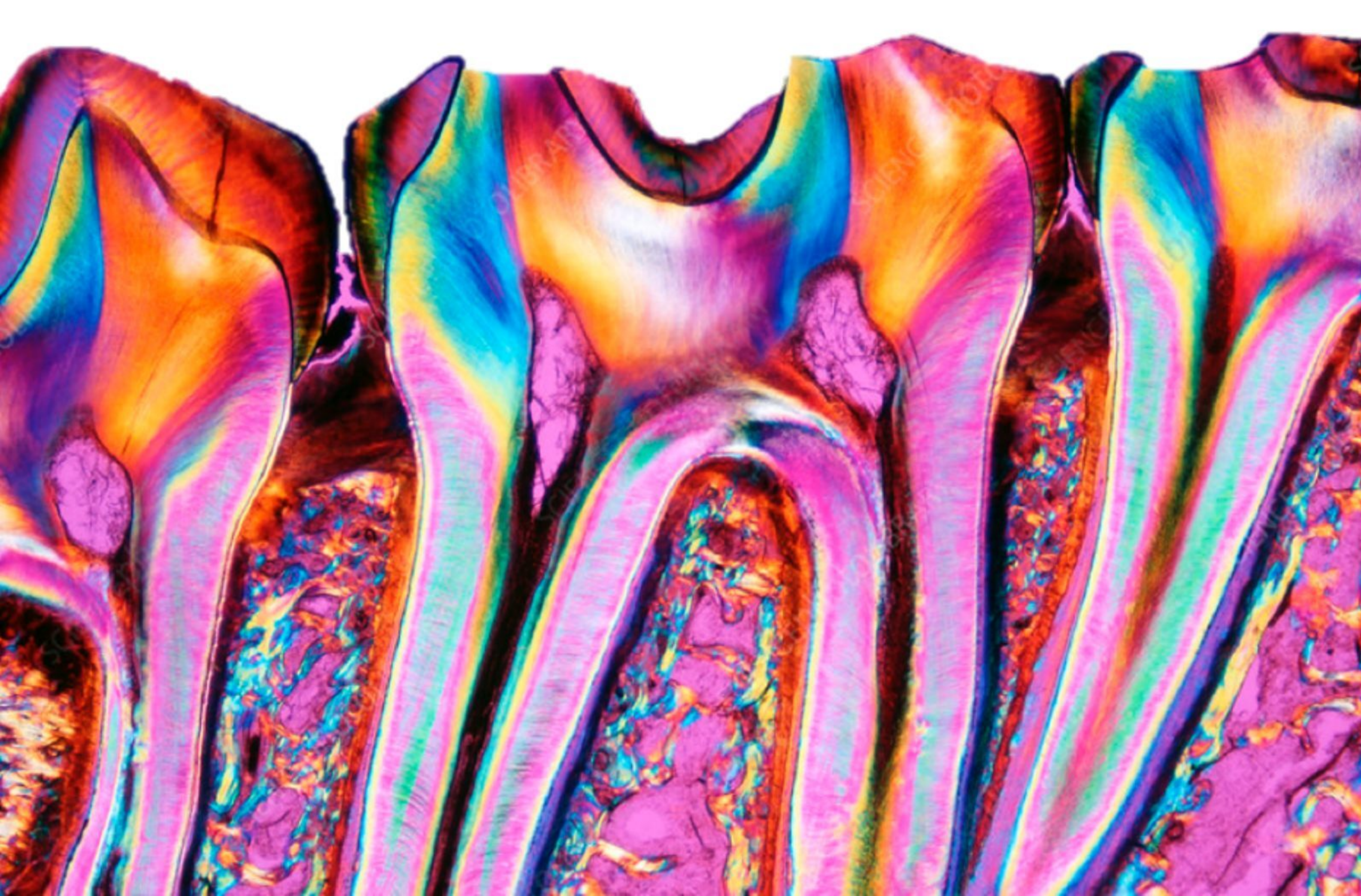
THE MINA.

an FDK Publication

Issue no. 04. 2022



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In this Issue:

Messages 4
FDK Sandigan Officers 9
Editorial 16
Diode Laser 17
RCT vs Implants 22
One FDK 26
Batch Sinagtala 28
Features 36
Directory 41

Arabic: **Mina** مينا /mīnā/

English: **Enamel** /ɪˈnam(ə)l/
Hard, outer surface of the tooth; considered the strongest mineral in the human body

MESSAGE

It is with great pleasure to extend my warmest felicitations to the Filipino Dentists in KSA (FDK) on the publication of the fourth issue of "the Mina".

I am proud to know that the FDK organization and officers, advocates for the advancement of their fellow overseas Filipino dentists in the Kingdom of Saudi Arabia by dissemination of informative publication that includes case studies and reports done by the members of your organization, including the latest trends in the Dentistry industry and other information that can really be useful to our Filipino Dentists in KSA.

I wish the Filipino Dentists in KSA success in all your endeavors as you continue your commitment in contributing to the professional development of our overseas Filipino dentists in the Kingdom of Saudi Arabia.

Congratulations and *Mabuhay*!

ADNAN V. ALONTO
Ambassador Extraordinary and Plenipotentiary
of the Republic of the Philippines
to the Kingdom of Saudi Arabia and the Republic of Yemen

سفارة جمهورية الفلبين

Embassy of the Republic of the Philippines
PHILIPPINE OVERSEAS LABOUR OFFICE
Riyadh, Kingdom of Saudi Arabia

OFFICE OF THE LABOUR ATTACHE

مكتب الملحق العمالي

MESSAGE

On behalf of POLO-Riyadh, I wish to express my congratulations to your prestigious organization, the Filipino Dentists in KSA (FDK) as it works and about to issue its fourth publication dubbed as MINA, which will enumerate and contain its activities, accomplishments and new set of officers.

Your activities, especially your recent outreach dental missions to POLO-OWWA shelters, are immensely contributing to our efforts in rendering welfare assistance to our OFWs, particularly the distressed ones. Indeed, your activities that redound to the benefits of our distressed OFWs are manifestation of your being a Good Samaritan worth emulating. Such gesture motivates others who are in a position to help our disadvantaged OFWs to do the same.

Further, the Filipino people are proud of you for working in the Kingdom of Saudi Arabia as dental doctors who possess unique and special skills, which other workers and professionals do not possess. Your continuing dental education activities, such as case study on the new trends in dentistry, is encouraged in order for you to remain globally competitive in the field of your profession.

Kudos to all of you!!!

Atty. FIDEL A. MACAUYAG
Labor Attaché II

PHILIPPINE DENTAL ASSOCIATION

To the members and officers of the Filipino Dentists in KSA (FDK), congratulations for rising above the tumultuous journey to arrive at an astonishing breakthrough year. Your undertaking to project our PDA theme of "**Within Reach**" by having your very own publication **"The Mina"** is commendable. With your publication, I am sure that all dental professionals of FDK will access your services and participate even better in your plans and programs. You have definitely ventured into a project that is noteworthy and will advance FDK to greater heights.

I am very proud of your milestone and I look forward to the many phenomenal engagements you will accomplish.

To FDK President Dr. Shamira Kristine B. Tonio, the year will be full of demands but it will be a year that you will be remembered for sharing yourself wholeheartedly. Should you need a helping hand, we are just "within your reach".

A big congratulations to FDK and may you continue to prosper!

Cheryl Y. Del Rosario, DMD, FICD
PDA President 2022-2023

FDK is a unique organization comprised of excellent and patriotic OFWs with deep involvement in helping our fellow *kababayans*. It is a strong supporter of the Philippine Embassy, Riyadh through the leadership of H.E. Ambassador Adnan V. Alonto and Labor Attache, Atty. Fidel A. Macauyag of the Philippine Overseas Labour Office. FDK paved the way for non-licensed OFW dental graduates to continue to reach their goal in becoming licensed practitioners through the Special Professional Licensure Examination or SPLE program. I will always be grateful and proud to be given the opportunity to steward this organization.

During the pandemic, FDK Sinagtala was transcending, thriving, and evolving. The situation now is better after the catastrophic lockdown, as we start a cautious normal life. Back then, resources were scarce but the people of FDK emerged from their comfort zones and brought hope and inspiration to the community. Activities like the Mini Convention, online webinars in collaboration with international and local PDA chapters and affiliates, PDA annual activities, FDK community programs, FDKalinga, FDK fellowships, SPLE, One FDK, and the revision of the FDK CBL were accomplished along with attaining sponsorships from reputable dental companies and private sectors.

As I step down and pass the torch of leadership to FDK Sandigan President Dr. Shamira B. Tonio, I am confident that FDK will be in good hands. I have faith in her leadership as she has shown exemplary service to FDK since the beginning and has been the FDK BOD Chairman with utmost passion and dedication.

I would like to thank my PDA President Dr. Jose Angelo G. Militante for his leadership and continued support to FDK. He made sure that FDK was not left behind and with a promise that this year FDK will soon be a Chapter. I am honored and grateful to belong under your term PDA Sinagtala 2021-2022.

The FDK Sinagtala EXECOM was my powerful arm in attaining our goals and, as they say, "there is no strength without unity." There are definitely fond memories of close friendships and togetherness.

My Committees, despite traveling a difficult and rocky path, was able to successfully complete our activities.

To the VP regions and officers, continue to be dedicated and compassionate as you pursue FDK advocacies and professional excellence, and be patriotic OFWs in your community. Lead by example.

We will remember and cherish the friends and family who have consistently supported FDK activities. Let us keep leaving a legacy of kindness wherever we go.

I want to thank my wife, Dr. Rhenee Rose I. Torres, for her unwavering support and affection. Without you by my side, none of these would have succeeded. To my children, Nikki, Billie, and Joey, I appreciate your willingness to lend a hand with technical challenges and your patience with your Dad.

This is your FDK Sinagtala President 2021-2022, Dr. Dennis Jose B. Torres, signing off!

Mabuhay ang FDK!
Mabuhay ang PDA!
Mabuhay ang OFW!

Dr. Dennis B. Torres
FDK President, FY 2021-2022

Greetings!

Assalamu alaikum! May the peace, mercy and blessings of Allah be upon you!

Another fruitful year has come to an end and just like that, the Filipino Dentists in K.S.A. is 11 years strong!

It is true what they say, time does fly! We are currently in the 4th release of the 'Mina'. This publication is purely a labor of love which something FDK is very proud of, thanks to the relentless efforts and dedication of our Journal Committee spearheaded by Dr. Nicka L. Gaffud, whose contribution to this organization is highly commendable.

In relation to the dental profession, a lot of things have changed in Saudi Arabia since FDK started in 2011. Aside from the struggles during the pandemic, as expatriates we are faced with the reality that most of our colleagues are considering going back to our homeland or seeking greater opportunities elsewhere. One of the reasons for the decline in the number of Filipino Dentists, is the regulation of Saudi Arabia to localize the practice of General Dentistry, and to limit the dental procedures one can perform. Despite these circumstances, and as difficult as it may seem, we will not waver in our pledge to uplift the standards of our profession.

The past year has brought us a lot of realizations. It also taught us the value of teamwork and unity. We will move forward with **HOPE** that this organization will continue to flourish; the **COURAGE** to take more challenging roles, not only for self-improvement but to uplift the lives of our colleagues and fellow men; the **LOVE** which fuels us to work hard and be more selfless.

As the organization unveils another fiscal year, I can confidently say that we have survived the test of time. In line with this year's theme: **"Within Reach"**, We will continue to be of service to the Filipino Dentists and community. We will also ensure that our members' welfare is of utmost priority.

