	1,855.00
40600 · Miscellaneous Income	7,540.85	275.00	7,265.85
<b>Total 50750 · Other Licenses &amp; Fees</b>	<u>50,650.27</u>	<u>44,675.00</u>	<u>5,975.27</u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2018 through May 2019

	<u>Jul '18 - May 19</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>Total Income</b>	1,223,393.91	1,157,908.00	65,485.91
<b>Expense</b>			
68001 · CE Class Expenses	1,793.28	50,000.00	(48,206.72)
60500 · Bank Charges	17,995.22	14,610.00	3,385.22
68000 · Conferences & Seminars	18,368.83	22,000.00	(3,631.17)
63000 · Dues & Subscriptions	9,294.55	8,575.00	719.55
65100 · Furniture & Equipment	5,532.60	5,140.00	392.60
66500 · Insurance			
66500-1 · Liability	5,419.17	6,065.00	(645.83)
66500-2 · Workers Compensation	2,523.04	3,750.00	(1,226.96)
<b>Total 66500 · Insurance</b>	<u>7,942.21</u>	<u>9,815.00</u>	<u>(1,872.79)</u>
66520 · Internet/Web/Domain			
66520-1 · Licensing Software	0.00	7,534.00	(7,534.00)
66520-2 · E-mail, Website Services	2,780.82	4,241.00	(1,460.18)
66520-3 · Internet Services	3,525.66	3,221.00	304.66
66520-4 · Jurisprudence Exam Website	198.00	198.00	0.00
<b>Total 66520 · Internet/Web/Domain</b>	<u>6,504.48</u>	<u>15,194.00</u>	<u>(8,689.52)</u>
73500 · Information Technology			
73500-1 · Computer Repair/Upgrade	1,715.12	2,350.00	(634.88)
<b>Total 73500 · Information Technology</b>	<u>1,715.12</u>	<u>2,350.00</u>	<u>(634.88)</u>
66600 · Office Supplies	9,809.64	13,100.00	(3,290.36)
66650 · Office Expense			
68710 · Miscellaneous Expenses	3,938.59	4,565.00	(626.41)
68700 · Repairs & Maintenance			
68700-1 · Janitorial	5,500.00	5,500.00	0.00
68700-2 · Copier Maintenance	2,870.13	2,384.00	486.13
68700 · Repairs & Maintenance - Other	0.00	6,000.00	(6,000.00)
<b>Total 68700 · Repairs &amp; Maintenance</b>	<u>8,370.13</u>	<u>13,884.00</u>	<u>(5,513.87)</u>
68725 · Security	1,738.68	4,270.00	(2,531.32)
68715 · Shredding Services	295.50	595.00	(299.50)
68720 · Utilities	4,485.96	3,940.00	545.96
<b>Total 66650 · Office Expense</b>	<u>18,828.86</u>	<u>27,254.00</u>	<u>(8,425.14)</u>
67000 · Printing	6,297.98	6,400.00	(102.02)
67500 · Postage & Delivery	10,559.44	11,000.00	(440.56)
68500 · Rent/Lease Expense			
68500-1 · Equipment Lease	1,517.56	1,517.00	0.56
68500-2 · Office	66,486.42	66,573.00	(86.58)
68500-4 · Storage Warehouse	2,203.72	2,148.00	55.72
<b>Total 68500 · Rent/Lease Expense</b>	<u>70,207.70</u>	<u>70,238.00</u>	<u>(30.30)</u>
75000 · Telephone	1,821.02	1,980.00	(158.98)
75100 · Travel (Staff)	352.11	2,225.00	(1,872.89)
73550 · Per Diem (Staff)	29.62	445.00	(415.38)
73600 · Professional Fee			
73600-1 · Accounting/Bookkeeping	17,542.50	20,400.00	(2,857.50)

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2018 through May 2019

	<u>Jul '18 - May 19</u>	<u>Budget</u>	<u>\$ Over Budget</u>
73600-4 · Legislative Services	27,428.56	24,000.00	3,428.56
73600-2 · Legal-General	169,850.50	151,950.00	17,900.50
<b>Total 73600 · Professional Fee</b>	<b>214,821.56</b>	<b>196,350.00</b>	<b>18,471.56</b>
73700 · Verification Services	13,335.50	14,420.00	(1,084.50)
<b>72000 · Employee Wages &amp; Benefits</b>			
72100 · Executive Director	123,019.36	119,308.00	3,711.36
72300 · Credentialing & Licensing Coord	53,099.72	53,856.00	(756.28)
72132 · Site Inspection Coordinator	38,238.94	37,782.00	456.94
72200 · Technology/Finance Liaison	43,749.70	47,979.00	(4,229.30)
72130 · Public Info & CE Coordinator	30,558.70	30,195.00	363.70
72160 · Legal Counsel	108,153.79	113,784.00	(5,630.21)
72165 · Legal Assistant	13,557.74	47,872.00	(34,314.26)
72010 · Payroll Service Fees	1,686.46	1,650.00	36.46
72005 · Payroll Tax Expense	7,273.08	8,217.00	(943.92)
72600 · Retirement Fund Expense (PERS)	109,414.88	118,745.00	(9,330.12)
65525 · Health Insurance	60,274.24	67,067.00	(6,792.76)
<b>Total 72000 · Employee Wages &amp; Benefits</b>	<b>589,026.61</b>	<b>646,455.00</b>	<b>(57,428.39)</b>
<b>72400 · Board of Directors Expense</b>			
73650-5 · BOD Hearing Stipend	2,230.00	4,950.00	(2,720.00)
72400-1 · Director Stipends	11,970.00	13,420.00	(1,450.00)
72400-2 · Committee Mtgs-Stipends	1,440.00	600.00	840.00
72400-3 · Director Travel Expenses	5,370.52	4,000.00	1,370.52
72400-9 · Refreshments - Board Meetings	1,406.43	1,250.00	156.43
<b>Total 72400 · Board of Directors Expense</b>	<b>22,416.95</b>	<b>24,220.00</b>	<b>(1,803.05)</b>
<b>60001 · Anesthesia Eval Committee</b>			
60001-1 · Evaluator's Fee	9,974.13	11,000.00	(1,025.87)
60001-4 · Travel/Misc. Expense	2,012.75	3,300.00	(1,287.25)
60001-5 · Calibration Expense	142.76	14,500.00	(14,357.24)
<b>Total 60001 · Anesthesia Eval Committee</b>	<b>12,129.64</b>	<b>28,800.00</b>	<b>(16,670.36)</b>
<b>73650 · Investigations/Complaints</b>			
72550 · DSO Coordinator	3,625.00	3,300.00	325.00
73650-1 · DSO Consulting Fee	21,987.50	41,800.00	(19,812.50)
73650-2 · DSO Travel/Postage Expense	553.21	2,475.00	(1,921.79)
73651-1 · DSO Review Panel Fee	4,725.00	11,000.00	(6,275.00)
73651-2 · DSO Review Panel Travel Expense	1,379.95	3,190.00	(1,810.05)
73650-3 · Legal Fees-Investigations	2,732.17	18,145.00	(15,412.83)
73650-4 · Staff Travel	113.00	0.00	113.00
73650-8 · DSO Calibration Expense	150.00	150.00	0.00
73650-7 · Miscellaneous Investigation Exp	16,780.13	30,800.00	(14,019.87)
<b>Total 73650 · Investigations/Complaints</b>	<b>52,045.96</b>	<b>110,860.00</b>	<b>(58,814.04)</b>
<b>60002 · Infection Control Inspection</b>			
60002-1 · Initial Inspection Expense	8,909.99	8,710.00	199.99
60002-2 · Reinspection Expense	537.46	660.00	(122.54)
60002-3 · Random Inspection Expense	1,037.50	1,100.00	(62.50)

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2018 through May 2019

	<u>Jul '18 - May 19</u>	<u>Budget</u>	<u>\$ Over Budget</u>
60002-4 · Travel/Misc. Expense	2,541.40	1,155.00	1,386.40
Total 60002 · Infection Control Inspection	13,026.35	11,625.00	1,401.35
Total Expense	1,103,855.23	1,293,056.00	(189,200.77)
Net Ordinary Income	119,538.68	(135,148.00)	254,686.68
Other Income/Expense			
Other Income			
40800 · Interest Income	550.92	572.00	(21.08)
Total Other Income	550.92	572.00	(21.08)
Net Other Income	550.92	572.00	(21.08)
Net Income Over Expenses	<u>120,089.60</u>	<u>(134,576.00)</u>	<u>254,665.60</u>

**Dr. Georgene Chase - Petition to  
Reinstate Suspended License**



**Debra Shaffer**

---

**From:** [REDACTED]  
**Sent:** Friday, February 15, 2019 12:58 PM  
**To:** Debra Shaffer  
**Cc:** [REDACTED]  
**Subject:** February 22, agenda item SmileRestore/Georgene Chase

<="" td="">

February 15, 2019

Dear Debra Shaffer-Kugel

Per your phone conversation with Dr. Georgene Chase today, explaining our current lack of representation and asking for a postponement to the next meeting, we are planning on seeing the NSBDE at the March 22 meeting, unless otherwise noticed. Thank you for your consideration of our request to **not appear at the February** hearing..

Kim W. Michael

Operations Director

SmileRestore  
775.800.1051

## Melanie Bernstein Chapman

---

**From:** Lyn Beggs [REDACTED]  
**Sent:** Thursday, May 2, 2019 4:42 PM  
**To:** Debra Shaffer; Melanie Bernstein Chapman  
**Subject:** Smile Restore/Georgene Chase DDS

Good afternoon to both of you. I wanted to confirm that Smile Restore will be able to present the requested information to the Board at the meeting on May 10<sup>th</sup>. I will prepare a packet and have it over to you for dissemination to the Board next Monday if that would work.

In regard to Dr. Chase's summary suspension hearing, I would respectfully request that the matter be moved to the July meeting as I anticipate that we will be presenting multiple witnesses whom we will need to coordinate with. Also, I would like to potentially investigate other possible avenues of resolution to the summary suspension.

Thank you,

Lyn

*Lyn E. Beggs*

Law Offices of Lyn E. Beggs, PLLC

**Mailing Address:** 316 California Ave. #863, Reno, NV 89509

**Physical Address:** 328 California Ave., Ste. 3, Reno NV 89509

T: 775-432-1918

F: 775-473-3801  
[REDACTED]

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**Dr. Georgene Chase**  
**Order of Suspension issued on**  
**November 16, 2018**



NEVADA STATE BOARD OF DENTAL EXAMINERS



NEVADA STATE BOARD OF )  
 DENTAL EXAMINERS, )  
 )  
 Complainant, )  
 )  
 vs. )  
 )  
 Georgene Chase, DDS )  
 )  
 Respondent, )  
 \_\_\_\_\_ )

CASE NO: 16-74127-02697

ORDER OF SUSPENSION

On October 3, 2014, you entered into a Disciplinary Stipulation Agreement with the Nevada State Board of Dental Examiners. Pursuant to Paragraph 23(c), you agreed during the five (5) probationary period that your patient files shall include (in addition to any other matters generally required of a patient file) patient signed informed consents regarding implant treatment(s), both surgical and prosthetic (said informed consents shall be comprehensive and include discussion of mini versus standards implants, treatment by a general dentist versus specialist, and types of dental materials used in fabrication of crowns and removable prosthetics). In addition, your treatment records of implants restored patients shall include, diagnostic data, comprehensive treatment planning and documentation of all steps and procedures taken in the delivery of implant supported prosthetics. Further, patient files for orthodontic patients shall include a signed comprehensive informed consent, including discussion of treatment of a general dentist versus a specialist, orthodontic diagnostic records, a diagnostic summary, treatment objective, detailed treatment plan outlining steps of treatment and estimated treatment time, and periodontal evaluation, diagnosis, and treatment plan.

Pursuant to Paragraph 23(G), you agreed to cease and desist from using any ozone generating device in any dental or dental hygiene related treatment and/or providing any ozone treatment(s) and/or other therapies which are not approved by the Federal Drug Administration in any dental or dental hygiene related treatment.

On June 13, 2018, Rick Thiriot, DDS, the agent assigned to review your daily logs submitted to the Board office requested copies of dental records for several patients listed on your daily log submission to ensure compliance with the Disciplinary Stipulation Agreement. The review conducted by Rick Thiriot, DDS revealed substantial evidence that you are not in compliance with the Disciplinary Stipulation Agreement specifically Paragraph 23(C) and Paragraph 23(G). The dental records reviewed by Dr Thiriot are for patients; [REDACTED]

The substantial evidence for non-compliance for each patient is listed below:

██████████:

- Records does not show patient signed an informed consent form advising the patient that Dr. Chase is a General Dentist and is not a licensed specialist in the area of orthodontics as required pursuant to Paragraph 23(C).
- Review of x-rays show patient does not have behind the teeth braces as stated on the account ledger. According to the dental records, patient has lower brackets and removable invisalign type appl x 3.
- The Ortho Checklist in ██████████ file has all other items checked except for the signed comprehensive informed consent.

██████████:

- The informed consent form for implant treatment executed by ██████████ on either 03/15/2016 or on 04/22/2016 was signed one year before the implant was placed on Tooth #14. Account Statement and Chart notes do not show ██████████ being seen in the office on 03/15/2016 or on 04/22/2016 as required by Paragraph 23(C).
- Dental records are inadequate records lack diagnostic data and documentation of all steps and procedures taken in the delivery of implants as required by Paragraph 23(C).
- Patient did not execute informed consent form for implant treatment on 12/19/2017 for bone graft and implant as required by Paragraph 23(C).

██████████:

- Patient received ozone therapy on tooth and gum on March 1, 2018 and was billed according to the chart notes \$10.00 however the ledger shows for the same date of service a charge of \$5.00 in violation of Paragraph 23(G).
- Record lacks the required informed consents for implant treatment as required by Paragraph 23(C).

██████████:

- ██████████ (Dental Assistant) who prepared and reviewed patient file along with ██████████ (office staff) who submitted the file as authorized by ██████████ informed the Board that they submitted the dental record to you to review prior to submitting the copies to the Board office, ██████████ advised the Board that the informed consent is forged and it is not her signature and that the informed consent form was not present in the patient's chart until after you reviewed the file as required by Paragraph 23(C).

- The informed consent present in [REDACTED] file is not the customary form used. [REDACTED] contends she has never seen this version of the form as required by Paragraph 23(C).
- Review of the treatment plan shows no periodontal diagnosis as required by Paragraph 23(C).
- There is no documentation of periodontal condition or diagnosis. Record lacks diagnostic data and procedure detailed as required by Paragraph 23 (C).

[REDACTED]:

- Failure to obtain the signed comprehensive informed consent for orthodontic treatment required by Paragraph 23(C).
- The Ortho Checklist in [REDACTED] file has items checked except for the signed comprehensive informed consent, the detailed treatment plan and comprehensive orthodontic pictures as required by Paragraph 23(C).
- The record contains a Orthodontic Diagnosis, Treatment, and Mechanics Plan form but it is blank other than a last name, race, sex and DOB in violation of Paragraph 23(C).

[REDACTED]:

- Dental records are inadequate records lack diagnostic data and documentation of all steps and procedures taken in the delivery of implant(s) as required by Paragraph 23(C).
- Patient did not execute informed consent form for implant treatment on 12/19/2017 for bone graft and implant as required by Paragraph 23(C).

Therefore, effective immediately your license to practice dentistry in the State of Nevada is hereby **SUSPENDED**. You shall cease and desist from practicing dentistry in the State of Nevada. This suspension includes the designation as the Dental Director pursuant to NRS 631.3452.

Should you practice dentistry in this state, such actions would be deemed as the illegal practice of dentistry as set forth by NRS 631.395 and punishable criminally to the provisions of NRS 631.400.

Also, as of the date of this *ORDER* you failed to submit the monthly installment payment of \$567.00 due on or before November 15, 2018.

Pursuant to said agreement you may request in writing, a hearing before the Board for the reinstatement of your license.

DATED this 16th day of November, 2018

NEVADA STATE BOARD OF DENTAL EXAMINER

*Nevada State Seal*

DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

**Stipulation between the NSBDE  
and Georgene Chase, DDS  
approved on 10/03/2014**

NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF )  
DENTAL EXAMINERS, )  
 )  
Complainant )  
 )  
vs. )  
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GEORGENE B CHASE, DDS )  
 )  
Respondent, )  
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CASE NO: 74127-02697

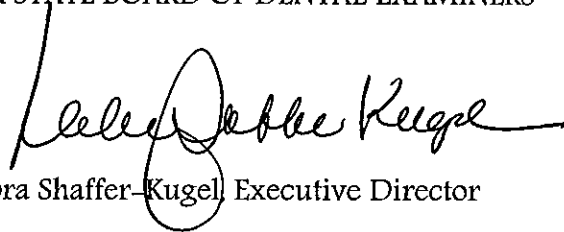
ORDER OF REINSTATEMENT

On October 3, 2014, the Nevada State Board of Dental Examiners at a properly noticed meeting approved the Disciplinary Stipulation II Agreement you entered into with the Board. Pursuant to Paragraph 23 (H) you agreed to the suspension of your license to practice dentistry in the State of Nevada for a period of thirty (30) days from the adoption of said agreement.