Together with the support of the dedicated and passionate officers of the executive committee of F.Y. 2022-2023, Board of Directors, Regional Vice Presidents, and working committees, we will strive hard to make a difference. We want the organization to be a welcoming and loving community for its members which will allow them to feel confident that we always have their backs. We also strive to create an environment where everyone can openly share their ideas, because we believe that all voices, contributions, and perspectives matter.

We don't know what the future holds, we may encounter more unexpected challenges this year, but one thing is certain, no adversity is insurmountable if we'll be each other's SANDIGAN.

Mabuhay ang PDA! Mabuhay ang Filipino Dentists in K.S.A.!

Dr. Shamira Kristine B. Tonio
FDK President, FY 2022-2023

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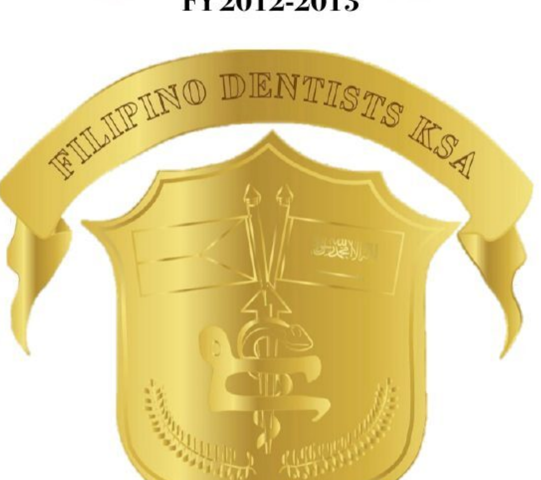

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CONGRATULATIONS TO FDK for the following PDA Awards:

"Outstanding Non-Specialty Affiliate 2020-2021"

"Outstanding Non-Specialty President 2020-2021"

"When I attended the President Elect Training seminar sometime in September 2019, I learned that there would be an award to be given to the best performing chapter of PDA, I was challenged, I began to move at the best of my abilities in order to encourage my fellow officers and members of FDK to participate and be active in all organized programs and projects. As the saying goes 'Hard work pays off'. Once again thank you PDA for this prestigious award." -Dr. Delfin Ramos Federico Jr. (FDK President 2020-2021)

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From the Editor:

A PLEASANT SURPRISE

Unknowingly, it has become a norm to see or experience things around us that disappoint us. We are no longer shocked in the lack of quality, inadequacies, disorganization, or injustice in our surroundings. It may be a topic of conversation for a while, yet most are passive and simply accept them as life today. We end up settling for mediocre, short of rejecting positive change.

Sometimes, we get affected by the negativity and passivity and become discouraged; unconsciously setting low standards for others and ourselves to avoid disappointment. This is a slope we should all strive to not slip into. This mentally highly contributes to slow or lack of progress. Changes we long for will not happen on its own, we need to be part of it, work for it, be open to it, and allow it to take place.

A few years back, I was hesitant to join FDK. I was well-aware of the disadvantages of being part of groups and the usual controversies and issues that usually came with it. Looking back now, I'm very thankful that I accepted the position and responsibilities of being an officer in this association. Like many of my colleagues working in the Kingdom, FDK served as a family away from home. It is a close-knit group you can depend on to provide any form of support you may need; rich in skilled, talented, and passionate professionals who dedicate all their free time to a higher purpose.

Life throws its usual curveballs, yet this association only speeds up towards the goal and does not stop there. Despite the limited resources during the *Sinagtala* term under Dr. Dennis Toress's leadership, there were numerous unprecedented feats to be proud of. The lives of the OFWs in Saudi Arabia progressively got harder, still Dr. Shamira Kristine Tonio, batch *Sandigan* President, remained courageous and steadfast. She is ever ready to win the upcoming battles. Her fighting spirit is undeniably a seal of a good leader. It also came as another pleasant surprise to many how all the events and activities attained a higher standard of excellence as evidenced by FDK's first Mini Convention. This was made possible with the expertise and contributions of the continuing education chairman, and my own mom, Dr. Lilibeth L. Gaffud. Just a couple of months ago, there were concerns that *Mina* could come to an end at its 4th year. But yet another wonderful surprise came in the form of Dr. Ariane Danielle Lopez and Dr. Angela Kathrina De Torres who will contribute their time and skills to continue the work on FDK's publication.

Ending a long arc in the storyline of my life to move onto the next one has left me with emotions I still could not put into words. I'd like to give my FDK family a pat on the back for everything that has been accomplished thus far. This organization will always be a source of pride for me. As I officially sign off as the MINA's editor-in-chief since its creation, I encourage everyone to be more optimistic, proactive, and take more opportunities. This way, we can be a catalyst for positive change and not miss out on the pleasant surprises this world has to offer.

Dr. Nicka L. Gaffud

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Do you want be part of the next issue? Contact us: filipinodentistksa@yahoo.com

Pre-treatment

a) Outline of case

(i) Full clinical description

A 24 years-old female patient attended a monthly fixed orthodontic adjustment. She has been a regular patient of my orthodontic practice. For the past 2 years, orthodontic treatment aimed at correcting the occlusion. The major goal of the treatment was to extrude mesio-palatally inclined impacted permanent maxillary right canine (Figure 1). The common disadvantage of prolonged and partly invasive (surgical exposure of impacted canine) orthodontic treatment is resultant gingival hyperplasia, it was explained that this condition would appear as the canine extrudes and assume its correct position due to tissue modification and gingival irritation, moreover, as the teeth close its spaces bilaterally. The patient complained of gingival sensitivity and bleeding. Upon clinical examination, the patient was advised of all possible solutions to correct the present condition, one of which is multiple-site gingivectomy, gingivoplasty, and maxillary midline frenectomy, a procedure best done using a laser[1], specific on her case. Other treatment modality options were explained and let the patient decide until she is ready for the procedure.

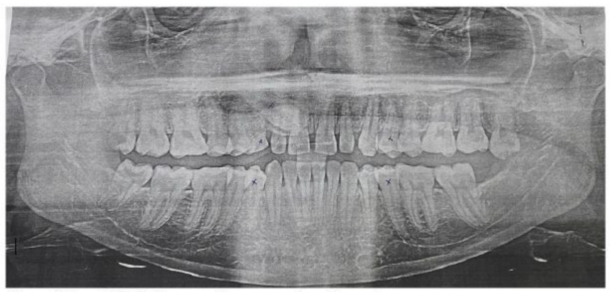

Figure 1. Dec. 5, 2017. Pre-operative panoramic radiograph

The patient was in generally good health. No records of hospitalization. For as long as she remembers she did not have any medical issues.

(iii) Dental history

The first examination before orthodontic treatment was on Dec. 5, 2017. The patient had lost tooth #17 many years previously and had never been had dental restoration. According to her, she is not regularly visiting dental clinic. Clinical examination revealed caries lesion on all remaining 3rd molars (# 1, # 16, and # 32). Clinically missing permanent canine (# 6), retained deciduous canine over the area of missing permanent canine (# C), and diastema on maxillary incisors bilaterally up-to distal of laterals (# 7, # 8, # 9, and # 10). Re-evaluation of clinical condition was done every time the patient visits for orthodontic adjustment. Panoramic radiograph shows the assumed position of was impacted canine (Figure 2).

It was observed as the teeth change position, canine extrusion, and while spaces are closing the gingival margin around maxillary incisors exhibits incremental hyperplasia, noticeable changes in gingival pigment, bleeds in proving, and when subjected to moderate air pressure (Figure 3).

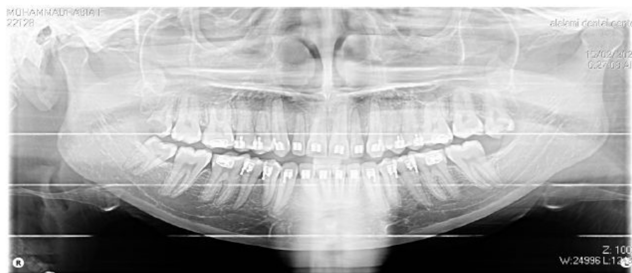

Figure 2. Feb. 15, 2020 – The impacted canine (#6) is extruded and assume its normal position.

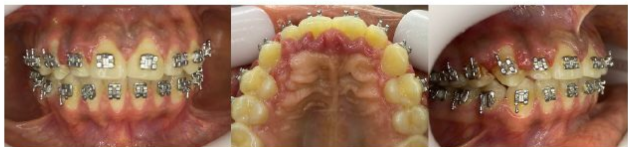

Figure 3. Feb. 15, 2020 – Gingival condition after canine extrusion and maxillary incisor space closure.

Examination of the dental arches in occlusion and the underlying skeletal landmarks, it was noted that the patient had a Class I occlusion, with a normal FMP angle.

(v) TMJ

Examination through palpation and radiograph, revealed normal structure and movements. Opening/ closing and excursive movements of the mandible revealed no abnormality.

(vi) Radiographic Exam

Panoramic radiographs were taken to establish both dental and alveolar bone status before treatment. These views were repeated at stages during the treatment, as required. There was no sign of hard tissue pathology in either jaw or TMJ regions. It was noted that there was sufficient alveolar bone in the upper right region, to allow subjective and guided eruption of impacted maxillary right canine.

(vii) Soft tissue exam

Examination of all soft tissue structures reveals no abnormality. All tissues appeared normal in appearance, dorsal and ventral tongue surfaces, together with tongue movements, were within normal expectations.

Natural teeth sites were examined with a periodontal probe and findings recorded. On proving, it reveals no apical migration of biologic attachment width, but, on the area of maxillary incisors, extended hyperplastic gingiva on lingual/palatal side up-to-the middle third of the crown developed a false pocket impression. Bleeding on proving (Figure 4) was recorded on the labial and palatal areas of tooth # 6, # 7, # 8, # 9, # 10, and # 11. Generally, the attached gingiva appeared thickened and irritated, yet no periodontal pocket was recorded (figure 5). Such hyperplastic changes may also have been due to bacterial irritation and inflammatory response as the tooth compresses the inter-proximal tissues, fibrous, and free gingival tissues. The general level of oral hygiene was considered not good with minimal signs of calculus deposits.

(viii) Hard tissue status

At the time of initial active-treatment assessment, tooth # 17 was charted as missing.

Tooth # 1, # 16, and # 32 have large caries lesion.

Tooth vitality test: All teeth tested vital to ethyl chloride.

Mobility: There was no mobility recorded at any natural tooth site.

Percussion: Percussion testing of all tooth sites revealed no hyperanesthesia.

(ix) Other tests.

Pertinent to the presenting oral condition and the proposed treatment plan, it was considered that no further tests were appropriate.

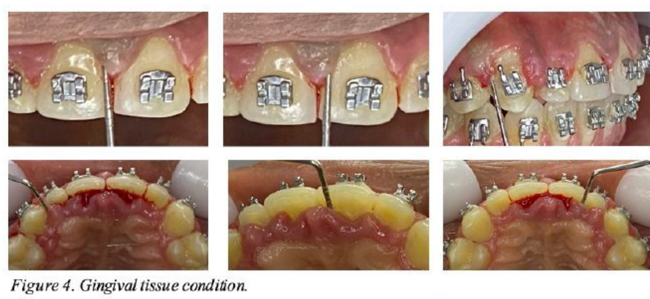

Figure 4. Gingival tissue condition.