Effective November 3, 2014 your license to practice dentistry in the State of Nevada is hereby reinstated to active status with a five (5) year probationary period as set forth in Paragraph 23 (A) of the Disciplinary Stipulation II Agreement

DATED this 3rd day of November, 2014

NEVADA STATE BOARD OF DENTAL EXAMINERS



Debra Shaffer-Kugel, Executive Director



NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF )  
DENTAL EXAMINERS, )  
 )  
Complainant, )  
 )  
vs. )  
 )  
GEORGENE B CHASE, DDS )  
 )  
Respondent, )  
\_\_\_\_\_ )

CASE NO: 74127-02697

ORDER OF SUSPENSION

On October 3, 2014, you entered into a Disciplinary Stipulation Agreement II with the Nevada State Board of Dental Examiners. Pursuant to Paragraph 23(H) you agreed upon adoption of this Stipulation Agreement II by the Board, your license to practice dentistry in the State of Nevada will be suspended for a period of thirty (30) days.

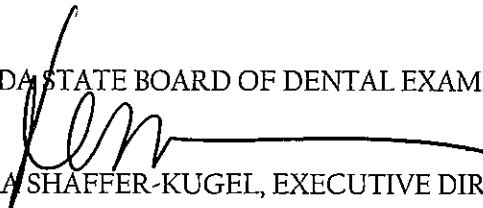
Please be advised, upon receipt of substantial evidence that you have violated the terms of Paragraph 23(H), you agree your license to practice dentistry in the State of Nevada shall be automatically revoked without any further action of the Board other than the issuance of an Order of Revocation by the Executive Director. Thereafter, you may request in writing, a hearing before the Board to reinstate your revoked license.

Therefore, pursuant to Paragraph 23(H) of your disciplinary stipulated agreement II, effective immediately your license to practice dentistry is hereby **suspended**. You shall cease and desist from practicing dentistry in the State of Nevada. Should you practice dentistry in this state, such actions would violate this stipulation agreement II and shall be deemed as the illegal practice of dentistry as set forth by NRS 631.395 and punishable criminally to the provisions of NRS 631.400.

After thirty (30) days, assuming you are in full compliance with all the terms and conditions of the Stipulation Agreement II approved by the Board on October 3, 2014, your dental license will be activated in accordance with the five (5) year probationary period.

DATED this 3rd day of October, 2014

NEVADA STATE BOARD OF DENTAL EXAMINERS



DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

Nevada State Seal

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**STATE OF NEVADA**  
**BEFORE THE BOARD OF DENTAL EXAMINERS**

NEVADA STATE BOARD OF DENTAL EXAMINERS,

Case No. 74127-02697

Complainant,

vs.

**DISCIPLINARY STIPULATION II AGREEMENT**

GEORGENE B. CHASE, DDS,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between GEORGENE B. CHASE, DDS ("Respondent" or "Dr. Chase"), by and through her attorneys, ANTHONY LAURIA, ESQ. of the law firm LAURIA TOKUNAGA GATES & LINN, LLP and EUGENE J. WAIT, JR., ESQ. of the WAIT LAW FIRM and the NEVADA STATE BOARD OF DENTAL EXAMINERS (the "Board"), by and through DONNA JO HELLWINKEL, DDS, Disciplinary Screening Officer ("DSO"), and the Board's legal counsel, JOHN A. HUNT, ESQ., of the law firm MORRIS, POLICH & PURDY, LLP as follows via this *Disciplinary Stipulation II Agreement* ("Stipulation Agreement," "Stipulation Agreement II," "Stipulation II," or "Stipulation"):


AUGUST 17, 2012, STIPULATION AGREEMENT

1. Respondent entered into a prior *Stipulation Agreement* with the Board in case no. 11-02225 which was approved by the Board on August 17, 2012. In pertinent part, the August 17, 2012, *Stipulation Agreement* provides Disciplinary Screening Officer, Gregory Pisani, DDS, found:

Respondent's treatment of patient Jack Hanson resulted in a restorative failure Mini-implants and composite crowns and/or bridges were used to increase vertical

{LV146063;1}

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Respondent's initials

  
Respondent's attorney's initials

1 dimension and restore posterior occlusion. There is evidence of diagnosis,  
2 treatment planning and restorative treatment below the standard of care resulting  
in violation of NAC 531.230(1)(c).

3 Id., at 2:9-13, at ¶ 3. Respondent admitted her treatment of patient Jack Hanson resulted in a  
4 restorative failure in violation of NRS 631.3475 (1) & (2). Id., at 2:14-19, at ¶ 4.

5  
6 PATIENT, CANDACE SMART

7 2. Via a *Notice of Complaint & Request for Records* dated January 4, 2014, the Board  
8 notified Respondent of a verified complaint received from Candace Smart. On February 27,  
9 2014, the Board received Respondent's written response (w/enclosures) dated February 24, 2014,  
10 from her attorney, Anthony D. Lauria, Esq., in response to Ms. Smart's verified complaint, a  
11 copy of which was provided to Ms. Smart on February 28, 2014.<sup>1</sup>

12  
13 3. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
14 finds the treatment rendered to Ms. Smart was prior to the adoption of the Stipulation Agreement  
15 approved by the Board on August 17, 2012. To resolve this pending matter, Respondent shall  
16 reimburse Ms. Smart pursuant to the terms and conditions set forth in Paragraph 23M.

17  
18  
19 PATIENT, JOSE CHURRUCA

20 4. Via a *Notice of Complaint & Request for Records* dated January 4, 2014, the Board  
21 notified Respondent of a verified complaint received from Jose Churrucá. On February 28, 2014,  
22 the Board received Respondent's written response (w/enclosures) dated February 24, 2014, from  
23 her attorney, Anthony D. Lauria, Esq., in response to Mr. Churrucá's verified complaint, a copy  
24 of which was provided to Mr. Churrucá on February 28, 2014.

25  
26 <sup>1</sup> It is noted that with respect to each of the ten (10) patient verified complaints referenced herein, Board counsel sent  
27 a September 8, 2014, email to Respondent's attorney confirming that the DSO and Respondent's attorney's office  
each had identical copies of records received from Dr. Topham for each patient.  
{LV146063;1}

U. C. d.  
Respondent's initials

[Signature]  
Respondent's attorney's initials  
etc.

1  
2 5. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
3 finds for this matter and not for any other purpose, including any subsequent civil action,  
4 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
5 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Jose  
6 Churruca, as follows (matters noted below in sub-paragraphs A-F occurred before Dr. Chase  
7 entered into the *Stipulation Agreement* (case 11-02225) approved by the Board on August 17,  
8 2012):

9  
10 A. Inappropriate use of mini implants, bone grafting, and unhygienic bulk composite  
11 crowns and bridges as permanent fixed replacement of missing teeth #3, 4, 26, 28, 29, 30,  
and 31. NRS 631.3475 (1) & (2)

12 B. Subsequent failure of bone grafting, mini implant and implant supported  
13 composite crown #26. NRS 631.3475 (1) & (2)

14 C. Failure to provide informed consent to patient regarding mini implants versus  
15 standard implants. NRS 631.3475 (1) & (2)

16 D. False billing of composite crowns as implant supported porcelain or ceramic  
17 crowns (teeth #3, 4, 26, 28, 29, 30, 31). NRS 631.348(6); NRS 631.3475 (1) & (2)

18 E. Restorative failure of Maryland bridge at teeth #25, 26, and 27 due to poor design,  
19 poor retention and debonding. NRS 631.3475 (1) & (2)

20 F. Treatment records are insufficient, lacking diagnostic data and procedure detail.  
21 NRS 631.3475 (1) & (2).

22 G. The following occurred after Dr. Chase entered into the *Stipulation Agreement*  
23 (case 11-02225) approved by the Board on August 17, 2012, in violation of NRS  
24 631.3475 (1) & (2):

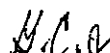
25 1. Previously placed mini implant tooth #3 was replaced and subsequently  
26 failed again due to unrecognized infection left from residual root tip #3.

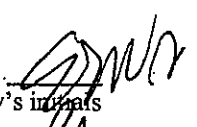
27 2. No evidence of subsequent ridge augmentation and sinus lift #3.

28 3. Tooth #3 restored with unhygienic plastic/composite crown with

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Respondent's initials

  
Respondent's attorney's initials

1 overhanging margins and excess cement imbedded in tissue causing gingival  
2 inflammation, pain, and difficulty chewing.

3 4. False billing of healing cuff and plastic/composite crown as a  
4 prefabricated abutment and an implant supported porcelain or ceramic crown (tooth #3).  
NRS 631.348(6)

5 5. Failure to provide informed consent to patient regarding mini implants,  
6 standard implants, ridge augmentation and sinus lift procedures.

7 6. Treatment records are insufficient, lacking diagnostic data and procedure  
8 detail; specifically, there is no documentation for the sinus lift, ridge augmentation, and  
9 standard implant done for tooth #3 on 7-31-13.

10 PATIENT, BILL KREJCI

11 6. Via a *Notice of Complaint & Request for Records* dated January 4, 2014, the Board  
12 notified Respondent of a verified complaint received from Bill Krejci. On February 28, 2014, the  
13 Board received Respondent's written response (w/enclosures) dated February 24, 2014, from her  
14 attorney, Anthony D. Lauria, Esq., in response to Mr. Krejci's verified complaint, a copy of  
15 which was provided to Mr. Krejci on March 4, 2014.

16 7. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
17 finds the treatment rendered to Mr. Krejei was prior to the adoption of the Stipulation Agreement  
18 approved by the Board on August 17, 2012. To resolve this pending matter, Respondent shall  
19 reimburse Mr. Krejei pursuant to the terms and conditions set forth in Paragraph 23.O.  
20

21  
22 PATIENT, BRIAN BANNERS

23 8. Via a *Notice of Complaint & Request for Records* dated January 17, 2014, the Board  
24 notified Respondent of a verified complaint received from Brian Banners. On March 5, 2014, the  
25 Board received Respondent's written response (w/enclosures) dated March 3, 2014, from her  
26 attorney, Anthony D. Lauria, Esq., in response to Mr. Banners' verified complaint, a copy of

27 {LV146063;1}

1 which was provided to Mr. Banner on March 28, 2014. On or about July 14, 2014, the DSO  
2 received records from Scott Redlinger, DMD, MD, regarding Mr. Banners. The DSO also  
3 received records from Alan Topham, DDS regarding Mr. Banners.  
4

5 9. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
6 finds for this matter and not for any other purpose, including any subsequent civil action,  
7 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
8 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Brian  
9 Banners, as follows (matters noted below in sub-paragraphs A-G occurred before Dr. Chase  
10 entered into the *Stipulation Agreement* (case 11-02225) approved by the Board on August 17,  
11 2012):  
12

13 A. Inappropriate use of mini implants as permanent fixed replacement of missing  
14 teeth #3, 11, 13, and 14; subsequent failure of mini implants due to bone loss and  
mobility. NRS 631.3475 (1) & (2)

15 B. Failure to provide informed consent to patient regarding mini implants versus  
16 standard implants. NRS 631.3475 (1) & (2)

17 C. Unhygienic plastic/composite bridge with overhangs causing gingival  
18 inflammation, pain, and difficulty chewing used as restoration of implants, both standard  
and mini, teeth #2, 3, and 4. NRS 631.3475 (1) & (2)

19 D. False billing of plastic/composite crown over implant #4 as a prefabricated  
20 abutment. NRS 631.348(6); NRS 631.3475 (1) & (2)

21 E. False billing of plastic/composite crown over standard implant #2 as an abutment,  
22 PFM High noble metal. NRS 631.348(6); NRS 631.3475 (1) & (2)


23 G. Treatment records are insufficient, lacking diagnostic data and procedure detail,  
24 including wrong tooth numbers used on 2-23-12. NRS 631.3475 (1) & (2)

25 H. The following occurred after Dr. Chase entered into the *Stipulation Agreement*  
26 (case 11-02225) approved by the Board on August 17, 2012, in violation of NRS  
631.3475 (1) & (2):

27 (LV146063;1)

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28   
Respondent's initials

  
Respondent's attorney's initials  
01 -

1 1. Inappropriate use of mini implant and unhygienic plastic/composite crown  
2 as permanent fixed replacement of missing tooth #5; subsequent failure of mini implant  
3 and plastic/composite crown tooth #5

4 2. False billing of plastic/composite crown #5 as an implant supported  
5 porcelain or ceramic crown.

6 3. Inappropriate placement of one mini implant as permanent fixed  
7 replacement of missing tooth #3 after previous 2 mini implants failed.

8 4. Placement of plastic/composite bridge as a permanent fixed bridge  
9 supported by mini implants and standard implants teeth #11, 12, 13, and 14. Bridge left  
10 temporarily cemented.

11 5. False billing of plastic/composite bridge teeth #11, 12, 13, and 14 as  
12 implant supported porcelain/ceramic crowns, porcelain fused to high noble pontic, and  
13 prefabricated abutment. NRS 631.348(6)

14 6. Insufficient treatment records, lacking diagnostic data, correct tooth  
15 numbers, and procedure detail.

16 7. Abandonment of patient.

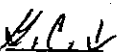
17 PATIENT, JAN THOMAS

18 10. Via a *Notice of Complaint & Request for Records* dated March 14, 2014, the Board  
19 notified Respondent of a verified complaint received from Jan Thomas. On May 12, 2014, the  
20 Board received Respondent's written response (w/enclosures) dated May 7, 2014, from her  
21 attorney, Paul A. Cardinale, Esq., in response to Ms. Thomas' verified complaint, a copy of  
22 which was provided to Ms. Thomas on May 19, 2014. On August 12, 2014, the Board received  
23 Ms. Thomas' additional supplemental information regarding her verified complaint, a copy of  
24 which was provided Respondent on September 3, 2014. On August 14, 2014, the Board  
25 received records from Drs. Corbridge and Patetta regarding Ms. Thomas, a copy of which were  
26 provided to Respondent and Ms. Thomas on August 14, 2014.

27 11. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,

28 (LV146063;1)

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Respondent's initials

  
Respondent's attorney's initials

1 finds the treatment rendered to Ms. Thomas was prior to the adoption of the Stipulation  
2 Agreement approved by the Board on August 17, 2012. To resolve this pending matter,  
3 Respondent shall reimburse Ms. Thomas pursuant to the terms and conditions set forth in  
4 Paragraph 23.Q.

5  
6  
7 PATIENT, MAE McMAHEL

8 12. Via a *Notice of Complaint & Request for Records* dated February 5, 2014, the Board  
9 notified Respondent of a verified complaint received from Mae McMahl. On March 24, 2014,  
10 the Board received Respondent's written response (w/enclosures) dated March 18, 2014, from  
11 her attorney, Anthony D. Lauria, Esq., in response to Ms. McMahl's verified complaint, a copy  
12 of which was provided to Ms. McMahl on March 28, 2014. The DSO received certain records  
13 from Dr. Redlinger and Dr. Topham regarding Ms. McMahl.

14 13. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
15 finds for this matter and not for any other purpose, including any subsequent civil action,  
16 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
17 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Mae  
18 McMahl, as follows (the following occurred after Dr. Chase entered into the *Stipulation*  
19 *Agreement* (case 11-02225) approved by the Board on August 17, 2012):

20 A. Bone grafting, attempting to vertically add bone around standard implants #18,  
21 19, and 20 utilizing an unsupported titanium mesh hardware without securing screws,  
22 that resulted in failure of the bone graft, nerve damage, and lower lip paresthesia, pain,  
23 difficulty chewing and additional bone loss around implants. NRS 631.3475 (1) & (2)


24 B. Failure to obtain informed consent for bone grafting procedure #18, 19, and 20.  
NRS 631.3475 (1) & (2)

25 C. No documentation of surgical procedure of bone grafting done 11-16-13 in  
26 patient's treatment record. NRS 631.3475 (1) & (2)

27 {LV146063;1}

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Respondent's initials

  
Respondent's attorney's initials



1 D. No documentation of any post operative care given to patient in treatment record.  
2 NRS 631.3475 (1) & (2)

3  
4 PATIENT, JACQUELINE CALVERT

5 14. Via a *Notice of Complaint & Request for Records* dated March 14, 2014, the Board  
6 notified Respondent of a verified complaint received from Jacqueline Calvert<sup>2</sup>. On June 2, 2014,  
7 the Board received Respondent's written response (w/enclosures) dated May 28, 2014, from her  
8 attorney, Paul A. Cardinale, Esq., in response to Ms. Calvert's verified complaint, a copy of  
9 which was provided to Ms. Calvert on June 3, 2014. The DSO received certain records from Pitts  
10 Orthodontics and Dr. Topham regarding Jacqueline Calvert.