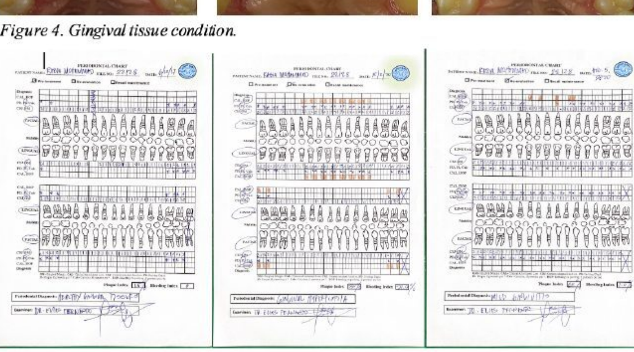

Figure 5. Periodontal charts. Initial and Re-Evaluation records

b) Diagnosis

(i) Provisional diagnosis

The hyperplastic condition of the gingival margin is the adverse reaction caused by orthodontic tooth movement and poor oral hygiene maintenance[2]. The maxillary midline frenum was normally enlarged and extended, shows constricted, and irritated.

(ii) Final diagnosis

Exacerbated Papillary penetrating maxillary labial frenum[3] and reactive hyperplastic marginal gingival tissues. The final diagnosis reflected the observations and needs outlined above.

(iii) Treatment plan outline

a/ general: gingival tissue reshaping and management.

b/ specific: to facilitate optimal soft tissue profiles of the natural tooth, it was decided to use a combined wavelength of 810+980nm Diode laser to remove hyperplastic gingival tissue associated with all the teeth mentioned in final diagnosis and gingivally extended labial frenum. Laser-assisted treatment could be assigned under the following clinical needs:

1/ gingivectomy and gingivoplasty on labial of tooth # 5, # 6, # 7, # 8, # 9, # 10, and # 11, and lingual of tooth # 6, # 7, # 8, # 9, # 10, and # 11 to remove hyperplastic tissue and achieve some crown-lengthening. The gingival levels of all dentition were acceptable to the patient and the amount of gingival tissue removal required to achieve a balanced appearance was considered advantageous to the long-term survivability of the tooth.

2/ frenectomy of prominent and gingivally extended maxillary labial frenum, to preserve attached gingiva and prevent diastema reoccurrence.

(iv) Indication and Contraindications

Indications

Treatment: In all areas of soft tissue management within this treatment plan there is an ideal in achieving hemostasis, consistent with the need to visualize and control the level of tissue excision. Also, an optimal definition of a stable gingival margin at all identified subjects would allow early replacement of brackets that were removed before the elective procedures. A further indication would include the delivery of soft tissue surgery that provides minimal post-operative discomfort and complication for the patient. The use of a suitable laser wavelength would seek to meet these requirements.

Laser: It is recognized that all laser-tissue interaction in surgical procedures is predominately photo-thermal. The conversion of incident laser light energy into heat will lead to primary and, through local conduction, secondary heat effects that would allow soft tissue surgery to be carried out through tissue ablation with supportive hemostasis. As such, the use of laser energy to affect soft tissue surgery is justified.

Wavelength: The predominant chromophores of the keratinized and non-keratinized gingival tissue, in this case, are melanin (tissue pigment), hemoglobin, and intra-cellular water. Also, the prime needs of treatment would be to achieve tissue ablation with hemostasis, indicating the optimum need for using a near-infrared wavelength, such as the combined wavelength of 810+980nm diode laser[4].

Contraindications

Treatment: The only absolute contraindication to treatment, in this case, would be to accept the present condition of the soft tissue. However, because of the patient's wishes, this was abandoned. Furthermore, soft

tissue manipulation is mandatory and there can be few if any contraindications for treatment. Also, further considerations apply:

a) biologic width (i.e. the sum of the connective tissue attachment, epithelial attachment, and sulcular depth relative to the osseous crest) must be determined and considered when re-contouring the periodontium with subsequent placement of a restoration.

b) aesthetic considerations-lip line height, etc in the placement of the final gingival contour. Is the patient accepting of the contour, should it match the adjacent teeth, does the lip hide it anyway, etc?

Laser: Any surgery using laser energy carries some risk of tissue damage and must be borne in mind.

Wavelength: The choice of a longer wavelength would offer a more superficial level of tissue ablation.

(v) Precautions

The benefit of hemostasis offered by near-infrared laser wavelengths is accepted. In comparison to the Nd:YAG laser, the depth of penetration of the 810nm+980nm diode wavelength in oral soft tissue is less, which would reduce the risk of collateral thermal damage. Nonetheless, the use of minimum power parameters, time intervals to allow thermal relaxation and control of carbonization of the tissue and optic fiber, would all reduce the risk of primary and secondary thermal damage.

Gingivoplasty: Whenever periodontal contouring and tissue removal is undertaken in association with natural teeth, attention must be given to the preservation of the biological width. Also, the preservation of a stable result is dependent on good patient home care.

Frenectomy: Tissue traction during laser incision will assist the ability to resect using minimal power parameters. In addition, the laser fiber tip should be angled as near possible, parallel to the alveolar bone, to avoid damage to the hard tissue and periosteum.

(vi) Treatment alternatives

Alternative methods for soft tissue incision would include a scalpel, electrosurgery and bur, and chemical agent.

(vii) Informed Consent

The treatment plan was fully explained to the patient and all associated risks outlined. A written consent form was signed by the patient in the presence of a witness. The consent form was retained in the treatment notes.

Al Alami Dental Group

Kingdom of Saudi Arabia

I, RABIA MOHAMMAD, consent to be a patient of Al Alami Dental and agree to a radiographic and clinical examination. I also understand and consent to the following:

Patient or Guardian — Date

Witness — Date

Dentist — Date

Figure 6. Consent form

Treatment

(i) Treatment objectives

Using the combined wavelength of 810nm+980 diode laser, the objective of this treatment would be to effectively remove or resect soft tissue at each of the treatment sites, with minimal peri- and post-operative complications.

(ii) Laser operating parameters:

Laser:

The laser used was the Quicklase 12w Dual 810+980nm Diode laser, Made in the UK by Quicklase (figure 7) in Ramsgate-Kent United Kingdom. This laser can use both wavelengths together or individually, 810nm, 980nm, or dual 810nm+980nm.

Figure 7. Quicklase laser apparatus

Specification:

Size w:16cm h:13cm d:16cm (6.3″ x 5.1″ x 6.3″)

Weight 1.6kg (3.5 lb)

Medium GaAlAs Laser Diode Class IV

Wavelength 810 and 980 ± 10 nm (nanometers)

Output Power 0.1-12.0 watts (±)

Operation Continuous wave or pulsed at 10, 20, 50Hz & adjustable up to 20000 Hz

Pulse Width 50ms, 30ms, 10ms & custom

Fibre Optic FC 400um single file multi-mode

Aiming Beam 650 nm red Diode laser 2 mW max – adjustable

Sterilization Hand-piece

Input Power AC: 100 to 240v, 1amp 47-63Hz DC: 5.1v 10amp

Laser settings:

Maxillary midline frenectomy: 1.5 W (750 mW/ 810nm + 750 mW/980nm), 400 mm tip diameter, continuous-wave in contact/drop mode for approximately 120 seconds. Detailed parameters are presented in sheet on Figure 8.

	Intrinsic Properties	Power		1.50	watt	Average power	1.50	watts
		Fiber diameter		400	um	% on time	100	%
Laser Manufacturer	QUICKLASE	Tip-to-Tissue		0	mm	Peak power	1.50	watts
Model	Dual laser	Beam divergence		0	degrees	Tip area	0.0013	cm2
Type	Diode	Water	none			Spot diameter at tissue	0.0400	cm
Wavelength nm	810+980	Air	none			Spot area at tissue	0.0013	cm2
Delivery system	optical fiber	Length of treatment		120	sec	Peak power density	1194	w/cm2
Emission mode	CW	Speed of movement		2	mm/sec	Average power density	1194	w/cm2
Energy distribution	Gaussian					Total energy	180.0	joules
Energy delivery	Initiated	Initiation techinque		8	times, per Selting	Energy density with movement	187.3	j/cm2

Figure 8. Frenectomy laser parameters

Gingivoplasty: 1 W (500 mW/810nm + 500 mW/ 980nm), 400 mm tip diameter, continuous-wave in contact/brushing mode for about 1200 seconds on all subject teeth. Detailed parameters are presented in the sheet (Figure 9).

	Intrinsic Properties	Power		1.00	watt	Average power	1.00	watts
		Fiber diameter		400	um	% on time	100	%
Laser Manufacturer	QUICKLASE	Tip-to-Tissue		0	mm	Peak power	1.00	watts
Model	Dual laser	Beam divergence		0	degrees	Tip area	0.0013	cm2
Type	Diode	Water	none			Spot diameter at tissue	0.0400	cm
Wavelength nm	810+980	Air	none			Spot area at tissue	0.0013	cm2
Delivery system	optical fiber	Length of treatment		1200	sec	Peak power density	796	w/cm2
Emission mode	CW	Speed of movement		2	mm/sec	Average power density	796	w/cm2
Energy distribution	Gaussian					Total energy	1200.0	joules
Energy delivery	Initiated	Initiation techinque		8	times, per Selting	Energy density with movement	125.0	j/cm2

Figure 9. Gingivoplasty laser parameters

(iii) Treatment delivery sequence:

Preliminary to patient treatment:

- Secure operating room, define the controlled area, and place proper laser warning signs
- Set up the laser and test proper laser operation.
- Test fire laser, employing all safety measures, using minimum power settings and direct beam onto articulating paper. The objective is to ensure correct laser operation, patency of delivery system, and emission of cutting and aiming beams. In addition, the fiber tip can be inspected to ensure a proper cleave has been carried out and the spot size is uniform.
- Supplies dispensed, equipment and sterile instruments arranged
- Patients information: review charting, x-rays, and sequence of the planned procedure
- Patients seated: review the treatment plan and informed consent
- Safety: secure eye protection, patient-first followed by operating personnel.

Treatment sequence:

Individual treatment sites were isolated and infiltration local anesthetic administered (2% Medicaine 1/100,000 Adrenaline with 1/100,000 epinephrine).

Maxillary midline frenectomy: The optic fiber was freshly cleaved and lightly initiated (Figure 10) following the Selting guidelines (8 x carbon contact with 300 mW). The laser power setting is set to 1.5 Watts and CW. The labial tissue was placed under tension to identify the profile of the muscle fiber insertion. Holding the fiber perpendicular to the tissue surface and parallel to the alveolus at 2-3 mm away from fixed gingival tissue, an initial incision was performed (Figure 11). With the tissue under tension, the incision was developed to a depth where superficial muscle fibers were parted and no blanching or movement of gingival tissue was observed. Care was taken to avoid char build-up in the tissue or on the fiber tip and the incision restricted to achieve the surgical objective.

Gingivoplasty: Check retractor is used at this time to firmly hold the lips and away from the subject tissue. The laser power setting was reduced to 1 Watt with CW. From the maxillary left quadrant to right then continue to mandibular right to left quadrant the ablation was achieved. All middle gingival margins (facial) are preserved and used as guiding plane, the laser fiber is oriented apically parallel to the alveolus and gentle sweeps the bulbous gingival tissue ensuring tip and tissue light contact. Any char on the tissue or fiber tip was removed with damp gauze. Successive sweeps of the fiber allowed precise tissue cleavage to be carried out, to a point where final excess tissue removal could be achieved with a sharp curette. In this way, direct contact with the underlying tooth was avoided. A minor degree of difficulty in carrying out ablation was experienced in the palatal side (Figure 12), the orientation of the tip is limited to a slight angulation and most of the time ends-up ablating perpendicular to the tooth, extra caution was applied by changing the technique to drop-off and momentary ablation.