11  
12 15. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
13 finds for this matter and not for any other purpose, including any subsequent civil action,  
14 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
15 Administrative Code ("NAC") provisions with respect to treatment rendered to patient,  
16 Jacqueline Calvert, as follows (the following occurred after Dr. Chase entered into the  
17 *Stipulation Agreement* (case 11-02225) approved by the Board on August 17, 2012):

18 A. Failure to obtain diagnostic orthodontic records that would include the following:  
19 initial exam describing profile, mandibular plane angle, lip posture and competence,  
20 incisal exposure at rest and on smiling, incisor length, midlines, smile arc, classification  
21 of occlusion, overjet, overbite, crowding of upper and lower arches, teeth present and  
22 missing, oral hygiene, gingival health and periodontal status, maximum opening, TMJ  
23 findings and any other special problems; panoramic radiograph; cephalometric  
24 radiograph with tracing and analysis; study models; intra oral photographs; extra oral  
25 photographs. NRS 631.3475 (1) & (2)

26 B. Failure to make a diagnostic summary, treatment objective, and detailed treatment  
27 plan outlining the steps of treatment and estimated treatment time. NRS 631.3475 (1) &  
28 (2)

29 <sup>2</sup> The Notice incorrectly listed the patient's name as Jennifer Calvert.  
{LV146063;1}

1  
2 C. Failure to refer patient to periodontist to determine risks and liabilities of  
3 undertaking orthodontic treatment when periodontal disease is evident. NRS 631.3475 (1)  
& (2)

4 D. Failure to recognize that this case is beyond the scope of a generalist's training  
5 and ability. NRS 631.3475 (1) & (2)

6 E. Failure to adequately document "primary palatal suture osteotomy" surgical  
7 procedure done Oct. 25, 2013. No diagnosis or treatment explanation is given. There is  
8 no evidence that this surgical procedure was necessary. NRS 631.3475 (1) & (2)

9 F. Palatal expander placed for three years with a minimal total expansion of 2 mm. If  
10 such expansion was necessary it should have been done as a surgically assisted rapid  
11 expansion. NRS 631.3475 (1) & (2)

12 G. There is no charting of arch wire sizes, wire changes, direction of force and elastic  
13 wear, e-chain directions, changes in over jet and over bite at each appointment in a period  
14 of three years of orthodontic treatment. NRS 631.3475 (1) & (2)

15 H. Abandonment of patient. NRS 631.3475 (1) & (2)

16 PATIENT, QUINN ORENSTEIN

17 16. Via a *Notice of Complaint & Request for Records* dated May 3, 2014, the Board notified  
18 Respondent of a verified complaint received from Jeremy Orenstein regarding the minor child  
19 Quinn Orenstein. On June 24, 2014, the Board received Respondent's written response  
20 (w/enclosures) dated June 19, 2014, from her attorney, Paul A. Cardinale, Esq., in response to  
21 the verified complaint regarding Quinn Orenstein, a copy of which was provided to Jeremy  
22 Orenstein on June 26, 2014. The DSO received certain records from Pitts Orthodontics and Dr.  
23 Topham regarding Quinn Orenstein.

24 17. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
25 finds for this matter and not for any other purpose, including any subsequent civil action,  
26 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada

27 (LV146063;1)

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Respondent's initials

Respondent's attorney's initials

1 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Quinn  
2 Orenstein, as follows (the following occurred after Dr. Chase entered into the *Stipulation*  
3 *Agreement* (case 11-02225) approved by the Board on August 17, 2012):  
4

5 A. Failure to obtain diagnostic records that would include the following: initial exam  
6 describing profile, mandibular plane, lip posture and competence, incisal exposure at rest  
7 and on smiling, incisor length, midlines, smile arc, classification of occlusion, over jet,  
8 overbite, crowding of upper and lower arches, teeth present and missing, oral hygiene,  
9 gingival health, periodontal status, maximum opening, TMJ findings, and any other  
special problems; panoramic radiograph; cephalometric radiograph with tracing and  
& (2)

10 B. Failure to make a diagnostic summary, treatment objectives and detailed  
11 treatment plan outlining the steps of treatment to correct Class II malocclusion and a  
12 retrognathic mandible and estimated treatment time. NRS 631.3475 (1) & (2)

13 C. Failure to recognize the skeletal problem of severe retrognathia. NRS 631.3475  
(1) & (2)

14 D. There is no charting of arch wire sizes, wire changes, direction of force and elastic  
15 wear, e-chain directions, changes in over jet and over bite and other documentation of  
16 treatment progress at each appointment in a period of 10 months. NRS 631.3475 (1) &  
(2)

17 E. Failure to provide appliances to correct mandibular growth during patient's  
18 growth phase. NRS 631.3475 (1) & (2)

19 F. Abandonment of patient. NRS 631.3475 (1) & (2)  
20

21 PATIENT, JAMIE GROSJEAN

22 18. Via a *Notice of Complaint & Request for Records* dated May 3, 2014, the Board notified  
23 Respondent of a verified complaint received from Jamie Grosjean. On June 23, 2014, the Board  
24 received Respondent's written response (w/enclosures) dated June 19, 2014, from her attorney,  
25 Paul A. Cardinale, Esq., in response to Ms. Grosjean's verified complaint, a copy of which was  
26 provided to Ms. Grosjean on June 26, 2014. The DSO received certain records from Dr. Topham

27 {LV146063;1}

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Respondent's initials

  
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1 regarding Ms. Grosjean.  
2

3 19. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
4 finds for this matter and not for any other purpose, including any subsequent civil action,  
5 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
6 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Jamie  
7 Grosjean, as follows (the following occurred after Dr. Chase entered into the *Stipulation*  
8 *Agreement* (case 11-02225) approved by the Board on August 17, 2012):

9 A. Inappropriate use of mini implant as permanent fixed replacement of missing  
10 tooth #7. NRS 631.3475 (1) & (2)

11 B. Placement of bulk, unhygienic composite as a temporary implant supported crown  
12 for missing tooth #7. NRS 631.3475 (1) & (2)

13 C. Inappropriate use of mini implants as permanent fixed replacement of missing  
14 teeth #28, 29, and 30. NRS 631.3475 (1) & (2)

15 D. Placement of plastic bridge that is unhygienic with overhanging margins  
16 impinging on tissue, causing gingival inflammation, pain, and difficulty chewing, as a  
17 permanent implant supported bridge for missing teeth #28, 29, and 30. NRS 631.3475 (1)  
& (2)

18 E. Failure to provide informed consent to patient regarding mini implants vs  
19 standard implants. NRS 631.3475 (1) & (2)

20 F. False billing of plastic bridge #28, 29, and 30 as implant supported  
21 porcelain/ceramic crowns. NRS 631.3475 (1) & (2)

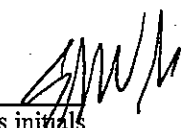

22 G. Failure to evaluate and treat gingival and periodontal condition. NRS 631.3475  
(1) & (2)

23 H. No periodontal charting done; no periodontal diagnosis made. NRS 631.3475 (1)  
24 & (2)

25 I. Failure to diagnose chronic periodontal/endodontic abscess and poor crown/root  
26 ratio condition for tooth #8. Root canal therapy done on tooth #8 despite a poor  
27 prognosis. NRS 631.3475 (1) & (2)

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1  
2 J. Failure to provide informed consent to patient regarding endodontic therapy tooth #8. NRS 631.3475 (1) & (2)

3  
4 K. Abandonment of patient. NRS 631.3475 (1) & (2)

5  
6 PATIENT, EDWARD HARRIS

7 20. Via a *Notice of Complaint & Request for Records* dated August 21, 2014, the Board  
8 notified Respondent of a verified complaint received from Edward Harris. On September 19,  
9 2014, the Board received Respondent's written response (w/enclosures), from her attorney, Paul  
10 Cardinale, Esq., in response to Mr. Harris' verified complaint, a copy of which was provided to  
11 Mr. Harris on September 19, 2014.

12  
13 21. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
14 finds for this matter and not for any other purpose, including any subsequent civil action,  
15 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
16 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Edward  
17 Harris, as follows (the following occurred after Dr. Chase entered into the *Stipulation Agreement*  
18 (case 11-02225) approved by the Board on August 17, 2012):

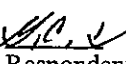
19  
20 A. Removed pontic #30 from adequate three unit fixed bridge #29, 30, and 31 and  
21 replaced with two mini implants which failed (bone loss and mobility) 5 months after  
placement. NRS 631.3475 (1) & (2)

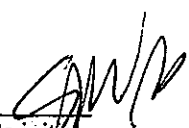

22 B. Placement of unhygienic plastic/composite crown over mini implants #30. NRS  
23 631.3475 (1) & (2)

24 C. False billing of plastic/composite crown #30 as implant supported porcelain or  
25 ceramic crown. NRS 631.348(6); NRS 631.3475 (1) & (2)

26 D. Failure to recognize, diagnose, and treat abscessed tooth #29 within the standard  
of care. NRS 631.3475 (1) & (2)

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E. Use of an ozone generator, a medical device not approved for use by the Food and Drug administration. NRS 631.3475 (1) & (2)

F. Injection of "ozone" to treat infection and abcess #29. The use of ozone for medical or dental treatment is not approved by the FDA. NRS 631.3475 (1) & (2)

G. Failure to provide informed consent for mini implants vs standard implants. NRS 631.3475 (1) & (2)

H. Failure to provide informed consent for the use of ozone. NRS 631.3475 (1) & (2)

22. Respondent, acknowledges the findings of the DSO, Donna J. Hellwinkel, DDS, contained in Paragraph 3 (re: Patient, Candace Smart), Paragraph 5 (re: Patient, Jose Churruca), Paragraph 7 (re: Patient, Bill Krejci); Paragraph 9 (re: Patient, Brian Banners), Paragraph 11 (re: Patient, Jan Thomas), Paragraph 13 (re: Patient, Mae McMahl), Paragraph 15 (re: Patient, Jacqueline Calvert), Paragraph 17 (re: Patient, Quinn Orenstein), Paragraph 19 (re: Patient, Jamie Grosjean), and Paragraph 21 (re: Patient, Edward Harris) and admits for this matter and not for any other purpose, including any subsequent civil action if this matter were to proceed to a full board hearing, a sufficient quantity and/or quality of evidence could be proffered sufficient to meet a preponderance of the evidence standard of proof demonstrating Respondent violated the statutory and regulatory provisions noted above in Paragraphs 3, 5, 7, 9, 11, 13, 15, 17, 19, and 21.

23. Based upon the limited investigation conducted to date, the findings of the Disciplinary Screening Officer, and the admissions by Respondent contained in Paragraph 22 above, the parties have agreed to resolve the pending investigations pursuant to the following disciplinary terms and conditions:

A. Pursuant to NRS 631.350(1)(d)(h), Respondent shall be placed on probation and her dental practice shall be supervised for a period of five (5) years from the adoption of this Stipulation II. During the five (5) year probationary period, Respondent shall allow

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Respondent's attorney's initials  
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1 either the Executive Director of the Board and/or the agent appointed by the Executive  
2 Director of the Board to inspect Respondent's records during normal business hours to  
3 insure compliance of this Stipulation II. During the five (5) probationary period,  
4 Respondent's practice shall be supervised and monitored regarding those patients who  
5 received dental treatments, including but not limited to patients who receive root canals,  
6 crowns, orthodontics and/or bridges, implants or mini-implants (surgical or prosthetic)  
7 treatment(s). Such supervision and monitoring shall include, but will not be limited to,  
8 personally observing the treatment rendered to those patients who receive root canals,  
9 crowns and/or bridges, implants or mini-implant (surgical or prosthetic) treatment(s).  
10 Respondent **shall not** perform orthodontics, implants or mini-implants (surgical or  
11 prosthetic) treatment(s) until after Respondent complies with supplemental education  
12 provisions contained in Paragraphs 23E and 23F of this Stipulation II. Respondent further  
13 acknowledges the Disciplinary Screening Officer and or an agent appointed by the  
14 Executive Director may contact patient(s) who receive root canals, crowns, orthodontics  
15 and/or bridges, implants or mini-implants (surgical or prosthetic) treatment(s).

16 B. In the event Respondent no longer practices dentistry in the State of Nevada prior to  
17 completion of the above-referenced five (5) years probationary period, the probationary  
18 period shall be tolled. In the event the probationary period is tolled because Respondent  
19 does not practice in the State of Nevada and the terms and conditions of this Stipulation  
20 Agreement are not satisfied (i.e., including completion of the probationary period) within  
21 six (6) years of adoption of this Stipulation Agreement by the Board, Respondent agrees  
22 his license to practice dentistry in Nevada will be deemed voluntarily surrendered with  
23 disciplinary action. Thereafter the Board's Executive Director without any further action  
24 or hearing by the Board shall issue an Order of Voluntary Surrender with disciplinary  
25 action and report same to the National Practitioners Data Bank.

26 C. Pursuant to NRS 631.350(1)(d), Respondent further agrees during the above-referenced  
27 (5) year probationary period wherein Respondent is practicing dentistry in the State of  
28 Nevada, Respondent's patient files shall include (in addition to any other matters  
generally required of a patient file) patient signed informed consents regarding implant  
treatment(s), both surgical and prosthetic (said informed consent shall be comprehensive  
and include discussion of mini versus standard implants, treatment by a general dentist  
versus a specialist, and types of dental materials used in fabrication of crowns and  
bridges and removable prosthetics). In addition, Respondent's treatment records of  
implant restored patients shall include diagnostic data, comprehensive treatment planning  
and documentation of all steps and procedures taken in the delivery of implants and  
implant supported prosthetics. Moreover, Respondent's patient files for orthodontic  
patients shall include a signed comprehensive informed consent, including a discussion of  
treatment of a general dentist versus a specialist, orthodontic diagnostic records, a  
diagnostic summary, treatment objective, detailed treatment plan outlining steps of  
treatment and estimated treatment time, and periodontal evaluation, diagnosis, and  
treatment plan. Subsequent orthodontic treatment must be comprehensively documented

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1 to include all procedures done, types of appliances used, types of arch wires used, wire  
2 changes, elastics used, etc. With regards to the just referenced patient file and consent  
3 form requirements (hereinafter collectively "Patient File Requirements"), Respondent  
4 acknowledges failure to comply with the same shall be an admission of unprofessional  
5 conduct. In addition, failure to maintain and/or provide the Patient File Requirements  
6 upon request by an agent of the Board shall be an admission of unprofessional conduct.  
7 Upon receipt of substantial evidence that Respondent has either failed to comply with the  
8 Patient File Requirements, failed to maintain or has refused to provide the Patient File  
9 Requirements upon request by an agent assigned by the Executive Director, or  
10 Respondent has refused to provide copies of patient records requested by the agent  
11 assigned by the Executive Director, Respondent agrees her license to practice dentistry in  
12 the State of Nevada shall be automatically suspended without any further action of the  
13 Board other than the issuance of an Order of Suspension by the Executive Director.  
14 Thereafter, Respondent may request, in writing, a hearing before the Board to reinstate  
15 Respondent's license. However, prior to a full Board hearing, Respondent waives any  
16 right to seek judicial review, including injunctive relief from any court of competent  
17 jurisdiction, including a Nevada Federal District Court or Nevada State District Court to  
18 reinstate her privilege to practice dentistry in the State of Nevada pending a final Board  
19 hearing. Respondent shall also be responsible for any costs or attorney's fees incurred in  
20 the event the Board has to seek injunctive relief to prevent Respondent from practicing  
21 dentistry during the period Respondent's license is automatically suspended.

22 D. Pursuant to NRS 631.350(1)(d), Respondent further agrees during the above-referenced  
23 five (5) year probationary period wherein Respondent is practicing dentistry in the State  
24 of Nevada, Respondent shall maintain a daily log containing the following information  
25 for any patient(s) who receive root canals, crowns, orthodontics and/or bridges, implants  
26 or mini-implants (surgical or prosthetic) treatment(s):


- 27 1. Name of patient
- 28 2. Date treatment commenced
3. Explanation of treatment
4. Pre and Post radiographs
5. Pre and Post Orthodontic models

29 The daily log shall be made available during normal business hours without notice. In  
30 addition, during the above-referenced five (5) year probationary period, Respondent shall  
31 mail to the Board no later than the fifth (5th) day of the month a copy of the daily log(s)  
32 for the preceding calendar month (for example: by May 5, Respondent shall mail to the  
33 Board a copy of daily log(s) for the month of April) (hereinafter "monthly log mailing  
34 requirement"). Respondent acknowledges failure to comply with the monthly log mailing  
35 requirement shall be an admission of unprofessional conduct. In addition, failure to  
36 maintain and/or provide the daily log upon request by an agent of the Board shall be an  
37 admission of unprofessional conduct. Upon receipt of substantial evidence that

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Respondent's initials

Respondent's attorney's initials  





1 Respondent has either failed to comply with the monthly log mailing requirement, failed  
2 to maintain or has refused to provide the daily log upon request by an agent assigned by  
3 the Executive Director, or Respondent has refused to provide copies of patient records  
4 requested by the agent assigned by the Executive Director, Respondent agrees her license  
5 to practice dentistry in the State of Nevada shall be automatically suspended without any  
6 further action of the Board other than the issuance of an Order of Suspension by the  
7 Executive Director. Thereafter, Respondent may request, in writing, a hearing before the  
8 Board to reinstate Respondent's license. However, prior to a full Board hearing,  
9 Respondent waives any right to seek judicial review, including injunctive relief from any  
10 court of competent jurisdiction, including a Nevada Federal District Court or Nevada  
11 State District Court to reinstate her privilege to practice dentistry in the State of Nevada  
12 pending a final Board hearing. Respondent shall also be responsible for any costs or  
13 attorney's fees incurred in the event the Board has to seek injunctive relief to prevent  
14 Respondent from practicing dentistry during the period Respondent's license is  
15 automatically suspended.

16 E. Pursuant to NRS 631.350(1)(f) and (1)(k), Respondent agrees she **shall not** practice  
17 orthodontics until she successfully completes a hands-on forty (40) hours continuing  
18 education course in orthodontics and provides written evidence of such completion to the  
19 Board's Executive Director. Information, documents, and/or description of supplemental  
20 education must be submitted in writing to the Executive Director of the Board for  
21 approval prior to attendance. Upon receipt of the written request to attend a hands-on  
22 forty (40) hours continuing education course in orthodontics, the Executive Director of  
23 the Board shall notify Respondent in writing whether the requested course is approved  
24 for attendance. The cost associated with the hands-on forty (40) hours continuing  
25 education course in orthodontics shall be paid by Respondent. Respondent acknowledges  
26 failure to comply with paragraph's requirements shall be an admission of unprofessional  
27 conduct. Upon receipt of substantial evidence that Respondent has violated the terms of  
28 this paragraph before successfully completing a hand-on forty (40) hours continuing  
course in orthodontics), Respondent agrees her license to practice dentistry in the State of  
Nevada shall be automatically suspended without any further action of the Board other  
than the issuance of an Order of Suspension by the Executive Director. Thereafter,  
Respondent may request, in writing, a hearing before the Board to reinstate Respondent's  
license. However, prior to a full Board hearing, Respondent waives any right to seek  
judicial review, including injunctive relief from any court of competent jurisdiction,  
including a Nevada Federal District Court or Nevada State District Court to reinstate her  
privilege to practice dentistry in the State of Nevada pending a final Board hearing.  
Respondent shall also be responsible for any costs or attorney's fees incurred in the event  
the Board has to seek injunctive relief to prevent Respondent from practicing dentistry  
during the period Respondent's license is automatically suspended.

F. Pursuant to NRS 631.350(1)(f) and (1)(k), Respondent agrees she **shall not** provide any  
implant placement treatment(s) (whether surgical or prosthetic) until she successfully

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Respondent's attorney's initials  


1 completes a hands-on forty (40) hours continuing education course in and provides  
2 written evidence of such completion to the Board's Executive Director. Information,  
3 documents, and/or description of supplemental education must be submitted in writing to  
4 the Executive Director of the Board for approval prior to attendance. Upon receipt of the  
5 written request to attend a hands-on forty (40) hours continuing education course in  
6 implant placement treatment(s) (whether surgical or prosthetic), the Executive Director of  
7 the Board shall notify Respondent in writing whether the requested course is approved  
8 for attendance. The cost associated with the hands-on forty (40) hours continuing  
9 education courses in implant placement treatment(s) (whether surgical or prosthetic) shall  
10 be paid by Respondent. Respondent acknowledges failure to comply with paragraph's  
11 requirements shall be an admission of unprofessional conduct. Upon receipt of substantial  
12 evidence that Respondent has violated the terms of this paragraph before successfully  
13 completing a hand-on forty (40) hours continuing course in implant placement  
14 treatment(s) (whether surgical or prosthetic), Respondent agrees her license to practice  
15 dentistry in the State of Nevada shall be automatically suspended without any further  
16 action of the Board other than the issuance of an Order of Suspension by the Executive  
17 Director. Thereafter, Respondent may request, in writing, a hearing before the Board to  
18 reinstate Respondent's license. However, prior to a full Board hearing, Respondent  
19 waives any right to seek judicial review, including injunctive relief from any court of  
20 competent jurisdiction, including a Nevada Federal District Court or Nevada State  
21 District Court to reinstate her privilege to practice dentistry in the State of Nevada  
22 pending a final Board hearing. Respondent shall also be responsible for any costs or  
23 attorney's fees incurred in the event the Board has to seek injunctive relief to prevent  
24 Respondent from practicing dentistry during the period Respondent's license is  
25 automatically suspended.

17 G. Pursuant to NRS 631.350(1)(b), Respondent further agrees during the above-referenced  
18 five (5) year probationary period wherein Respondent is practicing dentistry in the State  
19 of Nevada, Respondent agrees she shall cease and desist from using any ozone  
20 generating device in any dental or dental hygiene related treatment and/or providing any  
21 ozone treatment(s) and/or any other therapies which are not approved by the Federal  
22 Drug Administration in any dental or dental hygiene related treatment. Respondent  
23 acknowledges failure to comply with this paragraph's shall be deemed an admission of  
24 unprofessional conduct. Upon receipt of substantial evidence that Respondent has  
25 violated the terms of this paragraph, Respondent agrees her license to practice dentistry in  
26 the State of Nevada shall be automatically suspended without any further action of the  
27 Board other than the issuance of an Order of Suspension by the Executive Director.  
28 Thereafter, Respondent may request, in writing, a hearing before the Board to reinstate  
Respondent's license. However, prior to a full Board hearing, Respondent waives any  
right to seek judicial review, including injunctive relief from any court of competent  
jurisdiction, including a Nevada Federal District Court or Nevada State District Court to  
reinstate her privilege to practice dentistry in the State of Nevada pending a final Board  
hearing. Respondent shall also be responsible for any costs or attorney's fees incurred in

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*M.C.*  
Respondent's initials

*[Signature]*  
Respondent's attorney's initials  
*[Signature]*

1 the event the Board has to seek injunctive relief to prevent Respondent from practicing  
2 dentistry during the period Respondent's license is automatically suspended.



3 H. Pursuant to NRS 631.350(1)(d), Respondent further agrees upon adoption of this  
4 Stipulation Agreement II by the Board, Respondent's license to practice dentistry in the  
5 State of Nevada will be suspended for a period of thirty (30) days. Upon receipt of  
6 substantial evidence that Respondent has violated the terms of this paragraph,  
7 Respondent agrees her license to practice dentistry in the State of Nevada shall be  
8 automatically revoked without any further action of the Board other than the issuance of  
9 an Order of Revocation by the Executive Director. Thereafter, Respondent may request,  
10 in writing, a hearing before the Board to reinstate Respondent's revoked license.  
11 However, prior to a full Board hearing, Respondent waives any right to seek judicial  
12 review, including injunctive relief from any court of competent jurisdiction, including a  
13 Nevada Federal District Court or Nevada State District Court to reinstate her privilege to  
14 practice dentistry in the State of Nevada pending a final Board hearing. Respondent shall  
15 also be responsible for any costs or attorney's fees incurred in the event the Board has to  
16 seek injunctive relief to prevent Respondent from practicing dentistry during the period  
17 Respondent's license is automatically revoked.

18 I. Respondent agrees that during the above-referenced five (5) year probationary period in  
19 the event the Board notifies Respondent of any additional verified complaint(s) which  
20 relate(s) to treatment rendered prior to the adoption by the Board of this Stipulation II,  
21 such complaint(s) shall be processed pursuant to the following terms and conditions:

22 Upon Respondent receiving notice of a verified complaint(s) and subsequent to  
23 answering the complaint, Respondent agrees to comply with the decision rendered by the  
24 Board's assigned Disciplinary Screening Officer with respect to reimbursement of a  
25 complaint which relates to treatment received prior to adoption by the Board of this  
26 Stipulation II in an amount, if any, for the services rendered by Respondent. The  
27 reimbursement amount must be based upon written proof of payment by the complainant  
28 including, but not limited to, insurance payments made on the complainant's behalf.  
Payment shall be made within sixty (60) days of the Disciplinary Screening Officer's  
written decision. Subject to Respondent's reimbursement of the complainant, the Board  
agrees not to initiate disciplinary action against Respondent. Respondent waives any right  
to appeal the Disciplinary Screening Officer's decision regarding reimbursement of a  
complainant to either the Board, Federal District Court, or State of Nevada District Court  
regarding the decided amount(s) for reimbursement(s). Should Respondent fail to  
reimburse patients of verified complaints as ordered by the Disciplinary Screening  
Officer within sixty (60) days of the Disciplinary Screening Officer written decision  
regarding to the same, the Board's Executive Director without any further action or  
hearing by the Board shall issue an Order of Voluntary Surrender with disciplinary action  
and report same to the National Practitioners Data Bank. Respondent agrees to waive any  
right to seek injunctive relief from any Federal or State of Nevada District Court

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1 regarding the Board's Executive Director's Order of Voluntary Surrender with  
2 disciplinary action and reporting same to the National Practitioners Data Bank.  
3 Respondent shall also be responsible for any costs or attorney's fees incurred in the event  
4 the Board has to seek injunctive relief to enforce the Board's Executive Director's Order  
5 of Voluntary Surrender with disciplinary action to prevent Respondent from practicing  
6 dentistry in the State of Nevada. Any verified complaints or authorized investigative  
7 complaints which relate to treatment received subsequent to the adoption of this  
8 Stipulation II shall be processed pursuant to the procedures set forth at NRS and/or NAC  
9 chapter 631 and/or NRS and NAC chapter 233B.

10 J. Pursuant to NRS 631.350(1)(e), Respondent agrees upon adoption of the Stipulation  
11 Agreement II by the Board this Stipulation Agreement II shall be deemed a public  
12 reprimand.

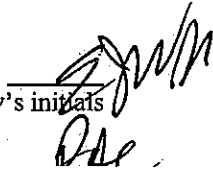
13 K. Pursuant to NRS 631.350(1)(c), Respondent agrees within thirty (30) days after adoption  
14 of this Stipulation Agreement II, Respondent shall pay a fine in the amount of One  
15 Thousand and xx/100 Dollars (\$1,000.00). Payment shall be made payable to the Nevada  
16 State Board of Dental Examiners and mailed directly to 6010 S. Rainbow Blvd., Suite  
17 A1, Las Vegas, Nevada 89118.

18 L. Pursuant to NRS 622.400, Respondent agrees to reimburse the Board for the cost of the  
19 investigations and cost associated in enforcing the terms and conditions of probation in  
20 the amount of Twenty-Seven Thousand Two Hundred Fifty and xx/100 Dollars  
21 (\$27,250.00). Payment shall be made payable to the Nevada State Board of Dental  
22 Examiners and mailed directly to 6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada  
23 89118. Payment shall be made in Forty-Eight (48) monthly payments. The first forty -  
24 seven (47) payments shall be in the amount of \$579.00. The first payment shall be made  
25 on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the  
26 Board (for example, if this Stipulation II is approved by the Board on November 10, then  
27 the first payment of \$579.00 shall be due on December 15). The remaining forty-six (46)  
28 equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter.  
The last and forty-eighth (48<sup>th</sup>) payment shall be in the amount of \$37.00 and shall be  
made on the fifteenth (15<sup>th</sup>) day of the month.

M. Pursuant to NRS 631.350(1)(l), Respondent agrees to reimburse Candace Smart in the  
amount of Four Thousand Eight Hundred Fifty-One and xx/100 Dollars (\$4,851.00)  
relative to matters addressed above regarding Ms. Smart. Respondent shall also waive  
any balance, if any, and withdraw any and all collection efforts, if any such efforts have  
been initiated. Payment of the \$4,851.00 shall be made shall be made in twelve (12)  
equal monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the  
month after which this Stipulation II is approved by the Board (for example, if this  
Stipulation II is approved by the Board on November 10, then the first of the twelve  
equal monthly payments shall be due on December 15). The remaining eleven equal

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1 payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter.  
2 Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1, Las  
3 Vegas, Nevada 89118) the payment checks made payable to Candace Smart.

4 N. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jose Churruca in the  
5 amount of Thirteen Thousand Nine Hundred Thirty Five and xx/100 Dollars (\$13,935.00)  
6 relative to matters addressed above regarding Mr. Churruca. Respondent shall also waive  
7 any balance, if any, and withdraw any and all collection efforts, if any such efforts have  
8 been initiated. Payment of the \$13,935.00 shall be made in twelve (12) equal monthly  
9 payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after  
10 which this Stipulation II is approved by the Board (for example, if this Stipulation II is  
11 approved by the Board on November 10, then the first of the twelve equal monthly  
12 payments shall be due on December 15). The remaining eleven equal payments shall then  
13 be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail  
14 to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment  
15 checks made payable to Jose Churruca.

16 O. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Bill Krejci in the amount  
17 of Six Thousand Four Hundred Forty-Five and xx/100 Dollars (\$6,445.00) relative to  
18 matters addressed above regarding Mr. Krejci. Respondent shall also waive any balance,  
19 if any, and withdraw any and all collection efforts, if any such efforts have been initiated.  
20 Payment of the \$6,445.00 shall be made in twelve (12) equal monthly payments. The first  
21 payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation  
22 II is approved by the Board (for example, if this Stipulation II is approved by the Board  
23 on November 10, then the first of the twelve equal monthly payments shall be due on  
24 December 15). The remaining eleven equal payments shall then be due on the fifteenth  
25 (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S.  
26 Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment checks made payable to  
27 Bill Krejci.

28 P. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse the estate of Brian  
Banners in the amount of Seven Thousand Five Hundred Seventy and xx/100 Dollars  
(\$7,570.00) relative to matters addressed above regarding Mr. Banners. Respondent shall  
also waive any balance, if any, and withdraw any and all collection efforts, if any such  
efforts have been initiated. Payment of the \$7,570.00 shall be made in twelve (12) equal  
monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month  
after which this Stipulation II is approved by the Board (for example, if this Stipulation II  
is approved by the Board on November 10, then the first of the twelve equal monthly  
payments shall be due on December 15). The remaining eleven equal payments shall then  
be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. The actual name the payment  
checks/money orders are to made-out to for the benefit of the estate of Brian Banners will  
be provided at a later date. Respondent shall deliver/mail the payments to the Board  
(6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118).

{LV146063;1}

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Q. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jan Thomas in the amount of Twelve Thousand Three Hundred Fifty-Six and xx/100 Dollars (\$12,356.00) relative to matters addressed above regarding Ms. Thomas. Respondent shall also waive any balance, if any, and withdraw any and all collection efforts, if any such efforts have been initiated. Payment of the \$12,356.00 shall be made in twelve (12) equal monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the Board (for example, if this Stipulation II is approved by the Board on November 10, then the first of the twelve equal monthly payments shall be due on December 15). The remaining eleven equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment checks made payable to Jan Thomas.

R. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Mae McMahel in the amount of Four Hundred Sixty-Eight and xx/100 Dollars (\$468.00) relative to matters addressed above regarding Ms. McMahel. Respondent shall also waive any balance, if any, and withdraw any and all collection efforts, if any such efforts have been initiated. Payment of the \$468.00 shall be made in twelve (12) equal monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the Board (for example, if this Stipulation II is approved by the Board on November 10, then the first of the twelve equal monthly payments shall be due on December 15). The remaining eleven equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment checks made payable to Mae McMahel.

S. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jacqueline Calvert in the amount of Four Thousand Two Hundred Fifty and xx/100 Dollars (\$4,250.00) relative to matters addressed above regarding Ms. Calvert. Respondent shall also waive any balance, if any, and withdraw any and all collection efforts, if any such efforts have been initiated. Payment of the \$4,250.00 shall be made in twelve (12) equal monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the Board (for example, if this Stipulation II is approved by the Board on November 10, then the first of the twelve equal monthly payments shall be due on December 15). The remaining eleven equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment checks made payable to Jacqueline Calvert.

T. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jeremy Orenstein (on behalf of Quinn Orenstein) in the amount of Four Thousand Seven Hundred Ninety-Two and xx/100 Dollars (\$4,792.00) relative to matters addressed above regarding Quinn

{LV146063;1}

*[Handwritten initials]*  
Respondent's initials

*[Handwritten signature]*  
Respondent's attorney's initials

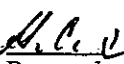
1 Orenstein. Respondent shall also waive any balance, if any, and withdraw any and all  
2 collection efforts, if any such efforts have been initiated. Payment of the \$4,792.00 shall  
3 be made in twelve (12) equal monthly payments. The first payment shall be made on the  
4 fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the Board  
5 (for example, if this Stipulation II is approved by the Board on November 10, then the  
6 first of the twelve equal monthly payments shall be due on December 15). The remaining  
eleven equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month  
thereafter. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1,  
Las Vegas, Nevada 89118) payment checks made payable to Jeremy Orenstein.

7 U. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jamie Grosjean in the  
8 amount of Thirteen Thousand Five Hundred Seventeen and xx/100 Dollars (\$13,517.00)  
9 relative to matters addressed above regarding Ms. Grosjean. Respondent shall also waive  
10 any balance, if any, and withdraw any and all collection efforts, if any such efforts have  
11 been initiated. Payment of the \$13,517.00 shall be made in twelve (12) equal monthly  
12 payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after  
13 which this Stipulation II is approved by the Board (for example, if this Stipulation II is  
14 approved by the Board on November 10, then the first of the twelve equal monthly  
payments shall be due on December 15). The remaining eleven equal payments shall then  
be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail  
to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment  
checks made payable to Jamie Grosjean.

15 V. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Edward Harris in the  
16 amount of Two Thousand Six Hundred Twenty-Four and xx/100 Dollars (\$2,624.00)  
17 relative to matters addressed above regarding Mr. Harris. Respondent shall also waive  
18 any balance, if any, and withdraw any and all collection efforts, if any such efforts have  
19 been initiated. Payment of the \$2,624.00 shall be made in twelve (12) equal monthly  
20 payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after  
21 which this Stipulation II is approved by the Board (for example, if this Stipulation II is  
22 approved by the Board on November 10, then the first of the twelve equal monthly  
payments shall be due on December 15). The remaining eleven equal payments shall then  
be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail  
to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment  
checks made payable to Edward Harris.

23 W. In the event Respondent defaults on any of the payments set forth in **Paragraphs 23K**  
24 **thru 23V**, Respondent agrees his license to practice dentistry in the State of Nevada may  
25 be automatically be suspended without any further action of the Board other than  
26 issuance of an Order of Suspension by the Board's Executive Director. Subsequent to the  
issuance of the Order of Suspension, Respondent agrees to pay a liquidated damage  
amount of Twenty Five and xx/100 Dollars (\$25.00) for each day Respondent is in  
default on the payment(s) of any of the amounts set forth in **Paragraphs 23K thru 23V**

27 {LV146063;1}

28   
Respondent's initials

  
Respondent's attorney's initials

1 Upon curing the default of the applicable defaulted payment contained in **Paragraphs**  
2 **23K thru 23V.** and paying the reinstatement fee, Respondent's license to practice  
3 dentistry in the State of Nevada will automatically be reinstated by the Board's Executor  
4 Director, assuming there are no other violations by Respondent of any of the provisions  
5 contained in this Stipulation Agreement. Respondent shall also be responsible for any  
6 costs or attorney's fees incurred in the event the Board has to seek injunctive relief to  
7 prevent Respondent from practicing dentistry during the period in which his license is  
8 suspended. Respondent agrees to waive any right to seek injunctive relief from any court  
9 of competent jurisdiction, including a Nevada Federal District Court or a Nevada State  
10 District Court to reinstate his license prior to curing any default on the amounts due and  
11 owing as addressed above.