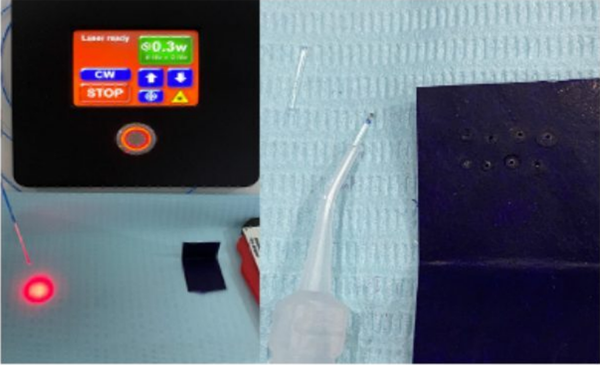

Figure 10. Diode laser tip initiation

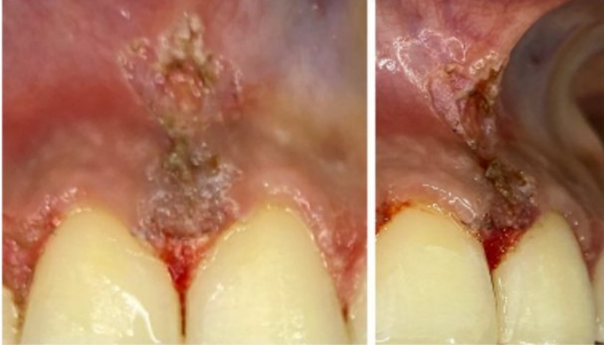

Figure 11. Frenectomy procedure

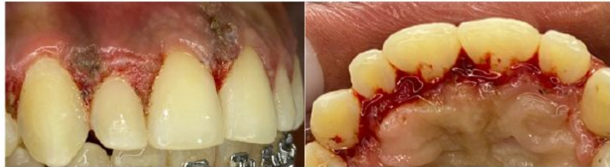

Figure 12. Gingivectomy procedure

iv) Post-operative instruction

The surgical sites were shown to the patient and their appearance explained. A chlorhexidine mouthwash was prescribed and the patient instructed to carefully apply this with cotton wool, avoiding disturbance of the coagulum; this should be carried out three times daily during the five-day post-operative period. The patient was advised that the appearance of the treatment sites would change, with the detachment of the coagulum at fixed gingival sites and softening and hydration of loose tissue at the frenectomy site at 3-5 days post-operation. The patient would be reviewed at one week and light tooth-brushing commenced at the tooth site. Post-operative analgesia was prescribed for use as required. There were considered no limitations on eating or drinking. The patient was instructed to call if any problem should occur and was called by phone after 24 hours.

v) Complications

Complications that can be expected following laser soft tissue surgery can include pain, tissue

swelling, and deformation, bleeding, and infection. In this case, no such complications were encountered.

(vi) Prognosis

Laser-assisted soft tissue procedures, employing correct power parameters generally have a very good prognosis. It was felt that in this case a similar outcome could be expected

(vii) Treatment records

All procedural details, both generally and specifically regarding the laser use, were entered in the patient's treatment notes, along with the consent details, radiographs, and chartings. As such, the treatment records would reflect the treatment outlined above.

Follow up

(i) Assessment of treatment

The patient was advised to visit the clinic for review after one week with successive treatment sessions thereafter at weekly intervals. Due to some reason, the patient visits the clinic after 14 days. The soft tissue sites were therefore regularly reviewed initially and at monthly intervals together with orthodontic adjustment, and plan to assess until orthodontic treatment is complete. The frenectomy and gingivoplasty procedures were resolved rapidly during the initial two-week period. In all cases, the healing was as expected and normal oral function was maintained. (Figure 13 – 14)

(ii) Complications

No long-term complications were observed.

(iii) Long term results

The long-term results are in keeping with the objectives of the original treatment plan. The patient was very satisfied with the outcome.

(iv) Long term prognosis

The long-term prognosis of the treatment provided should be considered as good. The patient continues to maintain good oral hygiene. The patient is pleased with the aesthetic and functional results obtained.

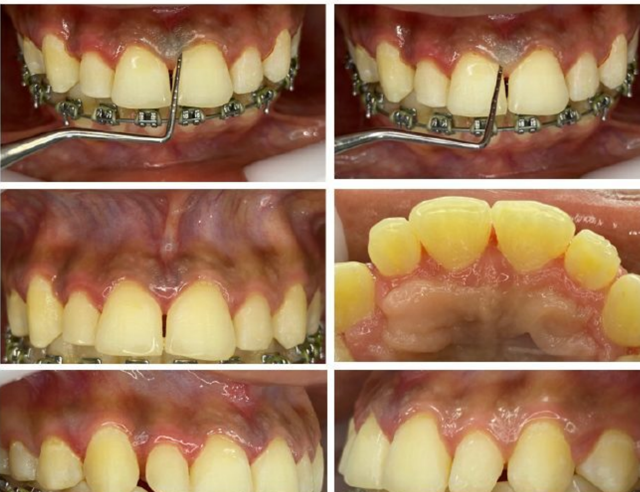

Figure 13. Soft tissue condition after 14 days

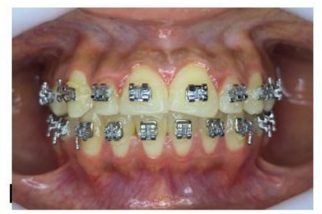
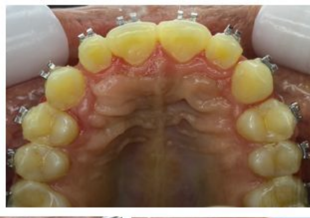
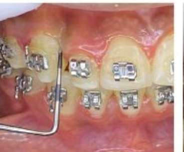
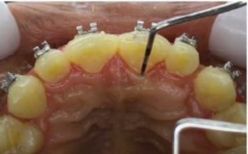
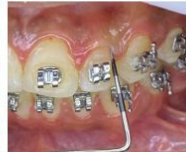

Figure 14. Tissue condition after 6 months

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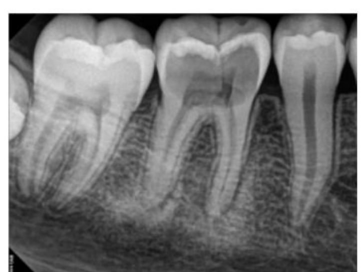
❖ **Elias B. Fernando Jr. DMD, PgD, MSc**

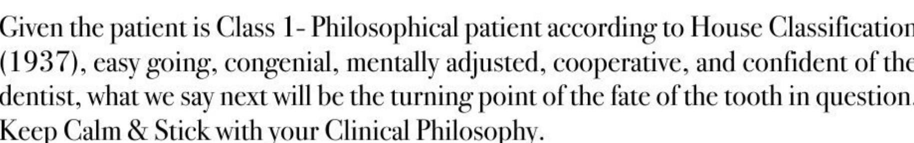
A General Practitioner's Perspective

RCT vs IMPLANT

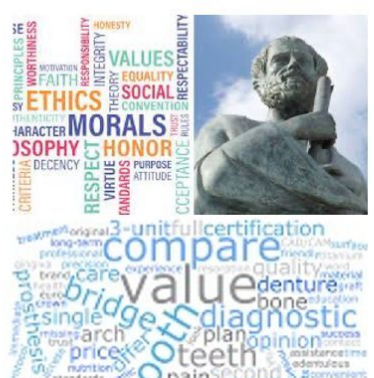
In our everyday work, as general dentists, we contribute to the decisions of what our patients make especially when it comes to their teeth. As primary care dental providers, we have first dibs on our patients before sending them to the different specialties if deemed necessary.
So, after a thorough clinical exam and reading the diagnostic tools, we must now address the patient's Chief Complaint.



Let's say our patient's x-ray is this: At this point, we are now posed with probably not only the most common and but also the most difficult question we have to answer in our daily practice
"Should we save the tooth or remove the tooth?"



Given the patient is Class 1- Philosophical patient according to House Classification (1937), easy going, congenial, mentally adjusted, cooperative, and confident of the dentist, what we say next will be the turning point of the fate of the tooth in question. Keep Calm & Stick with your Clinical Philosophy.



Developing a Strong Clinical Philosophy.

You see, no matter what our answer is to that haunting question, developing a clinical philosophy in your practice is key to your success.

We should make one that we can abide with conviction, and it should be backed up by science and research that will help substantiate our philosophy, and we should be consistent with it.
It is like having a **mental workflow** that we constantly envision during our decision making.
We must always keep in mind that dentists are doctors; doctors are scientists. So, it is only right that how we treat our patients are not only based on what we learned in undergraduate studies, yes, this is our foundation, but we must also evolve with the advancement of our profession. We must practice EBM or Evidence Based Medicine. EBM as defined by the National Cancer Institute is a systematic approach to medicine in which doctors and other health care professionals use the best available scientific evidence from clinical research to help make decisions about the care of individual patients. A physician's clinical experience and the patient's values and preferences are also important in the process of using the evidence to make decisions. The use of evidence-based medicine may help plan the best treatment and improve quality of care and patient outcomes. Therefore, EBM will substantiate our Clinical Philosophy in our practice.

WHAT IS EVIDENCE BASED MEDICINE?

The conscientious, explicit, judicious use of current best evidence in making decisions about the care of individual patient.

It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Dr. David Sackett, 1996

When we make this part of our practice, it can also make ourselves believe that our treatment plan will be successful, given we have arrived at a good prognosis of the case at the get go. What makes us believe this is because we know that what we are about to do for our patients has already been researched, studied and been through clinical trials and have had successful outcomes. And having this knowledge, we can now encourage our own selves and our patient to agree with our proposed treatment option.

We must all agree that there is power in numbers in our decision making, we do it as doctors and so do our patients. And we do it also in our daily decision in life. Our patients just don't account for the money they will invest for the treatment but also on the success of what they will invest on. Everything has risks. Remember that our patients will not only be taking a risk on what will happen to their money but also to their health. Risks and success can easily be explained through numbers. Numbers have life, they're not just symbols on paper. So, use your numbers!
Success Rate and **Survival Rate.**

What we need to know?

Success rate and survival rate are expressed in numbers, specifically portions of a hundred. We need these numbers to believe our treatments can be successful. There has been a lot of debate between the field of Endodontics and Dental Implants even coming in between them is Fixed Prosthodontics because both deal and end with what restoration and the engineering aspects of it. There should be no debate at all. We should respect each field as its own.

Over the years, multiple research and clinical studies have been done in both fields with various treatment modalities and materials. Although they have a common ground of restoration of both function and esthetics not to mention the psychological aspect and quality of life that dentists can give in each treatment option.

So, what do we need to know about it? Obviously, both have good success and survival rates, so let's know those numbers so we can share it with our patients, and we can stand by our clinical philosophy with stern conviction.

For initial RCT therapy a good 10-year Survival is 93%
A study for 10-year following 411 patients, 1175 teeth, 20% lost to follow up.

The parameter for 'survival' is the tooth functional for the patient. In this study, the survival included Partial Success and Partial Failure. You may check more for the details about this in Dr. Fonzar F literature in European Journal of Implant 2009.

For Dental Implants, Karl & Albrektsson, JOMI 2017 discussed a meta-analysis of TiUnite Implants of 106 existing studies of 35,000 articles presenting a 95% Survival rate in 10 years. And because RCT does not suffer bone loss like implants, a 5-year study was conducted stating that a average number of 0.88mm of bone loss was observed. And 5% of the patients have suffered from Peri-implantitis.

Root Canal Therapy

We save a tooth that can be saved, and that tooth should be diagnosed to have a good prognosis. Saving is done root canal therapy. Restorability is one of the main factors we must consider because the success rate of the endodontic treatment is equally important with the tooth's restorability. Endodontic success is also defined by full PDL regeneration, and it is a plus if there is osseous regeneration. The main thing about Root Canal Therapy is that we aim to preserve the natural dentition for as long as possible by eliminating infection and preventing future microbial invasion. This is why apical seal is as important as the coronal seal, as mentioned earlier.