12 X. In the event Respondent fails to cure any defaulted payments within forty-five (45) days  
13 of the default, Respondent agrees the amount may be reduced to judgment.

14 Y. Respondent waives any right to have any amount(s) owed pursuant to this Stipulation  
15 discharged in bankruptcy.

16 **CONSENT**

17 24. Respondent has read all of the provisions contained in this Stipulation Agreement and  
18 agrees with them in their entirety.

19 25. Respondent is aware by entering into this Stipulation Agreement she is waiving certain  
20 valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and  
21 NAC 233B.

22 26. Respondent expressly waives any right to challenge the Board for bias in deciding  
23 whether or not to adopt this Stipulation Agreement in the event this matter was to proceed to a  
24 full Board hearing.

25 27. Respondent and the Board agree any statements and/or documentation made or  
26 considered by the Board during any properly noticed open meeting to determine whether to  
27 adopt or reject this Stipulation Agreement are privileged settlement negotiations and therefore  
28 such statements or documentation may not be used in any subsequent Board hearing or judicial

{LV146063;1}

*H.C.L.*  
Respondent's initials

*[Signature]*  
Respondent's attorney's initials



1 review, whether or not judicial review is sought in either the State or Federal District Court.

2  
3 28. Respondent acknowledges she has read this Stipulation Agreement. Respondent  
4 acknowledges she has been advised she has the right to have this matter reviewed by  
5 independent counsel and she has had ample opportunity to seek independent counsel.  
6 Respondent has been specifically informed she should seek independent counsel and advice of  
7 independent counsel would be in Respondent's best interest. Having been advised of her right to  
8 independent counsel, as well as had the opportunity to seek independent counsel, Respondent  
9 hereby acknowledges she is represented by ANTHONY LAURIA, ESQ. of the law firm  
10 LAURIA TOKUNAGA GATES & LINN, LLP and EUGENE J. WAIT, JR., ESQ. of the WAIT  
11 LAW FIRM and she has reviewed this Stipulation Agreement with same and understands its  
12 terms and conditions.

13 29. Respondent acknowledges she is consenting to this Stipulation Agreement voluntarily,  
14 without coercion or duress and in the exercise of her own free will.

15  
16 30. Respondent acknowledges no other promises in reference to the provisions contained in  
17 this Stipulation Agreement have been made by any agent, employee, counsel or any person  
18 affiliated with the Nevada State Board of Dental Examiners.

19 31. Respondent acknowledges the provisions in this Stipulation Agreement contain the entire  
20 agreement between Respondent and the Board and the provisions of this Stipulation Agreement  
21 can only be modified, in writing, with Board approval.

22  
23 32. Respondent agrees in the event the Board adopts this Stipulation Agreement, she hereby  
24 waives any and all rights to seek judicial review or otherwise to challenge or contest the validity  
25 of the provisions contained herein.

26  
27 33. Respondent and the Board agree none of the parties shall be deemed the drafter of this  
28 Stipulation Agreement. In the event this Stipulation Agreement is construed by a court of law or

1 equity, such court shall not construe it or any provision hereof against any party as the drafter.  
2 The parties hereby acknowledge all parties have contributed substantially and materially to the  
3 preparation of this Stipulation Agreement.

4  
5 34. Respondent specifically acknowledges by her signature herein and by her initials at the  
6 bottom of each page of this Stipulation Agreement, she has read and understands its terms and  
7 acknowledges she has signed and initialed of her own free will and without undue influence,  
8 coercion, duress, or intimidation.


9 35. Respondent acknowledges in consideration of execution of this Stipulation Agreement,  
10 Respondent hereby releases, remises, and forever discharges the State of Nevada, the Board, and  
11 each of their members, agents, employees and legal counsel in their individual and representative  
12 capacities, from any and all manner of actions, causes of action, suits, debts, judgments,  
13 executions, claims, and demands whatsoever, known and unknown, in law or equity, that  
14 Respondent ever had, now has, may have, or claim to have against any or all of the persons or  
15 entities named in this section, arising out the complaint(s) of the above-referenced Patient(s).

16 36. Respondent acknowledges in the event the Board adopts this Stipulation Agreement, it  
17 may be considered in any future Board proceeding(s) or judicial review, whether such judicial  
18 review is performed by either the State or Federal District Court(s).

19  
20 37. This Stipulation Agreement will be considered by the Board in an open meeting. It is  
21 understood and stipulated the Board is free to accept or reject this Stipulation Agreement and if it  
22 is rejected by the Board, the Board may take other and/or further action as allowed by statute,  
23 regulation, and/or appropriate authority. This Stipulation Agreement will only become effective  
24 when the Board has approved the same in an open meeting. Should the Board adopt this  
25 Disciplinary Stipulation Agreement, such adoption shall be considered a final disposition of a

26 ///

27  
28 {LV146063;1}

  
Respondent's initials

  
Respondent's attorney's initials

1 contested case and will become a public record and is reportable to the National Practitioner  
2 Data Bank.

3 DATED this 3<sup>rd</sup> day of October, 2014.

4  
5 By Georgene B. Chase, DDS  
6 Georgene B. Chase, DDS  
Respondent

7 APPROVED AS TO FORM AND CONTENT:

8 By Eugene J. Wait, Esq. this 3<sup>rd</sup> day of October, 2014.

9 Eugene J. Wait, Esq.  
10 Wait Law Firm  
Respondent's Attorney

11 APPROVED AS TO FORM AND CONTENT

12 By Paul A. Lauria, Esq. this 3<sup>rd</sup> day of October, 2014.

13 Paul A. Lauria, Esq.  
14 Lauria Tokunaga Gates & Linn, LLP  
Respondent's Attorney

15 APPROVED AS TO FORM AND CONTENT

16 By John A. Hunt, Esq. this 3 day of October, 2014.

17 John A. Hunt, Esq.  
18 Morris Polich & Purdy, LLP  
19 Board Counsel

20 APPROVED AS TO FORM AND CONTENT

21 By Donna Jo Hellwinkel, DDS this 3 day of October, 2014.

22 Donna Jo Hellwinkel, DDS  
23 Disciplinary Screening Office  
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**BOARD ACTION**

This *Disciplinary Stipulation II Agreement* in the matter captioned as Nevada State Board of Dental Examiners vs. Georgene B. Chase, DDS, case no. 74127-02697 was (check appropriate action):

Approved X Disapproved \_\_\_\_\_

by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting

DATED this 3 day of Oct, 2014.

  
\_\_\_\_\_  
**J. Gordon Kinard, DDS - President**  
NEVADA STATE BOARD OF DENTAL EXAMINERS

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## **Letters of Support for Dr. Georgene Chase**

Carolyn Easley  
[REDACTED]  
[REDACTED]

January 8, 2019

Nevada State Board Dental Examiners  
Attention: Debra Shaffer-Kugel, dashaffer@nsbde.nv.gov  
6010 South Rainbow Boulevard,  
Building A, Suite 1  
Las Vegas, Nevada 89118



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Re: Dr. Georgene Chase, DDS  
Smile Restore  
5365 Mae Anne Avenue, Suite B-1  
Reno, Nevada 89523

Dear Debra Shaffer-Kugel,

I implore your help to reinstate Dr. Georgene Chase as a Dentist in the great State of Nevada. I am a 74-year old woman, after moving to Nevada from California, I was able to find the very best, affordable dental care that I have ever received. Dr. Chase has helped me to avoid losing my teeth and has helped my family restore their dental health.

I want you to know that I moved to Dayton, Nevada 2-years ago for a better life. I wanted and needed the very best dentist in Nevada. Due to all of the recommendations I received, I chose Dr. Chase as my dentist.

Dr. Chase is by far the most intelligent, ethical, educated and integrous dentist that I have ever had the pleasure of working with. Not to mention that Dr. Chase is kind, considerate, and thoughtful to her patients. When you meet Dr. Chase you immediately trust her. Dr. Chase has integrity, does not overcharge her patients or try to sell you the most expensive treatment. Dr. Chase genuinely seems to want to help her patients. Dr. Chase is able to give her patients choices on the kind of care that is available to them not just the highest price available. We need more dentists and doctors in Nevada not to mention the United States like Dr. Georgene Chase.

For the first time in my life, I have found superior dental care that I can financially afford. My smile, my self-worth and my life is substantially better for having Dr. Chase as my dentist.

January 8, 2019  
Nevada State Board Dental Examiners  
Attention: Debra Shaffer-Kugel, dashaffer@nsbde.nv.gov  
Page 2 of 2

In Nevada where dental cost is over to top and unreachable for most of us, I have been blessed to have Dr. Chase as my dentist. She is responsible for bringing down the cost of dental care and still gives us the best dental care available in the Northern Nevada region.

When you walk into Smile Restore you will notice how traditional it is, it is not a fancy office. It is my understanding, after talking with some of Dr. Chase's patients that most of them have been under regular treatment of Dr. Chase's for 30-years. They trust her to be honest and give them the best care available. Dr. Chase makes Northern Nevada a better place to live. Reno, Nevada needs Dr. Chase. We, her patients, need our dentist and our affordable dental health care returned to us.

Sincerely,



Carolyn Easley



CC: Jacky Rosen, Nevada State Senator (D-NV 3<sup>rd</sup> District)  
27 Independence Avenue SE  
Washington, DC 20003

Jacky Rosen, Nevada State Senator (D-NV 3<sup>rd</sup> District)  
8872 South Eastern Avenue, Suite 210/220  
Las Vegas, NV 89123

Dr. Georgene Chase, DDS  
Smile Restore  
5365 Mae Anne Avenue, Suite B  
Reno, Nevada 89523

Tom J Walsh M.D. Ltd  
[REDACTED]  
[REDACTED]



Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd. Ste. A-1  
Las Vegas, NV 89118

March 19, 2019

Re: Georgene Chase D.D.S.  
Smile Restore

Dear Nevada State Board of Dental Examiners,

I have volunteered to write this statement in support of Georgene Chase D.D.S. and her Dental Clinic, Smile Restore. I do not know the specifics as to why Dr. Chase must come before the Board but I feel compelled to speak up on her behalf.

I work as a Family Physician in a rural Nevada Acute Care Clinic where the poorest of the poor in our area come for medical and dental care. When I see patients with dental issues, I have Dr. Chase's telephone number memorized to give to them. Most of them already know the cash price to have a tooth pulled locally – that is the only option they think possible - if they can get the money together. I tell them to get gas money together or to get a ride to Reno because there is a good chance through Dr. Chase at Smile Restore that their tooth can be fixed and maybe for free or on a sliding scale. What an incredible resource! Especially for the young people having early dental issues, facing the prospective trauma (on multiple levels) of having a permanent tooth pulled – plunging them deeper into their already difficult life. I have seen the tears as they tell me of what they thought was their only option. Dr Chase and Smile Restore give hope and healing!

Every time my family and I go in to Smile Restore I see these patients, like my patients, appreciating and benefiting from the care. I suspect that many of the people who work for Smile Restore have been patients there first and Dr. Chase has given them "a leg up". Once last year a veteran came in as I was leaving at 5 p.m., obviously in pain. Dr Chase didn't even ask his name, she just took him back and attended to him. What an example! Truly a good Samaritan.



I often pre-pay for the supplies Smile Restore needs for my family because otherwise the Clinic does not have them. They tell me that I help others with what is left over. Recently Dr. Chase suggested that I could rent her house because she was in danger of losing it. She was going to live in the small space above her barn so as to keep practicing her noble vocation. Are you aware that she adopted multiple small children who needed her?

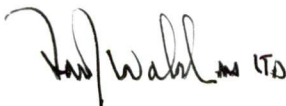
In terms of dental treatment, I have found Dr. Chase to be diagnostically accurate in my case and I find her dental technical skills impeccable and her philosophy scientifically advanced. She found the small apical abscess in the adjacent tooth when I had persistent pain after I had my upper incisor (#9) removed and an implant placed (very traumatic). I consider the local dentist with whom I shared the misdiagnosis a very good dentist and still a good friend.

If the Board does find problems with Dr. Chase's practice or the management of Smile Restore, please be merciful and allow Dr. Chase to continue her valuable care for the community. Dr. Chase cares for a significant number of destitute patients (at considerable risk to herself of communicable disease), all of whom would, in her absence, need to be cared for by the general dental community.

Honestly, rather than censure Dr. Chase, help her. To you dentists on the Board, send your excess supplies. Call her and ask what she could use today. Consider sending your Office Manager half day a month to assist her – that "pearl of great price" who most likely (as has been my experience) is the reason your operation is successful and copasetic with all the requirements. If my statement does not help Dr. Chase and Smile Restore with your review, I would bet your Office Manager would come back (granted probably having found things that could be corrected) with a very positive opinion regarding what is being done there every day multiple times a day.

Thank you for considering Mercy.

Sincerely,



Tom J. Walsh M.D. Ltd



**Dr. Michael Wassef**

## Candice Stratton

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**From:** Candice Stratton  
**Sent:** Tuesday, July 09, 2019 4:17 PM  
**To:** 'Michael Wassef'  
**Subject:** RE: Nevada Dental License Application

Your response below is sufficient. You should receive a copy of the agenda sometime next week.

### *Candice Stratton*

License and Credentialing Specialist  
Nevada State Board of Dental Examiners  
Phone – (702) 486-7044

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**From:** Michael Wassef [mailto:████████████████████]  
**Sent:** Tuesday, July 09, 2019 11:10 AM  
**To:** Candice Stratton  
**Subject:** Re: Nevada Dental License Application

Good morning Ms. Stratton,

Yes please, I would like to petition the Board at the July 19th meeting. It is my understanding from corresponding with Ms. Bernstein Chapman, that I will be on the agenda for the 19th of July Meeting.

Please let me know if this officially serves as a petition to be heard before the Board, or if I need to do anything further.

As always, thank you for your efforts!

Sent from my iPhone

On Jul 9, 2019, at 10:42 AM, Candice Stratton <[ckstratton@nsbde.nv.gov](mailto:ckstratton@nsbde.nv.gov)> wrote:

Good morning Dr. Wassef,

Attached is a copy of the rejection letter being sent by mail today. I am forwarding a copy by email in the interest of time, should you wish to petition the Board for review of your application at the next meeting, scheduled for Friday, July 19, 2019. If you have any questions, feel free to contact myself, Debra or Melanie.

Candice Stratton, Licensing Specialist

Nevada State Board of Dental Examiners

6010 S Rainbow Boulevard Ste A-1

Las Vegas, NV 89118

Telephone: (702) 486-7044

Email: [ckstratton@nsbde.nv.gov](mailto:ckstratton@nsbde.nv.gov)

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<WassefMichael.pdf>

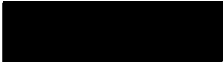
# Nevada State Board of Dental Examiners



6010 S. Rainbow Boulevard, Building A, Suite 1 • Las Vegas, Nevada 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

July 8, 2019

Michael Wassef DDS



RE: Application for Licensure

Dear Dr. Wassef:

Your application for licensure by examination (NRS 631.240) was reviewed by the Secretary-Treasurer in accordance with Nevada Administrative Code (NAC) 631.050. Please be advised the Board's Secretary-Treasurer has rejected your application for licensure for the following reasons

NAC 631.050(2):

- (d) A history of substance abuse
- (g) Had your license to practice dentistry suspended, revoked or placed on probation in this state, another state or territory of the United States or the District of Columbia
- (h) Not actively practiced dentistry for 2 years or more prior to the date of the application with the Board

If the Secretary-Treasurer rejects an application for licensure, the application must be returned to the applicant with the reasons for the rejection. A copy of your application is enclosed.

When applying for licensure with our agency, you notified the Board of action taken by the Arizona State Board of Dental Examiners in 2002 to address a controlled substance abuse issue. In addition, you informed the Board that on August 3, 2018, the Arizona State Board of Dental Examiners revoked your license to practice dentistry in the state of Arizona. Lastly, you indicated on the application that you have not treated a patient since February 2017.

Based on this information contained in your application for licensure and pursuant to NAC 631.0502(d), 2(g) and 2(h), your application for licensure is hereby **rejected**. The Secretary-Treasurer appreciates the supplemental information you provided along with the application.

At this time you may petition the Board in writing to have your application reviewed by the Board at the next regularly scheduled meeting, pursuant to subsection 3 of NAC 631.050. The next meeting is scheduled for **Friday, July 19, 2019**. The petition to have the application reviewed by the Board is not a hearing. You are required to attend the meeting in order to address any questions the Board Members may have and you may have legal counsel present at the meeting. Upon your request, the Board may enter into closed session, pursuant to NRS 241.030, to consider your character, alleged misconduct, professional competence or physical and/or mental health. However, the Board is required to return to the open meeting for deliberations and decision.

Page 2

RE: Michael Wassef DDS

July 8, 2019

Should the Board reject your application for licensure, the rejection is considered a denial of licensure and is reportable to the National Practitioners Data Bank (NPDB). In the event you do not petition the board to review your application for licensure, the rejection of the application by the Board's Secretary-Treasurer is NOT reportable to the NPDB since the application was not considered by the entire Board at a properly noticed meeting.

Should you have any questions, please feel free to contact me at (702) 486-7044 or by email at [ckstratton@nsbde.nv.gov](mailto:ckstratton@nsbde.nv.gov).

Sincerely,



Candice Stratton

License and Credentialing Specialist

/cs

Cc: File



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046



I hereby make application for Nevada Dental licensure by: (Please check one below)

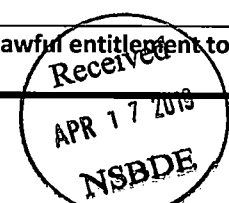
Licensure by ADEX Exam (NRS 631.240): \$1200 <input type="checkbox"/>		Licensure by WREB Exam (NRS 631.240): \$1200 <input checked="" type="checkbox"/>	
Licensure by Credential (NRS 631.255): \$1200 <i>(Please select specialty below)</i>		Indicate Specialty: Board Eligible <input type="checkbox"/> Diplomat <input type="checkbox"/>	
Orthodontia <input type="checkbox"/>	Prosthodontia <input type="checkbox"/>	O & M Pathology <input type="checkbox"/>	
Endodontia <input type="checkbox"/>	Pediatric Dentistry <input type="checkbox"/>	O & M Radiology <input type="checkbox"/>	
Periodontia <input type="checkbox"/>	Public Health Dentist <input type="checkbox"/>	O & M Surgery <input type="checkbox"/>	
Limited Licensure (NRS 631.271): \$125		Restricted Geographical (NRS 631.274): \$600	
Resident: <input type="checkbox"/>	Instructor: <input type="checkbox"/>	Underserved County(ies): <input type="checkbox"/>	FQHC or Non-Profit: <input type="checkbox"/>
<u>Indicate Residency Program:</u>	<u>Indicate Instructor Facility:</u>	<u>Indicate County(ies)</u>	<u>Indicate FQHC Facility or Non Profit</u>
Active Military, Retired Military or Spouse of Military by Reciprocity: \$600.00 <input type="checkbox"/>			

**NOTE:** An application is considered complete when the application, all required documents, background information, and fees are on file with the Board office. APPLICATION FEES MUST BE PAID IN ADVANCE AND MAY NOT BE REFUNDED PURSUANT TO NEVADA REVISED STATUTE (NRS) 631.345. YOU WILL BE NOTIFIED WITHIN 15 BUSINESS DAYS UPON APPROVAL OF YOUR APPLICATION BY THE BOARD.

Please type or print legibly. All questions must be answered. If additional space is needed, attach a separate sheet identifying additional information by Section number. Applicants acknowledge they have a continuing responsibility to update all information contained in this application until such time as the Board takes final action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.

Last: Wassef		First: Michael		Middle: No Middle Name		Suffix:			
Soc. Security #: [REDACTED]		Age: [REDACTED]	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate: [REDACTED]			Birthplace (City, County, State, & Country): [REDACTED]	
Have you ever been known by any other name? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								If yes, state in full every other name by which you have been known, the reason therefore, and the inclusive dates so known:	
If a married woman, state maiden name:									
If a name change was made by court order, attach a CERTIFIED COPY of the court order.									
Are you a U.S. born citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>								If no, are you naturalized? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, naturalization # [REDACTED]		Naturalization Date: [REDACTED]		Place: [REDACTED]					
If no, were you born abroad of US citizens? Yes <input type="checkbox"/> No <input type="checkbox"/>								If no, are you a legal resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your application for naturalization pending? Yes <input type="checkbox"/> No <input type="checkbox"/>								State of Application: _____ Place: _____	
*You must submit appropriate proof of Citizenship or legal documentation for lawful entitlement to remain in the U.S. and work in the U.S.*									

#1200/cek# [REDACTED]



**(A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY**

<b>Current Home Address:</b> [REDACTED]	<b>City:</b> [REDACTED]	<b>State:</b> [REDACTED]	<b>Zip code:</b> [REDACTED]
<b>Mailing Address: This is the address that all correspondence from NSBDE will be mailed.</b> <input checked="" type="checkbox"/>			
<b>If same as current home address please check box.</b>			
<b>Mailing Address (if different):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Residence:</b> N/A	<b>Telephone Cell:</b> [REDACTED]	<b>Email address:</b> [REDACTED]	

**(B) PREVIOUS STREET ADDRESS**

List all home addresses for the past seven (7) years. If you cannot recall certain information please indicate cannot recall. Do not leave blank. Please be sure that if you were in school you have a home address listed in the same state you went to school. (Please add additional pages as needed)

<b>1. Address :</b> [REDACTED]	<b>City:</b> [REDACTED]	<b>State:</b> [REDACTED]	<b>Zip Code:</b> [REDACTED]
<b>County:</b> [REDACTED]	<b>Dates:</b> 2004 to 2016		
<b>2. Address :</b> [REDACTED]	<b>City:</b> [REDACTED]	<b>State:</b> [REDACTED]	<b>Zip Code:</b> [REDACTED]
<b>County:</b> Maricopa	<b>Dates:</b> 2016 to 2018		
<b>3. Address :</b> [REDACTED]	<b>City:</b> [REDACTED]	<b>State:</b> [REDACTED]	<b>Zip Code:</b> [REDACTED]
<b>County:</b> Maricopa	<b>Dates:</b> 2018 to Current		
<b>Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>5. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>6. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>7. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>8. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>9. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>10. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		





**(C) MILITARY SERVICE**

Have you ever served in the military? (If yes, you must answer the questions below)

Yes  No

<b>Date of Service:</b>		<b>Military Occupation Specialty/Specialties:</b>	
From	to		
<b>Branch of Service:</b>	Army/Army Reserve <input type="checkbox"/>	Marine Corps/Marine Corps Reserve <input type="checkbox"/>	
	Navy/Navy Reserve <input type="checkbox"/>	Air Force/ Air force Reserve <input type="checkbox"/>	
	Coast Guard/ Coast Guard Reserve <input type="checkbox"/>	National Guard <input type="checkbox"/>	
<b>Date of Service:</b>		<b>Military Occupation Specialty/Specialties:</b>	
From	to		
<b>Branch of Service:</b>	Army/Army Reserve <input type="checkbox"/>	Marine Corps/Marine Corps Reserve <input type="checkbox"/>	
	Navy/Navy Reserve <input type="checkbox"/>	Air Force/ Air force Reserve <input type="checkbox"/>	
	Coast Guard/ Coast Guard Reserve <input type="checkbox"/>	National Guard <input type="checkbox"/>	

**(D) EDUCATION & CERTIFICATIONS**

Doctoral:	Post Doctoral:
<b>University/ College:</b> SUNY at Buffalo Dental School	<b>University/ College:</b>
<b>City:</b> Buffalo	<b>City:</b>
<b>State:</b> New York	<b>State:</b>
<b>Years Attended: (month/year)</b> 08/1987 to 05/1990	<b>Years Attended: (month/year)</b> to
<b>Graduation Date:</b> May 20, 1990	<b>Graduation Date:</b>
<b>Degree Earned:</b> DDS <input checked="" type="checkbox"/> DMD <input type="checkbox"/>	<b>Specialty (MS):</b>

**(E) LASER USE AND CERTIFICATION**

I utilize laser radiation in the performance of my practice of dentistry. Yes  No

I certify that each laser I use in my practice of dentistry has been cleared by the United States Food and Drug Administration for use in dentistry. Yes  No

Attach a copy of proof of course completion of laser proficiency indicating successful completion of a recognized course pursuant to Board regulation NAC 631.033 and NAC 631.035 based on the curriculum guidelines and standards for dental laser education as adopted by the Academy of Laser Dentistry.

**(F) CONTINUED CLINICAL COMPETENCY**

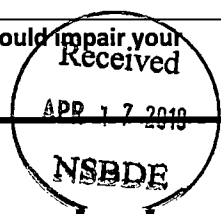
Have you been out of active practice for one or more years just prior to completing this application? Yes  No

If yes, attach a separate sheet with details of how you have maintained your clinical skills.

**(G) HISTORY OF IMPAIRMENT**

(1) Do you now, or have you ever, abused alcohol, other chemical substances, or do you have any medical/mental impairments or emotional condition(s) that would impair your ability to perform as a licensee pursuant to NRS and NAC Chapters 631? (If yes, submit details on separate sheet) Yes  No

(2) Do you now, or have you ever had, any contagious or infectious disease(s) that would impair your ability to perform as a licensee pursuant to NRS and NAC Chapters 631? (If yes, submit details on separate sheet) Yes  No



**(H) DENTAL PRACTICE & EMPLOYMENT HISTORY**

Have you ever been engaged in private dental practice, been employed as a dentist, been self-employed done business under a fictitious name (D.B.A.)? Yes  No

If yes, list the following information for the past ten years including the dates you practiced dentistry: the names of all employers; partners, associates or persons sharing office space; list dates of self-employment and nature of business; list all fictitious names (D.B.A.), dates and nature of business; and the reason for leaving each practice. If you were unemployed for any period of time please write the month and year of unemployment. (Use additional sheets if necessary)

Current Practice Address (if any): NONE		City:	State:	Zip Code:
Telephone:	Fax:	Email address:		

**(I) PREVIOUS EMPLOYMENT**

1. Practice Address: ***** PLEASE SEE ATTACHED *****	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
Name of Employers, Associates, Etc...		Reason for leaving:	

2. Practice Address:	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
Name of Employers, Associates, Etc...		Reason for leaving:	

3. Practice Address:	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
Name of Employers, Associates, Etc...		Reason for leaving:	

4. Practice Address:	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
Name of Employers, Associates, Etc...		Reason for leaving:	

5. Practice Address:	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
Name of Employers, Associates, Etc...		Reason for leaving:	



**(J) EXAMINATION AND LICENSURE HISTORY**

**NATIONAL BOARD EXAMINATION**

**Part I** Date Taken: June or July 1988 PASS  FAIL

**Part II** Date Taken: December 1989 PASS  FAIL

Please list below all dental/hygiene clinical examinations in which you have participated: *(Use additional sheets if necessary)*

**CLINICAL EXAMS:**

**ADEX**  Date(s) of Clinical Examination: \_\_\_\_\_ to \_\_\_\_\_ PASS  FAIL

**WREB**  Date(s) of Clinical Examination: August 27 1999 to August 30 1999 PASS  FAIL

**OTHER EXAMS:**

Regional/State, Territory, DC: Northeast Regional Board Examination (NERB)/Taken in Buffalo NY

Date(s) of Clinical Examination: May of 1990 to May of 1990 PASS  FAIL

Regional/State, Territory, DC:

Date(s) of Clinical Examination: \_\_\_\_\_ to \_\_\_\_\_ PASS  FAIL

Have you ever applied for a license to practice dentistry? Yes  No

*If yes, list the following for each state, territory or the District of Columbia. Use additional sheets if necessary:*

State, Territory, DC: New York Date of Application: June 1990

Result of Application (Granted, Denied,Pending): GRANTED

State, Territory, DC: New Jersey Date of Application: June 1990

Result of Application (Granted, Denied,Pending): GRANTED

State, Territory, DC: Arizona Date of Application: 2000

Result of Application (Granted, Denied,Pending): GRANTED

- 1 Have any proceedings been initiated against you to revoke or suspend your dental license? Yes  No
- 2 At the time you filed this application, were any disciplinary proceedings pending against you, including complaints or investigations, in any other state, territory or the District of Columbia? Yes  No
- 3 Have you ever been terminated or attempted to terminate or surrender a dental license in any state, territory or the District of Columbia? Yes  No
- 4 Have you ever been denied a dental license in this state, another state, or a territory of the U.S. or the District of Columbia? Yes  No

*If you answered 'yes' to questions J1, J2 , J3 and/or J4, provide a full explanation of each answer on a separate sheet and attach to this application.*



**(K) MALPRACTICE**

Have you ever had any claims of malpractice filed against you?

Yes  No

If yes, list all malpractice, negligence lawsuits and claims you have ever had against you. Include dates, names, settlements or resolutions. Please include malpractice and lawsuits that were dismissed. Provide additional pages as needed.

[Redacted area]

Do you or have you ever carried malpractice (professional liability) insurance?

Yes  No

List all malpractice carriers since licensed or for the past 10 years (which ever is longer). Leave no time gaps and account for periods with no insurance. Provide additional pages as needed.

Carrier: Centurion Medical Liability Protective RRG, Inc. Policy Number: [Redacted]

Address :	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
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Carrier: Fireman's Fund Policy Number:

Address :	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
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Carrier: CNA Policy Number: [Redacted]

Address :	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
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Carrier: Dentist's Advantage Policy Number:

Address :	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
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Carrier: Princeton Insurance Company Policy Number:

Address :	City:	State:	Zip Code:
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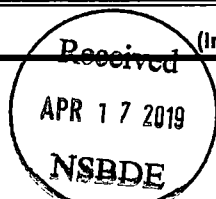
From:	To:	(Include month/
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Carrier:

Address :	City:
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From:	To:	(Include month/
-------	-----	-----------------

**Please see attached Reply Sheet for further clarification.**



**(L) MORAL CHARACTER**

As a member of any profession or association connected with the practice of dentistry, or as a staff member at a hospital, outpatient clinic, or surgery center, or as a holder of public office:

- 1 Have you ever been suspended or otherwise disqualified? Yes  No
- 2 Have you ever been reprimanded, censored, restricted or otherwise disciplined? Yes  No
- 3 Have any charges or complaints, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you? (Dental Society, Associations, Hospitals, or States) Yes  No
- 4 Have your clinical privileges or procedures been restricted by any hospital, outpatient clinic or surgery center? Yes  No
- 5 (a) Have you ever been arrested, convicted, charged with, entered a plea of nolo contendere or pleaded guilty to the violation of any law [misdemeanor(s) or felony(ies)]? Yes  No
- (b) Have you ever received a citation or been cited for any traffic violations? Yes  No

*If your answer is 'yes' to any of the foregoing questions (1-5), furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, case number, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof. You must provide certified copies of any arrest or conviction and/or any plea agreements entered into for any felony(ies) or misdemeanor(s).*

- 6 Have you ever been declared a ward of any court, or adjudged as incompetent, or have any proceedings ever been brought to have you declared a ward of any court or adjudged as incompetent, or have you ever been committed to any institution? Yes  No
- 7 Have you ever been dropped, suspended, expelled or disciplined by any school or college for any cause whatsoever? Yes  No

*If your answer is 'yes' to questions 6 or 7, furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof.*

- 8 Have you ever been denied participation in, or suspended from the Medicaid or Medicare benefit program? Yes  No
- 9 Have you ever had a civil court action in which you were either the plaintiff or defendant? (please include all civil actions civil disputes, negligence or personal injury) Yes  No

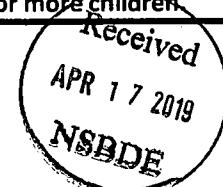
*If your answer is 'yes' to questions 8 or 9, furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof.*

- 10 Do you hold a DEA license? Yes  No  If yes list DEA Number # XXXXXXXXXX
- 11 Have you ever surrendered your DEA number or had it revoked or restricted? Yes  No

**(M) STATEMENT OF CHILD SUPPORT**

Pursuant to state and federal mandated requirements, I further certify that (CHECK the appropriate box):

- 1 I am NOT subject to a court order for the support of one or more children.
- 2 I AM subject to a court order for the support of one or more children and: (continue to 2a or 2b below)
- 2a I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.
- 2b I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.



**(N) AFFIDAVIT AND PLEDGE**

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me or who may hereafter attend or examine me from disclosing any knowledge or information that is thereby acquired, and I hereby consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

The person named as the applicant in the foregoing application and questionnaire, being first duly sworn, deposes and says: I am the applicant for dental licensure referred to; and I have carefully read and understand the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this application change prior to the Board issuing my license. In the event I fail to update the answers which have changed since submitting this application, I understand that such failure is ground for revocation of any license issued or denial of the application.

I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, governmental agencies and instrumentalities (local, state, federal or foreign), and independent information gathering services to release to the Nevada State Board of Dental Examiners any information, files or records requested by the Board in connection with the processing of this application.

I hereby pledge myself to the highest standards and ethics in the Practice of Dentistry and further pledge to abide by the laws and regulations pertaining to the practice of dentistry. I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board.

I hereby understand and agree that the title of all licenses shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS APPLICATION ARE GROUNDS FOR REJECTION OF THIS APPLICATION AND THE REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

APPLICANT

*[Handwritten Signature]*  
\_\_\_\_\_  
Applicant Signature

**Wassef, Michael**

Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)

*April 9, 2019*  
Date of Signature (must correspond with notary date)

Applicants Date of Birth (month/day/year)

Social Security Number

NOTARY

State of Arizona County of Maricopa

The statement on this document are subscribed and sworn before me this

*9<sup>th</sup>* day of April, 20 19

*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public

*October 9, 2021*  
My Commission Expires





# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, Michael Wassef, designate the Nevada State Board of Dental Examiners to collect, verify and maintain information, and copies of documents and records that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment, or other privileges.

I request and authorize every person, institution, professional licensing board or any state in which I hold or may have held a license to practice my professional, Joint Commission on National Dental Examinations, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other other documents, concerning my professional qualifications and competence, ethics, character, and other information pertaining to me to the Nevada State Board of Dental Examiners.

I further request and authorize that the requested information, documents and records be sent directly to:

Nevada State Board of Dental Examiners  
6010 S Rainbow Blvd., Suite A-1  
Las Vegas, NV 89118

I hereby release, discharge, and hold harmless the Nevada State Board of Dental Examiners, or representatives and any person furnishing information, records, or documents of any and all liability. I authorize the Nevada State Board of Dental Examiners to release information, material, documents, orders or the like relating to me or this application to any entity at my request.