RCT is a highly successful procedure if the prognosis is correct and other technical aspects are carefully performed. Placement of rubber dam in root canal treatments is a MUST! We can only treat an infected canal or tooth when we have a sterile environment. Think of treating a tooth in an operating room and your rubber dam is your OR. Success and survival rates are higher when we use rubber dam. Maybe you are now thinking, I have done a lot of root canal treatments without it, and it went well, patients had no complaints after. But do you ever wonder why patients come to us with a failed RCT not from our own patients but also from patients of other dentists that has been done for years? Patients complain of pain even if sometimes it seems like the obturation is close to perfect 0.5-1 mm above the apex? A probable cause and many studies have been conducted that a big factor of failure of root canal treated tooth is by not using the rubber dam. We must remove the notion, that we are only general practitioners and Endodontics is not our specialty and make it an excuse not to use it. It was taught to us. We did our cases in undergrad using it. So why did we stop? But even if we did, the good news is we can relearn it and put it to practice again. We can make it part of the steps in doing the treatment. The same as putting topical anesthetic gel prior to the injection of the anesthetic, the same step as drying a tooth prior to a restoration. One cannot proceed without doing the other. Do what should be done to attain success without excuses.

Dental Implants

Implant placement today has been a well-accepted treatment of choice for replacement of missing teeth in healthy patients with a good jaw bone structure. It is treatment of choice that is more encouraged than just crowns and bridges or removable dentures. A combination of crowns and bridges with implants and natural dentition has been a common treatment option that has successful outcome.

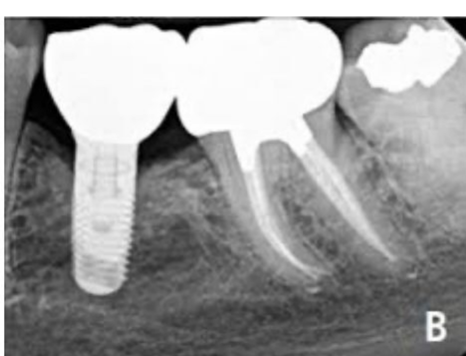
Placing dental implants can be done generally by general dentists. Although laws are applied differently for different countries we work in, we should abide accordingly. Generally, it is a field that we can partake in.

Dental Implantology is not a specialized field like Orthodontics when we attain the proper education, training and experience we can ideally do it but also limited with what we learned, what we trained for and our experiences on our cases. Everything starts from somewhere. No matter how confident you are, begin with the ideal cases. Success with this type of cases will make you even more confident but always be on a safe side and stick with the fundamentals, there is a reason why they exist.

Dental Implant planning should be prosthetically driven. Clinical considerations and treatment criteria in implant placement are constantly evolving. Prosthetically driven implant surgery has become the standard of care to improve short and long-term functional and esthetic outcomes. Therefore, implant position and angulation are planned according to the available bone, anatomical structures, and the required prosthetic treatment must be all take into consideration. This is also known as a top-down treatment planning. With the use of CBCT, we can plan the implant position and angulation according to the available bone, looking out for the proximity of the important anatomical structures, and planning the position of the future restoration.

Preservation of bone during extraction must always be done most especially when implant is our next step. Bone is the implant's best friend. Always do atraumatic extraction for tooth to be replaced by implants.

The remaining teeth if present should be given equal importance too with bone because the existing condition of teeth especially those that will be adjacent the future dental implant must be sound and has no periapical issues. If the tooth is root canal treated, we have to check that PDL is good because a future periapical lesion can affect the bone that surround it and can most likely affect the bone it shares the adjacent dental implant. If the tooth is not root canal treated and has big carious lesion with pupal proximity, then RCT must be considered to be done first or simultaneously with the implant placement.



Implant location and number of implants is key to a successful treatment especially when it will be in function. Using other remaining teeth as abutment should be closely evaluated. Over engineering is highly appreciated in a dental implant case. A prosthetic bridge done with a natural tooth together with an implant CAN be done but must be avoided if possible.

Enough said, so what is it really ? **Is it RCT over Dental Implant or vice versa?** Actually, it is never going to be one OR another ––**It is one AND another**. There's no debate to what field is better.

It is like comparing apples to oranges, although each can focus on the differences, or we can understand and appreciate that they are from the same food group. Either choice is good if it's made carefully and accordingly to what our case presents then we are in a safe place.

Whatever we decide for our patients we have that following things that we should constantly remind ourselves to do or continue doing may it be for the new dentists or the "veterans", whether in our homeland or abroad:

- We must always give ample time with your consultation on your patients. Do not RUSH into treatment and immediately get the drill running.
- We must always have our diagnostics at hand, and we must read and evaluate them carefully. From time-to-time review what we learned way back in oral anatomy, physiology, and pathology because we cannot treat anything we don't know. Sometimes what we think is common could be surprisingly uncommon. Remember, a good diagnostician makes us a better doctor. It's always best to know what we are up for.
- We must listen to your patients with patience. Hear them out. Observe their behavior. From this, you can already classify our patients according to their mind set and attitude and how accepting they can be towards to making their oral health better. The ability of the patient to pay is not always the important factor. Keep in mind that no matter what their status is, they come to us for help, and we should be able to do so to the best of our ability. I, personally always have this habit to write some special things about my patients, for example she is going to get married, or will be having a trip or anything interesting and not too personal that I write down in a special section in my chart so on their next visit I could ask them about it. Most of the time, I always get a smile back from my patients. It's our small personal touches in every dental visit that would make it more pleasant no matter what the procedure may be or how much they have already paid you.
- We should always ask and WRITE down your patient's Chief Complaint. A most often skipped step. Most often asked but not written. No matter how long you have been in the business always stick with the basics.
- We must chart everything even up to the presence and location of diastema. When you make this part of your consultation routine, you can make a more thorough treatment plan. You may never know, there might be a hidden treasure somewhere.
- We must always have our patient sign their Informed Consent. Remember it is their RIGHT and our PROTECTION.

Bottom line is we want what is best for our patients so whether we choose the apple or the orange. Important things are:

- **Diagnose and be honest with the prognosis.**
- **Calculate the risks.**
- **Aim for success.**
- **Treat with care and sound knowledge.**
- **Learn from every case. No two cases are the same no matter how similar they are.**
- **Experience is our best teacher. Experience makes us better practitioners.**

This is, firstly, a reminder for myself, rather than to you my dear readers!

❖ **Dr. Angela Kathrina L. De Torres**
Chairman, Continuing education FY'22-'23

FDK Batch Sandigan *"Within Reach"*

ONE FDK

ONE Community project of FDK Central, Eastern, Western and Northern regions had one goal. This was to be of **service** to our Kababayans. Held on April 15, 2022, it was a collaboration of the different regions. It was the embodiment of simultaneous diverse course of actions in different locations around Saudi Arabia designed to cater our fellowmen. It is the first onetime synchronized event participated by the leaders from every region. It was also witnessed virtually by the PDA President, Dr. Angelo Militante and his Officers.

ONE FDK-Central

The Central Region with a theme, "FDK Kalinga", headed by FDK President Dr. Dennis Torres with the EXECOM, Committees and Friends of FDK, collaborated with the Philippine Overseas Labor Office (POLO) Labor Attache Atty. Fidel A Macauyag, Assistant Labor Attache Antonio M. Mutuc Jr. and the assistance of Mrs. Teresa Narag, head of the Bahay Balinga (BK) male shelter, donated 2 long writing tables which were placed in the ground area of the POLO building. After the ceremonial event in the POLO office, the FDK team headed to the BK male shelter, Ritaj Hotel. A short program was conducted together with the PDA President and Officers. We organized a Medical and Dental diagnostic check-up with gift giving from our generous Past FDK President Dr. Amalia Corpus, who donated 10 brand new luggages. We also provided a sumptuous brunch for our *kababayans* headed by our FDK Outreach Chairman Mr. Redentor T. Perez and Co-Chairman Dr. Jocelyn V. Daquel. It was a memorable and successful event.

The Eastern region had a theme "FDK Kalinga" headed by FDK VP Dr. Ethel de Leon with the kind assistance and support of Labor Attache of the Eastern region, Honorable Hector V. Cruz. It was a great day among members to share their blessings through personal hygiene kits which also included laundry soap. Lunch was also provided for 135 people in the Bahay Kalinga female shelter. It was truly a successful One Team, One Mission and One Goal!

The Western Region with a theme "Gawa Mo, Kita Mo", FDK Vice President Dr. Minerva Santos, organized a *Kabuhayan* program which was held in the Bahay Kalinga at the Philippine General Consulate POLO in Jeddah which was attended by our Asst. Labatt Solaiman Mutia. The recipients were 211 female BK residents who received 655 pieces of undergarments and 2000 sanitary napkins which were packed and distributed them. In addition, Jollibee provided 5 sacks of rice, 5 boxes of spaghetti, and 5 boxes of instant noodles. There was

also collaboration with one of the best culinary centers in Jeddah, where the Chefs fondly educated the residents on how to make tocino and longanisa, sushi, maki rolls, takoyaki, cold drinks, doughnuts, pandesal and tarts. It was indeed a very successful livelihood project!

The Northern Region with a theme "Filipinong Dentista Kaakibat sa Kaunlaran ng mga OFW" headed by FDK VP Dr. Terence Pineda together with the few good men and women of his team held a Medical-Dental outreach. They conducted Oral health promotion, oral health check-up, glucose testing, blood pressure taking and distribution of medicines for the benefits of the stakeholders. The event was highlighted with gift giving by distributing oral hygiene kits and some PPEs. This event was held in an Esteraha in Ha'il city.

The ONE FDK event proves that the strength of the organization comes from within regardless of distance and time. My felicitations to FDK Sinagtala VP's Dr. Ethel de Leon of the Eastern Region; Dr. Minerva Santos of the Western region, and Dr. Terence Pineda of the Northern Region. Your leadership serves as an inspiration among your members. The FDK family will be forever grateful for your dedication and perseverance to step forward and lead your respective mandate. As your President, it's an honor to work with great leaders in the Kingdom which I will treasure and will never forget. It was great journey, Doctors. I am optimistic that ONE FDK event will continue in the succeeding years. In cooperation with our Philippine government in the Kingdom of Saudi Arabia, FDK will continue the advocacy to serve our fellowmen who are in dire need, always united.

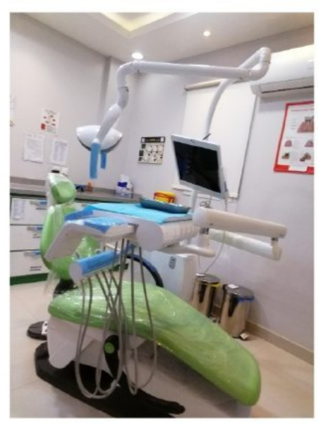
❖ **Dr. Dennis B. Torres**
FDK President fy '21-'22

مجمع سفان الطبي
SAVAN MEDICAL CENTER

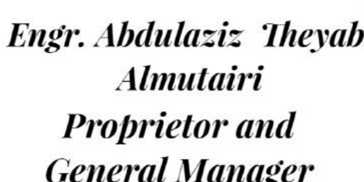
Pediatrician

General doctor

Gynaecologist



Dental



Panorama X ray

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FDK - CENTRAL
BATCH SINAGTALA ACTIVITIES

2nd Organizational Meeting & Photoshoot
May 21,2021

Fundraising for FDK CARES
June 4, 2021

Aikido
June 8, 2021

FDK 10th Induction Ceremony & Anniversary Party
July 29, 2021

Thanksgiving Party & Fellowship
August 13, 2021

PPO Webinar Series
August 20, 2021

Medical & Dental Mission & Donation of AC Units at Bahay Kalinga for Female
September 3, 2021

FDK Western Region Induction Ceremony
September 10, 2021

FDK Badminton Sports Fitness
September 17, 2021

Oath-taking Ceremony for New Dentists
Philippine Embassy Riyadh
September 8, 2021

FDK Eastern Region Induction Ceremony
October 8, 2021

PPO-CRSA 1st Badminton Tournament
October 8, 2021

FDK 1st Mini Convention
October 29, 2021

APO-DAP Scientific Seminar in Collaboration with
FDKSA

FDK-KNIGHTS OF RIZAL Golf 101
November 20, 2021

1st General Assembly & Family Day
December 17, 2021

PPO-CRSA Year End Party
& Turnover Ceremony
December 31, 2021

Brushing is a Must kahit naka
Mask Poister Campaign
February 4, 2022

FDK-APORAA Blood Letting Project / “Be Proud of your Mouth” Frame
World Health 2022

FDK Sportsfest
February 25, 2021

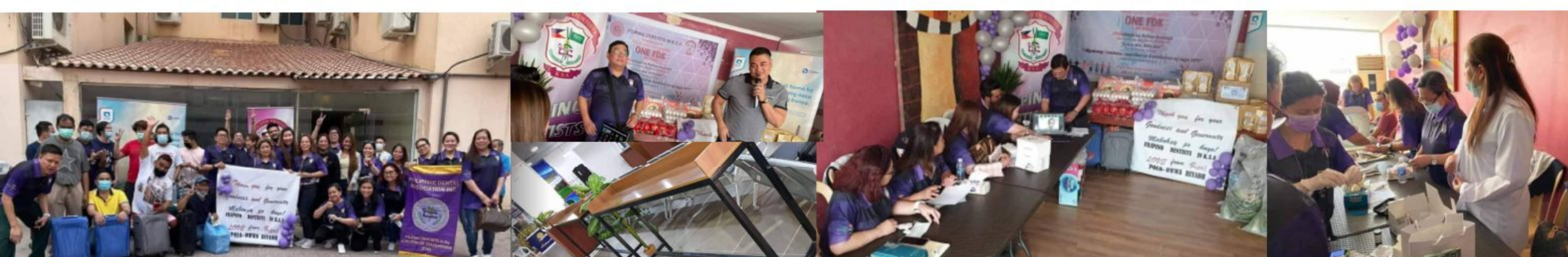
Nora Safari Tour
March 4, 2021

FDK Central & Eastern Region Medical/Dental Mission with Lions Club of Batangas
December 10, 2021

FDK-Denstply Endo-Rotary Workshop
April 1, 2022

One FDK
April 15, 2022

One FDK Eastern Region



One FDK Central Region

One FDK Western Region

PDA Deliberation for FDK Chaptership
April 9, 2022

2nd General Assembly & Election of Officers
May 6, 2022

EOW (Embassy on Wheels) to serve our kababayans.

September 24, 2021 - Al Ahsa

Dive Against Debris

October 1, 2021 -Halfmoon Bay Dive Site

FDK-ER 7th Induction & Turnover Ceremony
October 8, 2021 - Eurovillage

Filipino Community Tree Planting
October 26, 2021 - Al Khobar Municipality

Medical & Dental Mission
November 12, 2021 -Bahay Kalinga, Al Khobar

PPO Sportsfest Opening
November 12, 2021

PPO's Sportsfest - Dart 1st runner up
November 26, 2021

FDK-ER Monthly Meeting
November 26,2021

PRO SA Sportsfest Closing Ceremony
December 3, 2021

General Assembly & Family Fun Day
December 17, 2021

FDK-ER Yearly Report
December 17, 2021

PPO-SA Blood Donation Campaign
March 18, 2021

AFCSCOM 25th Anniversary
December 3, 2021

FDK-ER + FDK-CR Med/Dental Mission at Bahay Kalinga, Riyadh
December 3, 2021

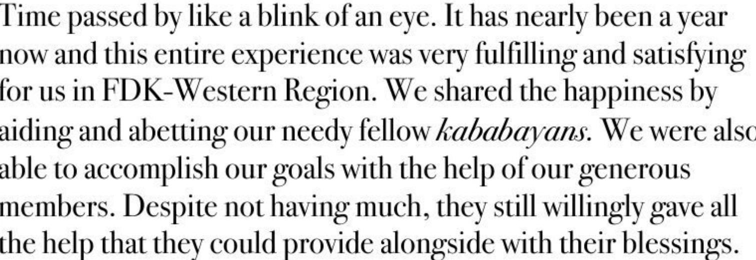
PPO-SA 19th Founding Anniversary
April 3, 2021

ONE FDK Event
April 15, 2021

Kalayaan Celebration
April 3, 2021

CONTEMPORARY COLLABORATION *for a* EXEMPLARY OUTCOME

Time passed by like a blink of an eye. It has nearly been a year now and this entire experience was very fulfilling and satisfying for us in FDK-Western Region. We shared the happiness by aiding and abetting our needy fellow *kababayans*. We were also able to accomplish our goals with the help of our generous members. Despite not having much, they still willingly gave all the help that they could provide alongside with their blessings.



The 5th induction and turnover ceremony was held on September 10, 2021 in Jeddah Grand Park Hotel. Ever since then, I already had built up a strong urge and desire to aid and assist our fellowmen; to uplift their spirits, expand and increase their knowledge, abilities, and standards of living by collaborating with professionals who could help them to uncover their undiscovered passions and potentials that could go above and beyond their limits.

A month later, on October 8, 2021, our first outreach project took place at the Philippine Consulate Jeddah with a theme of "Gawa mo, Kita mo". During this outreach project, 7 brand new sewing machines and tools were donated to the Bahay Kalinga residents. Furthermore, the BK residents were guided, assisted, and trained on how to operate and utilize the sewing machines. We were overwhelmed by the unexpected turnover ceremony headed by our honorable Consul General Gary Auxillian and POLO Labor Attache Roel B.Martin.

We provided 3 rolls of satin and cotton cloth so they could practice by sewing masks which they could sell to the visitors of the consulate. In result, they would also return to the Philippines with much knowledge in sewing. It was an overwhelming project. It was rewarding to witness the happiness in their eyes and the sincere desire to learn. Moreover, we succeeded in getting Jollibee to sponsor 100 packed meals for the residents and organizers.

On that same day, we had our 2nd outreach project intended for a small group of Pinoy employees in Rawda Hotel for their company was completely shut down due to the pandemic. As a result, they didn't receive their salary to provide themselves with food and basic necessities for nearly a year. Hence, we urgently gathered food and basic necessities from the generous members of FDK-Western Region.

Furthermore, our 3rd outreach project was held on November 19, 2021, at the Saed International for Istigdam with approximately 98 Filipino employees in the old camp alone. There was a new camp which had approximately 192 Filipino employees. These people were also not getting paid, they couldn't work or go home to the Philippines due to their overdue Iqama (national ID). As a result, our 4th outreach project was held in the new camp of Saed International for the remaining unrepatriated Filipinos which were approximately 125 male residents. We provided them with the assistance of a sponsor and FDK-WR members. They had received 125 bags of personal items and 25 shared bags containing coffee, salt, cooking oil, noodles, canned goods, bread, soap, toothpaste, sacks of rice, eggs, fruits, water, onions, and potatoes. Everyone was grateful!

Moreover, On February 18, 2022 we gathered together to celebrate The National Dental Health Month at the Jeddah Waterfront Corniche. Stress free exercises were done like Badminton, strolling by the seaside and a joyful breakfast by the coastline.

During the 18th of March, 2021, our Family Day and General Assembly was held at the Bowling City for the election and appointment of the officers for 2022 to 2023. When everyone partook in the bowling contest, this feisty yet joyful contest filled the event with laughter and most definitely memorable and pleasant memories were created and would be cherished forever..

Last and definitely not the least, on the 15th of April, 2021, the ONE FDK project was held in the Bahay Kalinga at the Philippine General Consulate POLO hall wherein 211 female BK residents received 655 pieces of undergarments that were packed into three per resident. In addition, approximately more than 2000 sanitary napkins were distributed among them. This was all generously provided by the sponsors and the FDK-WR members. Additionally, Jollibee also provided 5 sacks of rice, 5 boxes of spaghetti noodles, 5 boxes of canton noodles, and promised to give more throughout time.

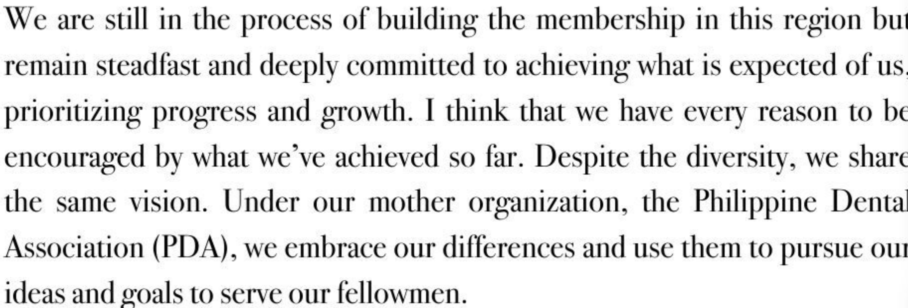
FDK-WR also collaborated with one of the best culinary centers in Jeddah. The chefs gave the female BK residents literacy on tocino and longanisa making; sushi, maki roll and takoyaki making; cold drinks making; doughnut, pandesal, and tart making. It was indeed a very successful livelihood project that could encourage them and highly motivate them to start a small business
when they go back home in the Philippines.

In conclusion, determination is the wake-up call to the human will. It motivates us to improve and make positive changes in our lives and others. It inspires us to dream bigger, wake up and work hard for it. We, the FDK-WR family have to be the epitome and the embodiment of success and most of us may not say it out loud but we feel and believe that you can succeed best and
quickest by helping others to succeed. God bless us all!

Dr. Minerva G. Santos
FDK-WR VICE PRESIDENT FY'21-'22

A New Beginning, A Brighter Horizon

As the Vice-President of Filipino Dentists in KSA-Northern Region (FDK-NR) 2021-2022, I am placed under a lot of pressure. It was an undeniably big challenge as I served as the first leader of this branch of FDK in the north of the Kingdom. Despite being amid the health pandemic, I drove forward in a momentum fueled by determination. With strategic planning, the combined efforts of my dear colleagues, and the unwavering support of FDK Central, we achieved a lot of things. We managed to enrich our spirits and see the humanity in ourselves and ensure that we consciously worked to uplift others through medical/dental missions, bloodletting activities, and sport enhancements to name a few. These were relevant before the pandemic and they are even more relevant now, and I am looking ahead with even more urgency as we come closer to emerging from this global crisis.



We are still in the process of building the membership in this region but remain steadfast and deeply committed to achieving what is expected of us, prioritizing progress and growth. I think that we have every reason to be encouraged by what we've achieved so far. Despite the diversity, we share the same vision. Under our mother organization, the Philippine Dental Association (PDA), we embrace our differences and use them to pursue our ideas and goals to serve our fellowmen.

Challenges will never cease but I am sure that as long we remain united, we will always triumph. I have confidence that all that we have accomplished will be remembered and shall serve as a model for future leaders of the organization. I am proud to be part of PDA and FDK and look forward to more experiences and fun-filled tasks which brings us much fulfilment in our lives.

My congratulations to my FDK-NR family Drs. Ma. Resureccesion Garcia, Doris Holgado, Joey Lopez, Samantha Villamin, Danilo Masilungan, Emer Estrada, Josephine Perez, and the newest member Ace Bantay. I also give my salutations to FDK-Eastern region, FDK-Western region, and of course to the Central Region Headed by our Sinagtala President Dennis Torres and to all executive officers and to Dr. Nicka Gaffud the pride of FDK.

MABUHAY FDK!