By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institutions, individual, or any person or groups must be sent directly by such persons to Nevada State Board of Dental Examiners. I understand that Nevada State Board of Dental Examiners will not accept such information, records, or documents forwarded by me.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid for a period of one (1) year from the date of signature.

APPLICANT [Signature]  
Applicant Signature  
**Wassef, Michael**  
Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)  
April 9, 2019  
Date of Signature (must correspond with notary date)  
[Redacted]  
Applicants Date of Birth (month/day/year)  
[Redacted]  
Social Security Number

NOTARY  
State of Arizona County of Maricopa  
The statement on this document are subscribed and sworn before me this  
9<sup>th</sup> day of APRIL, 20 19  
[Signature]  
Notary Public  
October 9, 2021  
My Commission Expires



 **MARISSA L. LAIRD**  
Notary Public - State of Arizona  
MARICOPA COUNTY  
Commission # 535468  
Expires October 9, 2021

## **Letters of Support for Dr. Wassef**



April 25, 2019

Ms. Candice Stratton  
License & Credentialing Specialist  
Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd.  
Bldg. A, Suite 1  
Las Vegas, NV 89118



**Re: Michael Wassef, DDS**

Dear Ms. Stratton:

Please allow me to introduce myself. My name is Jeff Tonner. I am an Arizona attorney and since 1988 I have limited my practice to representing dentists. Over the years, I have defended over 3,500 dental board cases, more than any other lawyer in the state.

It pains me to remember how poorly Dr. Wassef was treated by the Arizona board and staff; however, I am buoyed by the possibility that Nevada may grant him a dental license.

Here is just a small sample of his mistreatment.

Ms. Elaine Hugunin (the former Executive Director) forwarded a Confidential Agreement for Dr. Wassef to sign. She explicitly stated that the proposed Interim Order was non-negotiable and absolutely no modifications would be tolerated. She threatened that if the Consent Agreement was not signed within a few days, an Emergency Board Meeting would be held and she would ask the full board to revoke his license. Under the circumstances, I advised him to sign it, as no other viable options were available.

As we later learned, Ms. Hugunin in her own hand voided the agreement by crossing out the original case number and arbitrarily assigning a second one after Dr. Wassef signed it. To my knowledge, he was never served with a new complaint associated with the doctored document. I have never experienced conduct like this before.

To put it bluntly, her actions were mean-spirited. In my vast experience, I recognize when matters cross the line and become personal. I have represented dentists in similar circumstances who received far less punishment. It appears that Ms. Hugunin's conduct quite frankly was improper.

Mike Wassef is a good and God-fearing man, hard-working, adored by his family and an excellent technical dentist. Above those attributes, however, is his compassion for his patients. He will go the

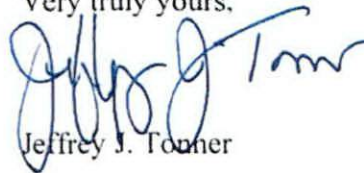
extra mile to ensure that they are well cared for.

In my opinion, Dr. Wassef should be practicing dentistry. You will not regret granting him a Nevada license.

Let me close with this thought. I would have no issues whatsoever allowing Dr. Mike Wassef to work on my teeth or my family's. I know, trust and respect him very much. He certainly deserves a chance to practice again.

Thank you for your consideration.

Very truly yours,



Jeffrey J. Tonner



Nevada Board of Dental Examiners  
6010 S. Rainbow Blvd.  
Building A, Suite 1  
Las Vegas, NV 89118

To Whom It May Concern:


It is a privilege to submit this letter in support of Dr. Michael Wassef's application for licensure in Nevada. I have had the pleasure of working with him at Smile Unique in Phoenix when I was there. He is an excellent dentist, and has a genuine care and concern for his patients.

Dr. Wassef is a very personable man who is equally as comfortable with his peers as he is with the staff and his patients. I've seen his work, and I've witnessed first hand how he treats his patients, and they both are excellent.

We are very much looking forward to the possibility of him joining our practice (Boca Dental & Braces) if he is granted a license in NV. In my opinion, I feel he is more than worthy of an opportunity to continue practicing dentistry. It was unfortunate how he was treated by the AZ Dental Board, and I hope and wish that all the best is yet to come for him.

Please contact me if I may be of more assistance. Thank you.

Sincerely,



6743

Dr. Wyatt Dannels

To whom it may concern:

I was approached by a dear colleague and previous co-worker, Dr. Wassef, who asked me to write a very genuine and honest letter of recommendation for him. Without hesitation, I agreed to put my thoughts down on paper, as I'm honored to share with you my experience working alongside him. I had the privilege of practicing with Dr. Wassef for over a year and have known him personally for three years. As a dentist, I can tell you his clinical skills are impeccable, and he is skilled in all aspects of general dentistry. His work is completed to the highest level. He is an amazing caring person and that translates over into his patient care. When interacting with both patients and staff, he is genuine, honest, and compassionate; everyone, including myself, always enjoyed working with Dr. Wassef. Over the years, I have had the pleasure of getting to know Dr. Wassef on a personal level and have spent time with him and his wife and children. They are down-to-earth, genuine people who are always willing to lend a helping hand. No matter the situation, they make you feel appreciated, valued, and respected anytime while in their presence. I have no doubt that if you grant him a license, he will pick up right where he left off and be an incredible dentist, helping to change and improve the lives of many patients as he always did. I truly value and respect him as a person and a dentist, knowing he puts patient care first and foremost every single day. In a time where it seems dentistry has become more about profits than patients, I can assure you our profession could use more people like Dr. Wassef treating our communities and families. I encourage, and highly recommend you seriously consider allowing Dr. Wassef to practice in the great State of Nevada. I promise you will not be disappointed. If you have any questions, please do not hesitate to contact me. I'm happy to discuss, at length, my knowledge and wonderful relationship with Dr. Wassef.

Best Regards,

Dr. Whitney Sebree, DMD



Nevada Board of Dental Examiners  
6010 S. Rainbow Blvd  
Building A, Ste. 1  
Las Vegas, NV 89118

To Whom It May Concern:

My name is Joe Salloum, President of Operations with Boca Dental and Braces here in Las Vegas. Much to my surprise, I received a call from Dr. Wassef inquiring about potential future employment with our group contingent upon him receiving a dental license in the State of Nevada.

The answer is an emphatic yes. We would be delighted to have him work with us, as he has worked for us in our offices at Smile Unique in multiple locations, Phoenix, Scottsdale, and Gilbert, Arizona.

Please let this letter serve as verification and confirmation that Dr. Wassef will be offered immediate full-time employment as a dentist if he is granted a license in Nevada. We always have room for skilled dentists, especially those who are also good people; and he has checked off both of those boxes.

I am very excited for him, as I believe he deserves an opportunity to regain his life and re-enter his chosen profession. We at Boca Dental are thrilled at the possibility of having him as one of our providers, he is truly a pleasure to work with.

Should you have any questions, comments or concerns feel free to contact me anytime.

Sincerely,

A handwritten signature in black ink that reads "Joe Salloum". The signature is written in a cursive, flowing style.

Joe Salloum  
CFO & President of Operations

July 2<sup>nd</sup>, 2019

Nevada Board of Dental Examiners  
6010 S. Rainbow Blvd  
Building A, Ste. 1  
Las Vegas, NV 89118

To Whom It May Concern:

It is my pleasure to write a letter of reference for Dr. Michael Wassef, a talented dentist who has worked in our dental office for about four years (2010-2014) in Phoenix. He was a highly valuable addition to our team. Dr. Wassef has *patient centric* mindset. He was always willing to stay late or come in for an emergency to accommodate any patient. What made Dr. Wassef stand out compared to any other associate doctor I've hired, is his strong desire to invest in our team members. As a leader in our office, he consistently helped coach and trained our assistants and hygienists. Overall he ranks among one of the best dentists I have worked with. Bottom line, Dr. Michael Wassef is a *must* have for any team.

Through case review and chart auditing, his clinical skills are verifiably excellent, and his chair side demeanor is superb. He also has gone above and beyond for many patients in order to make them happy. We appreciated having him, and considered ourselves fortunate.

I practiced in Nevada as a licensed dentist a few years back, before relocating to Arizona. When he called and told me that he was applying to Nevada for licensure, I was thrilled and very happy for him. He will make a great addition to the State of Nevada's dental community.

In short, I give Dr. Wassef my highest recommendation. He possesses the necessary ingredients to continue to succeed in dentistry; patience, honesty and goodwill toward his patients. I fully expect Dr. Wassef to be as excellent and productive in Nevada as he was in our dental office. I strongly endorse and recommend him without reservation.

Sincerely,

//Signed//

Shawn M. Fuller, D.D.S.

Shrewsbury Dentistry  
193 Boston Turnpike #6140  
Shrewsbury, MA 01532

Waltham Modern Dentistry  
862 Lexington St  
Waltham, MA 02452

## From the Desk of Peter Graziano

---

Happy Valley Smiles  
6615 W Happy Valley Rd  
Suite 103  
Glendale, AZ 85310  
(623) 561-2347

July 1, 2019

Ms. Melanie Bernstein Chapman  
General Counsel NV Dental Board  
6010 S. Rainbow Blvd  
Building A, Ste. 1  
Las Vegas, NV 89118  
[mbchapman@nsbde.nv.gov](mailto:mbchapman@nsbde.nv.gov)

Ref: Dr. Wassef

Dear Ms. Chapman:

Hello Ms. Chapman, my name is Peter Graziano. I received a call from Dr. Wassef asking if I would write a letter of recommendation and share my experiences that I've had with him, well, I'd be delighted. Before I comment on Dr. Wassef, I first would like to state a few things about me. I've owned 36 dental offices in the valley since 2000, and have had over 75 dentists under my employ during that time frame. Just to be clear, I am not a dentist.

My business model is to start practices, cultivate them, and eventually sell them to the current associates if possible. As you can imagine, I've had quite a bit of experience in dealing with dentists. Dr. Wassef was one of our most efficient, productive dentists we've have ever had. Since I am not a dentist, our Dental Director would review all of our doctors' charts, notes, and x-rays in an effort to maintain quality of delivery. According to their statements, Dr. Wassef is an excellent clinician.

As far as what happened to Dr. Wassef with the AZ Dental Board, well, it's extremely shameful that something like this actually happened to such a nice man, and an excellent dentist. None of us could believe that the AZ Dental Board could do something so blatantly unfair to Dr. Wassef, even after the ruling went in his favor in 2014. It seems obvious that the Exccutive Director had something against Dr. Wassef personally.

Dr. Wassef worked for us at Deer Valley Smiles in Phoenix for about 4 years, and also in 2 other locations when needed. He handled a very demanding schedule, and was always pleasant to be around. His patients adored him, and one of his biggest assets is his chairside manner, very pleasant, respectful to the patients, and never demeaning.

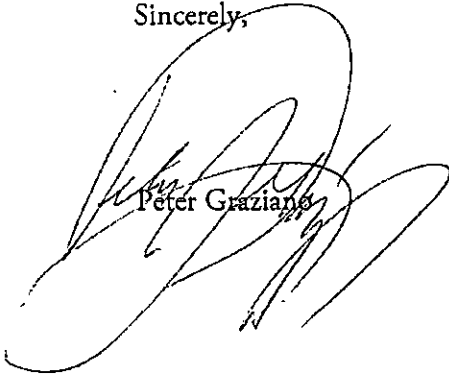
He gave his patients hope, even when they would present for treatment after decades of neglect. Dr. Wassef would encourage them, and help them get back on track. He positively impacted many patients during his tenure with our office. How do I know this? The staff, his colleagues, and myself experienced this first hand. His patients would comment and write letters stating their gratitude for the work he did on them, and thankful for how well they were treated.

If I may be so bold as to say that Nevada would be a better place with him, I know that's saying a lot, but I mean it. He's definitely one of the good guys, always going the extra mile for his patients, and anyone he knows for that matter.

In concluding this letter, I hope you will grant him a license to practice in Nevada. Honestly, he more than deserves an opportunity to return to practice in my opinion. I am sure he will bring the same dedication, honesty, and care to Nevada that he delivered to our patients. Our patients, staff, administrators, his dental colleagues, and myself, like and respect him very much.

Describing him solely as a good dentist would be an understatement. I hope this helps to shed some light on who he is as a person, and what he stands for. Thank you for giving me the opportunity to share this with you. Please contact me if you need any further help.

Sincerely,



Peter Graziano



**Advisory Opinion - Diamine Fluoride by RDH  
PHE Holders**

- **Dr. Antonina Capurro**



Nevada Board of Dental Examiners  
 6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118  
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PETITION FOR ADVISORY OPINION

Applicant/Licensee: Antonina Capurro Date: July 9, 2019  
 Address: 1001 Shadow Lane, MS 7411 Suite No.: \_\_\_\_\_  
 City: Las Vegas State: Nevada Zip Code: 89106  
 Telephone: 702-774-2573 Fax: 702-774-2521 Email: acapurro@health.nv.gov

In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:  
 (Identify the particular aspect thereof to which the request is made.)

*Note: If you require additional space you may attach separate pages to the petition form.*

NRS 631.287 and NAC 631.210

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)


*Note: If you require additional space you may attach separate pages to the petition form.*

I am requesting clarification on the scope of practice for a dental hygienist with a special endorsement to practice public health dental hygiene. ~~According to NRS and NAC 631.210(xviii), "place a temporary restoration with nonpermanent material as a palliative treatment" and (1.b), "fluoride preparations" are public health endorsed dental hygienists permitted to place silver diamine fluoride and glass ionomer?~~

~~Attached please find the policy that has been drafted by the Division of Public and Behavioral Health, Oral Health Program as a guide for public health endorsed dental hygienists. The Nevada State Board of Dental Examiners (NSBDE) review and approval of the policy would be appreciated. Additionally, should the NSBDE determine that training for placement of silver diamine fluoride and glass ionomer for underserved and vulnerable populations by public health endorsed dental hygienists is needed, the Nevada Oral Health Program is prepared to provide that educational opportunity.~~

*(Please submit any additional supporting documentation with the petition form)*

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

  
 \_\_\_\_\_  
 Applicant/Licensee Signature

**Advisory Opinion - Telehealth**  
**• Dr. Antonina Capurro**



Nevada Board of Dental Examiners  
 6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118  
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PETITION FOR ADVISORY OPINION

Applicant/Licensee: Antonina Capurro Date: July 9, 2019  
 Address: 1001 Shadow Lane, MS 7411 Suite No.: \_\_\_\_\_  
 City: Las Vegas State: Nevada Zip Code: 89106  
 Telephone: 702-774-2573 Fax: 702-774-2521 Email: acapurro@health.nv.gov

In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:  
 (Identify the particular aspect thereof to which the request is made.)

*Note: If you require additional space you may attach separate pages to the petition form.*

NRS 629.510, NRS 629.515, and NRS 631.215

The substance and nature of this request is as follows:

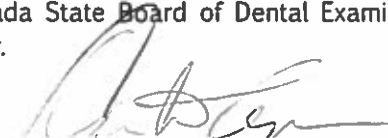
(State clearly and concisely petitioner's question.)