"NEVER MISS AN OPPORTUNITY TO MAKE OTHERS HAPPY"
-Abhysheq Shukla

❖ **Dr. Terence D. Pineda**
FDK-NR VICE PRESIDENT FY'21-'22

CONTINUING EDUCATION AT ITS BEST

The FDK Batch Sinagtala has achieved another milestone by spearheading the First Mini Convention, Exhibition and Presidential Night on October 29,2021 at Radisson Blu Hotel in Riyadh which was joined by almost one hundred participants. It boasted of high caliber speakers from different parts of the world. The event had online participants not only in the different cities of Saudi Arabia, but also in Canada, the United States and the Philippines. On-site registrants experienced hybrid style of lectures as well as live demonstrations. Below are the topics discussed and corresponding names of the lecturers:

A. Financial stability in the New Normal- Dr. Enrico Dolatre
B. Orthodontics beyond Braces- Dr. Rita Isabella Turner
C. Golden Rules in Impression Taking-Dr. Haitham Yousef
E. Know how to capture Photonic Energy in your Working Tip - Dr. Elias Fernando Jr.
G. Sinus Management in Implant Placement - Dr. Amine Choueiri
H. Photography Hacks- Mr. Nhorms Cunanan
I. Everyday Make up Tutorial-Mr. Ronald Ballao
I. Botox and Hair loss- Dr. Mohammad Iraqi

Eight well-known companies like the Western Union, Wild Pharmaceuticals, SMDC, Jollibee, Flash Cargo, Sante Barley, Virgin Mobile and MPS- Bashir Shakib Al-Jabri & Co. Ltd. joined the exhibits. A well decorated FDK Booth also added much charm to the occasion. The successful Mini convention has received accolades from the participants for its “international standard” organizational set up.

On April 1, 2022, an Endodontic Rotary Workshop was held in Akaria Plaza sponsored by Dentsply Sirona and Medical & Pharmaceutical Services, Bashir Shakib Al Jabri & Co. Ltd. Twenty-four Dentists actively participated and supported this event with a cause. Through this event, FDK was able to donate working tables for the Philippine Overseas Labor Office in RIYADH.

As we continue our search for continuing education, one should forever embrace the tree of core values which are remarkable qualities that represent an individual’s or organization’s highest priorities and fundamental driving forces. This quest has no boundaries whatever generation we belong.

We must adhere to a personal growth of Lifelong Learning that when we start, we should not stop but rather continue until we reached our destination.

Congratulations to the FDK Batch Sinagtala. WE DID IT!

Dr. Lilibeth L. Gaffud
Chairman, Continuing education FY’21-‘22

FIRST MINI CONVENTION

ENDO ROTARY WORKSHOP

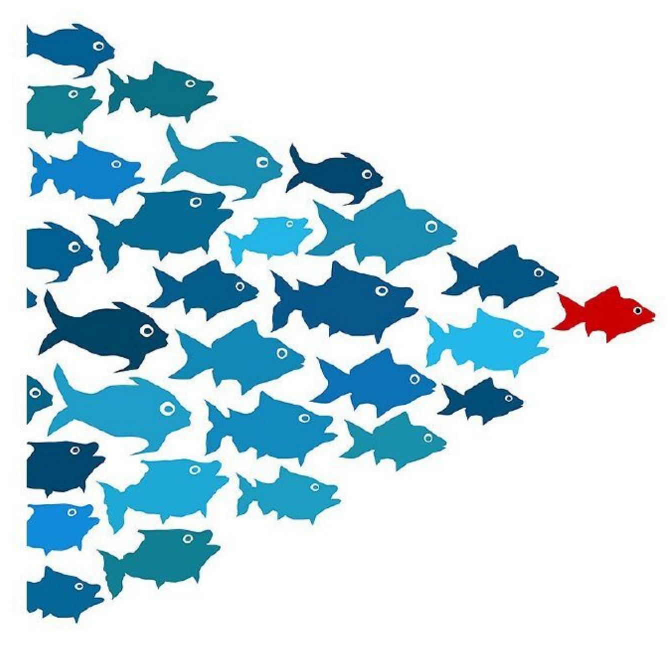
The success of any organization is largely dependent on how its top leader inspires and leads other leaders. For organizations to thrive, a leader must know how to get the most from someone, who in turn must have the drive to perform for the organization.

Having worked with some great leaders and held leadership positions, I understand that leadership can influence the crowd to believe, act, and work with perseverance for the common good. Being a good leader is not a piece of cake. One must have effective leadership skills which can help them achieve more complex goals and objectives. An effective leader steps back and allows co-leaders to ″own″ their decisions for their organizations or departments. One of the hardest things for many leaders to do is to let go of control.

Leadership is hard some days – okay, most days. Good leadership isn't a popularity contest. The leader who's afraid of challenges will create an environment where mediocrity, chaos, and unhealthy team environment prevails – and eventually it will be a pitfall. Leaders should be willing to address known concerns. They should be unafraid of conflict and be willing to challenge the status quo even when it's not the most popular thing to do. Teams are developed by mutual respect and appreciation. Great leaders never see themselves better than the people they are trying to lead. In fact, the best leaders I know purposefully surround themselves with smarter people.

Just as failure can hurt a leader, so can success. If not kept in check, success can lead to complacency. A leader may begin to think it will always be this way and eventually start taking success for granted.

Filipino Dentists in KSA-Eastern Region (FDK-ER) is guided by leaders amongst leaders. Another way to say this would be that leadership is about building camaraderie with trust, respect, and a mutual understanding of others. The FDK-ER Team is a powerful team of individuals who bring in different skill sets, compatible personalities, unique views, and the desire to work together for great outcomes. This is teamwork at its best.



It is simply the "me" far outweighs the "we".

Henry Fords' words on motivating leaders are powerful and especially fitting these days. **"Don't find fault, find a remedy."**

❖ **Dr. Ethel N. De Leon**

Self Esteem in a Real Sense

What makes one think that self-esteem is important? We often believe in ourselves and our capabilities but there are times that this may not be the truth.

To build true self esteem, race, gender, social class, or history should be put aside and disregarded. We must search within ourselves for the qualities that can make us proud.

There will be times when life hits hard. We might meet tough challenges and criticisms. Despite this, we should push forward and look for probable solutions. We should always do our best to showcase our skills and abilities without being arrogant. We should continue to spread genuine love and compassion to our fellowmen.

To achieve our personal goals and be truly happy, we need to develop and maintain our self-confidence and self-respect.

To do this we need to understand the difference between worldly self-confidence and authentic self-confidence. We need to distinguish self-confidence from selfish intentions which prevent us from fulfilling our wish to be truly happy.

By using tried and tested methods we can then build and strengthen our self-confidence so that it remains stable and long-lasting.

"Healthy self-esteem exits when you possess a positive and realistic sense of who you are, understand your strengths, and like yourself despite your weaknesses." *Positive Healthy Inspiration with Whitney Gordon-Mead*

Dr. Terence D. Pineda

Filipino Coconut Macaroons

By Dr.Terence D. Pineda

INGREDIENTS:
1/3 cup butter, softened
3/4 cup sugar
2 eggs
1 can (14 ounces) sweetened condensed milk
1/2 teaspoon vanilla extract
1/2 cup flour
2 cups desiccated coconut

Instructions:
1. Line mini muffin pans with paper cups. Set aside.
2. In a bowl, cream butter using a hand mixer on low speed.
3. Add sugar and beat together until well blended and fluffy.
4. Add eggs one at a time, beating well after each addition.
5. Add condensed milk and vanilla extract and continue to beat until blended.
6. In a medium bowl, combine flour and desiccated coconut. Add to the egg mixture and beat until combined.
7. Scoop into the prepared muffin pans and bake in a 350 F oven for about 15 to 20 minutes or until golden and a toothpick inserted in the center comes out clean.
8. Remove from baking pan and let cool on a wire rack for about 5 minutes.

Apple Puff Pastry

By Dr. Russel J. Secillano

INGREDIENTS:
1 tbsp butter
1/3 cup brown sugar
½ tsp ground cinnamon
1 tbsp APF
4 cups chopped peeled apples
1 pc whole egg, slightly beaten
1/8 tsp salt

Filling
1. In a pan mix place butter, apples, cinnamon and brown sugar
2. Cook until softened and sugar is caramelized.
3. Set aside.

Puff Pastry dough
1. Slightly dust working area with flour.
2. In a prepared pastry puff, add apple filling.
3. Seal edges of pastry by pressing firmly using fork.
4. Before baking, brush pastry with beaten egg.
5. Bake at 350° F for 15 mins or until pastry is golden brown.
6. Optional: before serving, drizzle with cream.

AGAHAN, ARTURO
Fahad Dental Center
ALDANA, AMELIA
King Abdulaziz Medical City, Naseem
0508737841
ALVIEDO, CEDRALINE R.
Rasheed Complex Medical City
Al Fursan St. Okas District
0552301138
AMORIO, MERCEDES B.
Coral Dental Clinic
West Iman Saud Bin Abdulaziz Rd.
0537113715
ARASULA, NORA
Siqal Dental Clinic
05309439326
AYA-AY THERESA DAING
Alewan Medical Polyclinic
0500949541
BANTAY, ACE
Medical Supply & Ministry of Health
Warehouse Al Ahsa Province
0507017291
BAUTISTA, APERLITA
Qasr Al Sewak Poly Dental Clinic
Exit 26 Hamsa Bin Muhalif St. Badia
Riyadh
0114317559
COMETE, ZORAIDA
Riyadh Care Hospital
050430765
DACQUEL, JOCELYN
Sigal Dental Clinic, Thalaleen St.
0553917313
DANANG, RITA C.
Safa Al Oraba Medical Complex
King Abdulaziz Rd Hawtat Sudair
0507884426/ 0555929411
DAVADILLA, GRACE
0541680143
DE LEON, ARLENE
Al Elaj Dental Clinic
Ibn Taymiah St. Shifa Riyadh
0509784530/ 0112222240
DIRON, MALAL L.
Uranous Planet Dental Center
0553271965
DORIA, FILIPINAS D.
Coral Dental Clinic
Iman Saud Bin Abdulaziz Rd.
0538064251
ESTRADA, EMERITA O.
Safa Al Oraba Medical Complex
Al Hayyir
FEDERICO, DELFIN JR.
Al Mawiyah Consultative Clinic #6
0544871271/ 0114615599
FERNANDO, ELIAS
Nova Dental Group
0563169297
LAZ, VIRGINIA O.
Savanna Medical Center Saba St.
Naseem Area Riyadh
0501276403/ 011236033

LOPEZ, ARIANE A.
Tip Al Safwa Medical Clinic
East Naseem
0559878773
GAFFUD, LILIBETH I.
Riyadh, Elm University
2931177 ext 177
GAFFUD, NICKA
Meras Clinics Suweidi
Western Ring Rd Al Baidah Exit 28
0597670906/ 0114311188
GERONELLA, TERESITA
Al Sukaeyber Medical Complex, Al
Kharj
0552911974
GUACING, LENNY
How Medical Clinic
0542631157
GULMATICO, LOCHILENE
Olaya Polyclinic Complex, Thalateen St.
0530626810
HORCABAS, JOSEPH
Riyadh Care Hospital
0507046512
JALALI, NURHANINA B.
Ivan Dental Clinic
Laban Suburb Neighborhood Prince
Ahmed Bin Abdulaziz St.
0534854691
JASARENO, GLORIA
Al Shams Dental & Dermasc
Ibn Tatmiah St. Al Shifa
058019020/ 0112980008
KUDIYIL VENUS R.
Safa Al Oraba Medical Complex
Al Hait - 0509732389
Hotat Sudair - 0555117964
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FAC Dental Center
Khalid Bin Walid St. Riyadh
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MAGHINAY, ELIMAR O.
0530385626
MAGNO, JOSEPHINE
Fahad Dental Center
0508131990
MARZAN, IMELDA B.
Al Mohaidib Dental Center
Abi Al Aswad Naseem Riyadh
0509174247
MINGO, AMALIA C.
Al Nosh Medical Center
Othman Bin Affan Rd. Riyadh
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NAGARA, KRISTINE JOY
Coral Company for Medical Services
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OIDA, YVONNE L.
Al Muhaideb Dental Group
Tarmoudi St. Al Shifa Area
0502180541
PAGULAYAN, MERLYN
Image Dental Clinic
Takasushi Rd. Riyadh
0507897318/ 0114836060