*Note: If you require additional space you may attach separate pages to the petition form.*

I am requesting clarification on NRS 629 to determine whether or not teledentistry is included in the definition of telehealth. ~~Is it within a licensed dentist's scope of practice to use teledentistry equipment/software to deliver services remotely?~~

*(Please submit any additional supporting documentation with the petition form)*

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

  
 Applicant/Licensee Signature

# **Voluntary Surrender of License**



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046



## VOLUNTARY SURRENDER OF LICENSE

STATE OF North Carolina

COUNTY OF Watauga

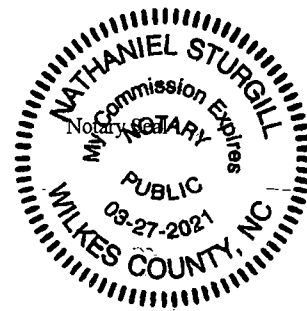
I, Adam Whiteley, hereby surrender my Nevada  
Dental Dental Hygiene (circle one) license number 6663 on 21 day of  
June, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

[Signature]  
Licensee Signature

6/21/19  
Date

[Signature]  
Notary Signature



Licensee Current Mailing Address: [Redacted]  
Email address: [Redacted]  
Home Phone: [Redacted] Cell Phone: [Redacted]



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## VOLUNTARY SURRENDER OF LICENSE



STATE OF Nevada

COUNTY OF Clark

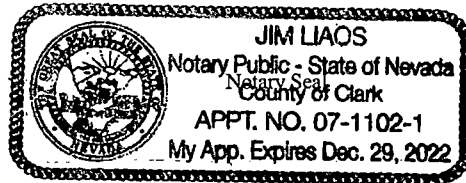
I, Andrea Eslava, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 6751 on 31 day of  
May, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

[Signature]  
Licensee Signature

5-31-2019  
Date

[Signature]  
Notary Signature



Licensee Current Mailing Address: [Redacted]  
Home Phone [Redacted] Cell Phone: [Redacted]



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## VOLUNTARY SURRENDER OF LICENSE

STATE OF North Carolina

COUNTY OF Mecklenburg

I, Leonid Banchik DMD, hereby surrender my Nevada  
Dental/Dental Hygiene (circle one) license number 4566 on 16<sup>th</sup> day of  
May, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Licensee Signature

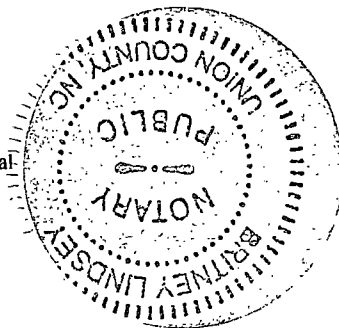
5/16/19

Date

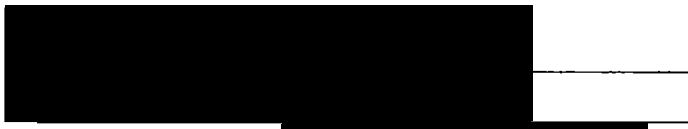
Notary Signature

My Commission Expires  
August 9, 2023

Notary Seal



Licensee Current Mailing Address:



Home Phone

Cell Phone:







# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax: (702) 486-7046

## VOLUNTARY SURRENDER OF LICENSE

STATE OF North Carolina

COUNTY OF Mecklenburg

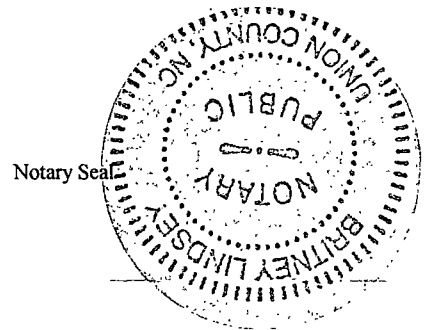
I, Olya Banchik, hereby surrender my Nevada  
Dental Dental Hygiene (circle one) license number 4782 on 13<sup>th</sup> day of  
May, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

[Signature]  
Licensee Signature

5/13/19  
Date

Britney Liebey My Commission Expires August 9, 2023  
Notary Signature



Licensee Current Mailing Address: [Redacted]

Home Phone [Redacted] Cell Phone: [Redacted]





# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## VOLUNTARY SURRENDER OF LICENSE

STATE OF Nevada

COUNTY OF Clark

I, Clarke C Moore, DMD, hereby surrender my Nevada  
Dental / Dental Hygiene (circle one) license number 2705 on 14<sup>th</sup> day of  
June, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Clarke C Moore DMD

Licensee Signature

June 11, 2019

Date

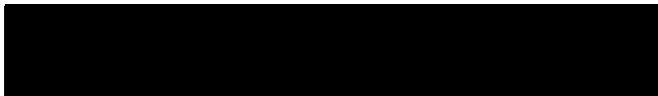
Maria Lorenzo

Notary Signature

Notary Seal



Licensee Current Mailing Address:



Email address:



Home Phone

Cell Phone:





# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046



## VOLUNTARY SURRENDER OF LICENSE

STATE OF Idaho

COUNTY OF Twin Falls

I, Jeffrey S. Geist, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number S3-143C on 14th day of  
June, 2019.

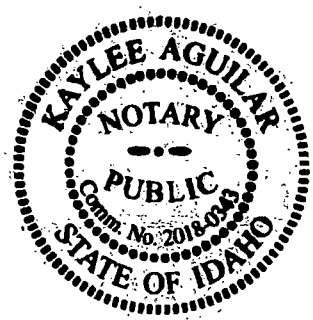
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

[Handwritten Signature]  
Licensee Signature

6/14/19  
Date

[Handwritten Signature]  
Notary Signature 02/25/2024

Notary Seal



Licensee Current Mailing Address: [Redacted]

Home Phone — Cell Phone: [Redacted]



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046



## VOLUNTARY SURRENDER OF LICENSE

STATE OF Hawaii  
COUNTY OF Hawaii

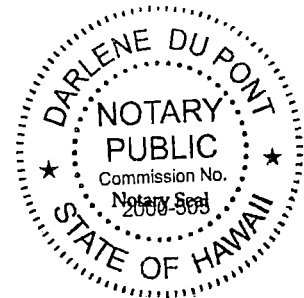
I, John Anthony Gawlik, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 56-47C on 30<sup>th</sup> day of  
June, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC)  
631.160, the surrender of this license is absolute and irrevocable. Additionally, I  
understand that the voluntary surrender of this license does not preclude the Board from  
hearing a complaint for disciplinary action filed against this licensee.

[Signature]  
Licensee Signature

June 14, 2019  
Date

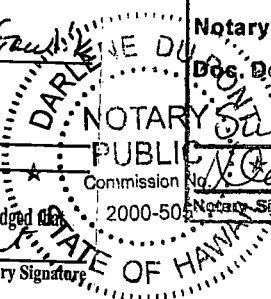
[Signature]  
Notary Signature



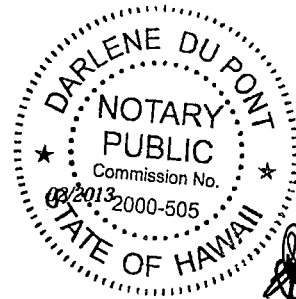
Licensee Current Mailing Address: [Redacted]  
Home Phone: [Redacted] Cell Phone: [Redacted]

### ACKNOWLEDGMENT

State of Hawaii  
County of Hawaii  
On this 14 day of June, 2019, John Anthony Gawlik  
personally appeared before me,  
 who is personally known to me,  
whose identity I verified on the basis of \_\_\_\_\_  
whose identity I verified on the oath/affirmation of \_\_\_\_\_  
a credible witness,  
to be the signer of the foregoing document, and he/she acknowledged that  
he/she signed it. [Signature]  
My Commission Expires: 10/15/20



Doc. Date: 6/14/19 # Pages: 1  
Notary Name: Darlene Du Pont Third Circuit  
Doc. Description: Voluntary  
Surrender of License  
[Signature]  
Notary Signature Date: 6/14/19



# Nevada State Board of Dental Examiners



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## VOLUNTARY SURRENDER OF LICENSE



I, JOHN RYAN JEPPESEN, hereby surrender my Dental Dental Hygiene (circle one)  
Print name  
License number 6759 on the 25 day of June, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Provide full current mailing address including city, state and zip on the line below:

[Redacted address]

Email address: [Redacted]

Home Phone: [Redacted]

Cell Phone: [Redacted]

John Ryan Jeppe  
Licensee Signature

June 25th 2019  
Date of Signature (must correspond with notary date)

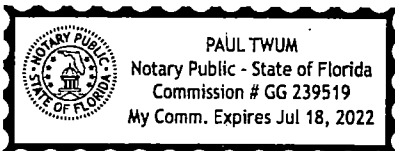
State of Florida

County of Duval

The statements on this document are subscribed and sworn before me this 25th day of June, 2019.

Paul Twum  
Notary Public

July 18th, 2022  
My Commission Expires





# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046



## VOLUNTARY SURRENDER OF LICENSE

STATE OF North Carolina

COUNTY OF Watauga

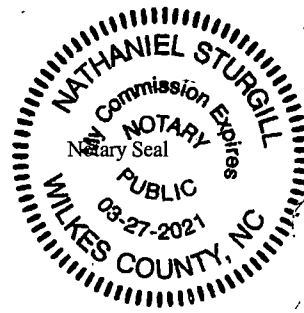
I, Kelly Walsh, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number ~~7844~~ 6177 on 21<sup>st</sup> day of  
June, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Kelly Walsh  
Licensee Signature

6-21-2019  
Date

[Signature]  
Notary Signature



Licensee Current Mailing Address: [Redacted]

Email address: [Redacted]

Home Phone: [Redacted] Cell Phone: [Redacted]



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## VOLUNTARY SURRENDER OF LICENSE

2 STATE OF WITH THE U.S. ARMED FORCES  
AT WRIGHT-PATTERSON AFB, OHIO

2 COUNTY OF \_\_\_\_\_

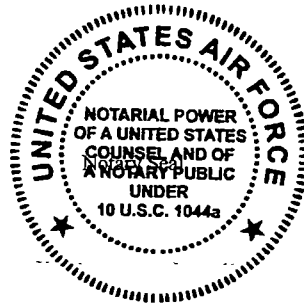
I, Jamie Morris, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 6764 on 23 day of  
April, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Jamie Morris  
Licensee Signature

23 April 2019  
Date

[Signature]  
Notary Signature  
Derek Wooten, SSgt, USMC



Licensee Current Mailing Address: [Redacted]  
Home Phone N/A Cell Phone: [Redacted]



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046



## VOLUNTARY SURRENDER OF LICENSE

STATE OF Nevada

COUNTY OF Clark

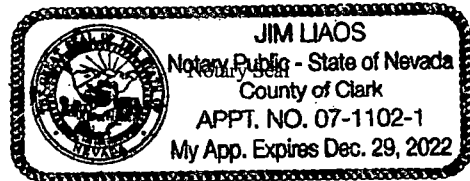
I, Nicholas Delisle, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 6752 on 31<sup>st</sup> day of  
May, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Nicholas Delisle  
\_\_\_\_\_  
Licensee Signature

5-31-19  
\_\_\_\_\_  
Date

Jim Liao  
\_\_\_\_\_  
Notary Signature



Licensee Current Mailing Address: [REDACTED]  
Home Phone \_\_\_\_\_ Cell Phone: [REDACTED]



# Nevada State Board of Dental Examiners



6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## VOLUNTARY SURRENDER OF LICENSE

I, PRIYANK KULK, hereby surrender my Dental / Dental Hygiene (circle one)  
Print name

License number SL443C on the 3 day of JULY, 2019

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Provide full current mailing address including city, state and zip on the line below:

[Redacted address line]

Email address: [Redacted]

Home Phone: [Redacted]

Cell Phone: [Redacted]

Licensee Signature

7/03/2019  
Date of Signature (must correspond with notary date)



State of \_\_\_\_\_

County of \_\_\_\_\_

The statements on this document are subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEE ATTACHED JURAT**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

# California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

s.s.

Subscribed and sworn to (or affirmed) before me on this 03 day of July,  
Month

2019, by Pichak Kelk and  
Name of Signer (1)

\_\_\_\_\_, proved to me on the basis of  
Name of Signer (2)

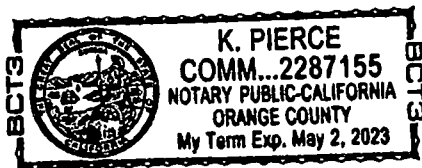
satisfactory evidence to be the person(s) who appeared before me.

K. Pierce  
Signature of Notary Public

Signature of Notary Public

K. Pierce, Notary Public

For other required information (Notary Name, Commission No. etc.)



Seal



## OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

## Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_

Additional Information
<b>Method of Affiant Identification</b>
Proved to me on the basis of satisfactory evidence: <input type="radio"/> form(s) of identification <input type="radio"/> credible witness(es)
Notarial event is detailed in notary journal on: Page # _____ Entry # _____
Notary contact: _____
Other
<input type="checkbox"/> Affiant(s) Thumbprint(s) <input type="checkbox"/> Describe: _____

# Nevada State Board of Dental Examiners



6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## VOLUNTARY SURRENDER OF LICENSE

I, Richard Eldred Lusby, hereby surrender my Dental / Dental Hygiene (circle one)  
Print name

License on the 30 day of June, 2019.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Current Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

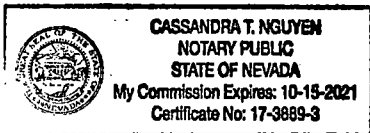
Richard Lusby  
Licensee Signature

6/19/19  
Date of Signature (must correspond with notary date)

State of Nevada

County of Carson City

The statements on this document are subscribed and sworn before me this 19<sup>th</sup> day of June, 2019.



[Signature]  
Notary Public

10-15-2021  
My Commission Expires

# Nevada State Board of Dental Examiners



6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## VOLUNTARY SURRENDER OF LICENSE

I, Wendy Woodall, hereby surrender my Dental / Dental Hygiene (circle one)  
Print name

License number 4668 on the 1st day of July, 20 19.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

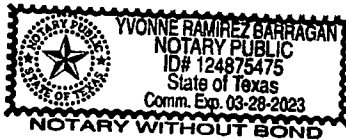
Provide full current mailing address including city, state and zip on the line below:

Email address: [REDACTED]

Home Phone: [REDACTED] Cell Phone: ([REDACTED])

Wendy Woodall  
Licensee Signature

7-3-19  
Date of Signature (must correspond with notary date)

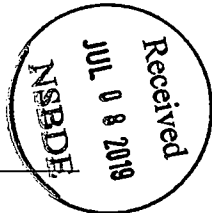


State of Texas

County of El Paso

The statements on this document are subscribed and sworn before me this 3rd day of July, 20 19.

[Signature]  
Notary Public  
My Commission Expires 03-28-2023



**Consideration of application for  
Moderate Sedation Temporary Permit**



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation to patients 13 years of age or older)

Name: OWEN V. TRINH License Number: S5-50C

Dental Practice Name RADIANT SMILES II

Office Address: 8961 W SAHARA AVE #108  
LAS VEGAS NV 89117

Office Telephone 702-360-4800

Office Fax: \_\_\_\_\_

**Office Site Permit**  
*Check box if you are applying for a Site Permit for this same office location as well*

### DENTAL EDUCATION

### BOARD APPROVED PROGRAM

University/  
College: OREGON HEALTH AND SCIENCE UNIVERSITY

Name/  
Instructor: ADVANCED EDUCATION IN GRADUATE PROSTHODONTICIS DR. HEATHER CONRAD (DIRECTOR)

Location: PORTLAND, OR

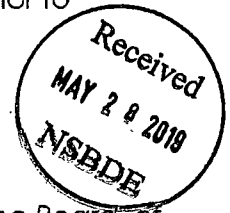
Location: UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN

Dates attended: 08 / 2011 / Degree Earned: DOCTOR OF DENTAL MEDICINE  
to  
06 / 2015 /

Dates attended: 06 / 2015 / Certificate Granted: PROSTHODONTICS  
to  
06 / 2018 /

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.



- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant

*Chen Tim*

Date

5/27/19

**NOTE:** In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

#### **APPLICATION FOR MODERATE SEDATION ADMINISTRATION**

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

#### **SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION**



**Letter from University of  
Minnesota regarding Moderate  
Sedation Course completed by  
Dr. Owen Trinh**



# UNIVERSITY OF MINNESOTA

*Twin Cities Campus*

*Graduate Prosthodontics  
Restorative Sciences  
School of Dentistry*

*9-176 Moos Health Sciences Tower  
515 Delaware Street S.E.  
Minneapolis, MN 55455  
Office: 612-625-9708*

July 12, 2019

Dear Debra Shaffer-Kugel, Dr. D. Kevin Moore, and the Nevada State Board of Dental Examiners:

Dr. Owen Trinh completed the moderate sedation course through the Advanced Education Program in Prosthodontics at the University of Minnesota. During his residency training, he was the operator for the administration of moderate sedation, which only involved administering of Midazolam and Fentanyl. I would like to clarify that in ten of the twenty cases completed at the University which involved Propofol and Ketamine, as shown on the list he submitted to the Nevada State Board, Dr. Trinh worked with the oral surgery residents, where he successfully monitored and administered only moderate sedation drugs; and Propofol and Ketamine were administered by oral surgery attending faculty.

The intention of the moderate sedation course at the University of Minnesota is to allow the residents to participate in both specialty-specific and multi-disciplinary treatments to patients, in which the residents work toward becoming competent at accessing patient's pre- and post-operative conditions, developing contingent plans to appropriately mitigate any potential medical emergency complications, placing intravenous catheters, administering moderate sedation drugs, monitoring and documenting patient's vital signs.

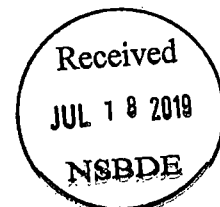
After graduation from the graduate prosthodontics program, Dr. Owen Trinh had obtained moderate sedation license from the Minnesota Dental Board and completed his specialty board.

For further information and clarification, please do not hesitate to contact me.

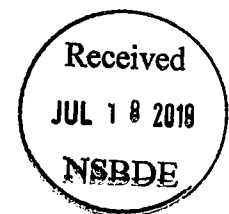
Sincerely,



Heather J. Conrad, DMD, MS, FACP, FRCD(C)  
Interim Chair, Department of Restorative Sciences  
Director, Advanced Education Program in Prosthodontics  
School of Dentistry, University of Minnesota  
Email: [REDACTED]



Minnesota Dental Board's requirements for  
Moderate Sedation Permit



# Minnesota State Board of Dentistry 3100.3600

## **Moderate sedation; educational training requirements.**

A dentist may administer moderate sedation only pursuant to items A to C.

### A.

A dentist must complete subitems (1) to (3):

#### (1)

a course of education resulting in the dentist becoming clinically competent for administration of moderate sedation, to include a minimum of 60 hours of didactic education in both enteral and parenteral administration, personally administering and managing at least ten individual supervised cases of parenteral moderate sedation of which a maximum of five cases may be performed on a patient-simulated manikin, and submit to the board original documentation from the instructor of successful completion of the course;

#### (2)

the ACLS or PALS course and maintain current advanced certification thereafter; and

#### (3)

a CPR certification course and maintain current CPR certification thereafter.

### B.

A dentist shall be prepared and competent to diagnose, resolve, and reasonably prevent any untoward reaction or medical emergencies that may develop any time after rendering a patient in the state of moderate sedation. The dentist shall apply the current standard of care to continuously monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity. The current standard of care to assess respiratory function shall require the monitoring of tissue oxygenation or the use of a superior method of monitoring respiratory function.

### C.

A dentist shall administer moderate sedation by application of the appropriate systems and drugs for the delivery of moderate sedation. Prior to discharge, the dentist or the person administering the moderate sedation



shall assess the patient to ensure the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