PASPE, JILL FRENCH
Al Fair Medical Clinic
Al Imam Ahmed Bin Hannibal St.
0550071592/ 0112328888 ext 706
0542911898
PAJALLA, ROMMEL
0501162391
PEREZ, REDENTOR
Nassaim Al Khozama Dental Lab
Mamfhoha Riyadh KSA
0507038924
PEREZ, CYNTHIA
0595957499
RECONALLA, ALMA
Coral Company for Medical Services
055846098
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Prince Sultan Military Medical City
0508235940
RIVERA, JANINE M.
Prince Sultan Military Medical City
0532357728
SECILLANO, RUSSEL J.
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SILAO, CHONA V.
Al Alami Medical Complex
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0562671066
TADURAN, JENNIFER
Dental University Hospital, Girls Campus
King Saud Univ. Medical City
0507254340
TANAEL, IRENE
Dependent
0541433986
TONIO, SHAMIRA KRISTINE B.
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TORENTE, VIOLETA T.
Safe Mohaidib Abha St
Fahad Rd Bisha City
0546039337
TORRES, DENNIS
Al Alami Medical Clinic
Khalid Bin Waleed St. King Faisal
0543526511/ 0112482991 loc 231
TORRES, MARIA THERESA
Adwaa Al Alami, Olaya Al nakheel
0114702211
TORRES, RHENEE I.
King Faisal Specialist Hospital &
Research Center
0552284180
TY, BELLA A.
Thanaya Dental Center 1
5084 An Nahar Street,
As Saadah, Sulay
0544415702
VILLASOR, MAE
Siqal Dental Clinic
0567944691

EASTERN REGION:

AROJADO, JULIE ANN
ARAMCO Industrial Village, Dammam
BANIAS, GRACE
Armed Forces Hospital
King Abdulaziz Airbase, Dhahran
0502100913
BASSIG, GREG
Armed Forces Hospital
King Abdulaziz Airbase, Dhahran
BRIONES, ESTHER
SWCC Medical Clinic
Jubail, Saudi Arabia
0508216026
CARDOZA, SHERYL B.
Dependent
CUBACUB, ROSE ANN
Al Hokail Polyclinic
Al Khobar, Saudi Arabia
DE LEON, ETHEL
Hagar Dispensary
King Abdulaziz Hofuf Al Ahsa
0564784852
DELOS SANTOS, NERI
Al Hokail Polyclinic
Khobar, Saudi Arabia
JAVIER, ARSENIA
RAM Medical Complex
Al Khobar, Saudi Arabia
0509336196
LAURIO, IMELDA
MISWAK Dental Center
Khaldia, Hofuf Al Ahsa
0537357177
MARQUEZ,NATIVIDAD
Dependent
0562090010
MUESCAN, ERVIE
NOVA Dental Complex
Sidiqque Rd., Dammam
PARAISO, GLORIA
Tarout Charitable Society Cllinic
Qatar, Saudi Arabia
0530569792
PERALTA, MARGARITA
Advanced Medical Clinics
Azziziyah, Khobar
0506347880
PIA, RENE
Al Maglooth Poluclinic
Mubarraz, Al Ahsa
0534832758
0501400521
ROXAS, SHYLA
Gulf Polyclinic
Salmaniya North Al Ahsa
0537589870
SONSONA, RHONA
Jabal RAM Dental Care
Al Salem Blvd., Khobar
0555698018

WESTERN REGION:

ARBOLEDA, LEE Q.
Al Hayat Medical Complex
Abdulaziz Tabuk St.
Hamdiya, Al Qurayyat
0530472677
BAILON, ROBERTO ANGELES D.
Shar Dental Polyclinic Madinah Rd.
Al Rawdah Dist. Jeddah
0560222175
BERNARDO, KRISTINE JOY C.
Specialized Dental & Dental Implant
Complex Al Safa, Jeddah
0562075779
BULATAO, DAISY MAE S.
Al Mawj Polyclinic Complex
Hera St. Al Nahda, Jeddah
0553349984
BUMACAS, CLAUDETTE D.
Aqua Dental Clinic
The Headquarters Business Park
Water Front, Jeddah
0552312621
CATAPIA, MYRNA J.
King Abdulaziz Medical City Specialized
Polyclinic, National Guard Hospital, Jeddah
0501917414
CAYTON, LEONARD C.
Qassim University Medical City, Qassim
0506812108
ERAZO, MARIA PERPETUA C.
King Faisal Specialist Hospital & Research
Center ORG, Jeddaah
0509953305
FRANCISCO, RAQUEL Z.
First Future Medical Complex
As Sanabel District, Jeddah
0509225542
GASCON, PATTY FLOR R.
Ideal Clinics, Thalia St. Jeddah
0538500759
JIMENEZ, JENNIFER R.
Riyada Medical Center, Al Dawaa St.
Almousa Dist., Bisha City
0551300336
LEUNG, JEREMIAH D.
Shar Dental Polyclinic, Madinah Rd.
Al Rawdah Dist., Jeddah
0551788734
MADELO, JEROME C.
King Khaled University Abha
0509738650
MAGPILI, RHEALYN R.
King Abdulaziz Medical City
National Guard, Jeddah
0537320198
MALANA, CARMENCITA D.
Shar Dental Polyclnic Madinah Rd.
Al rawdah Dist., Jeddah
0567568459
MAPANDI, RASMINA S.
Shar Dental Poluclnic, Madinah Road
Al Rawdah Dist., Jeddah
0559406813
ORDONIA, MARIA THERESA V.
King Abdulaziz Medical City WR
King Khaled National Guard Hospital,
Jeddah
0502469694
OLACO, ALIEN S.
Jeddal Medical Health Center,
Al Zahra District,
Gold More Center, Jeddah
0552631976
PADLAN, BARBARA E.
Magrabi Dental Centers, Jeddah
0567639676
PALOMO, AILEEN M.
Retal Specialty Dental Clinic
Al Hamra Gazzaz Center, Jeddah
0544661748
RAMOS, LYRAH SHARON F.
Ministry of National Guard Health Affairs
King Abdulaziz Medical City, Jeddah
Salmaniya, North Al Ahsa
0501400521
RUFINO, EMILY R.
King Abdulaziz University
Al Jameah District, Jeddah
0554528075
SANTOS, MINERVA G.
Medical Reference Center,
King Abdulaziz Rd., Al Nahda Dist. Jeddah
0535574436
TEJADA, PATRICIA H.
Ideal Clinics, Thalia St., Jeddah
0501164608
TUANDO, DIANE CLAIRE C.
Retal Specialty Clinic
Al Hamraa Gazzaz Center, Jeddah
0542849741
TUMALIP, NIDA C.
Ministry of National Guard for Health
Affairs, King Abdulaziz Medical City, Jeddah
0502519276

NORTHERN REGION:

ESTRADA, EMER
Ibn Sina Poluclinic
Al-Imam, Hail City, KSA
0502819722
GARCIA, MA. RESURECCION
Al Takhsees Polyclinic
Aziziyah Dist., Hail City, KSA
0505162614
GARCIA, MA. RESURECCION
Ministry of Health
Aloof Sakaka, KSA
0507017291
HOLGADO, DORIS
Al Takhsees Polyclinic
Aziziah Dist., Hail City, KSA
0505162614
LOPEZ, JOEY
University of Hail
Hail City, KSA
0559987869
MASILUNGAN, DANILO
University of Hail
Hail City, KSA
0538100521
PEREZ, JOSEPHINE
Al Takhsees Polyclinic
Aziziyah Dost., Hailt City, KSA
0536502953
PINEDA, TERENCE
University of Hail
Hail City, KSA
0533029423
VILLAMIN, SAMANTHA GRACE
Al Takhsees Polyclinic
Aziziyah Dost., Hail City, KSA

BEFORE VENEERS

AFTER VENEERS

DRM INTERNATIONAL SEA & AIR CARGO

OFX BOX

COMBO PACKAGE

TELEVISION

GAS RANGE

OFW BOX
Walang Timbanagn ,Bill of Lading at Kilometer Charges

SIZE	M.M	LUZ1	LUZ2	LUZ3	LUZ4	VIS	MIN
Super Jumbo	289	309	329	349	369	389	409
Jumbo	269	289	309	329	349	379	399
Extra Large	219	239	259	279	299	319	339
Large	199	229	239	259	279	289	309
X-Medim	159	169	189	209	229	239	249
Standard	129	139	149	159	179	189	199
Drum Big	259	279	299	329	379	389	399
Drum Mediun	189	219	229	249	289	299	329

AIR CARGO RATE
Minimum 20 KGS / NO Kilometer Charges / Rates excluding VAT

AIR CARGO	M.M	LUZ1	LUZ2	LUZ3	LUZ4	VIS	MIN
Rates per KGS.	7.00	9.00	10.00	10.00	11.00	12.00	12.00

LUZON 1	Cavite / Laguna / Bulacan / Rizal / Pampanga
LUZON 2	Tarlac / Bataan / Batangas / Zambales / Nueva Ecija
LUZON 3	Pangasinan / La Union / Nueva Vistaya / Quezon Prov. / Benget
LUZON 4	Ilocos Sur / Ilocos Norte / Abra / Kalinga Apayao / Mt. Province Cagayan Province / Isabela / Aurora / Quirino / Bikol

COMBO PACKAGE
Walang Hidden Cahrge at Walang VAT

SIZE	M.M	LUZ1	LUZ2	LUZ3	LUZ4	VIS	MIN
Super Jumbo plus Bulilit	299	319	339	359	379	399	419
Jumbo plus Bulilit	279	299	319	339	359	379	399
Extra Large plus Bulilit	229	249	269	289	309	329	349
Large plus Bulilit	209	239	249	269	279	299	319

TV FREIGHT & CREATE RATE ALL IN
With Insurance

SIZE	M.M	LUZ1	LUZ2	LUZ3	LUZ4	VIS	MIN
19" - 25"	270	280	300	310	320	330	340
26" - 32"	280	290	310	320	330	340	350
33" - 40"	465	475	495	505	515	525	535
41" - 42"	475	485	505	520	530	550	570
43" - 49"	480	490	510	550	570	595	620
50" - 55"	590	600	620	650	670	700	750
56" - 65"	750	770	790	820	850	890	920
66" - 67"	820	840	860	880	920	970	1,020
68" - 79"	970	1,000	1,030	1,070	1,120	1,170	1,220

Walang Hidden Charge

GAS RANGE FREIGHT RATE ALL IN
With Insurance

SIZE	M.M	LUZ1	LUZ2	LUZ3	LUZ4	VIS	MIN
4 BURNER (TERIM) 60X40X92	640	660	680	700	720	740	760
6 BURNER (TERIM) 60X65X92	660	680	700	720	740	760	780
6 BURNER (TERIM) 95X67X87	690	720	740	770	790	800	810

DRM INTERNATIONAL SEA & AIR CRGO

Contact Person
Lloyd Darren Manalansan
CEO
0564441026
Roel Langit
Operations Manager
0504436763

Agent Contact Number
Winston:0549360357
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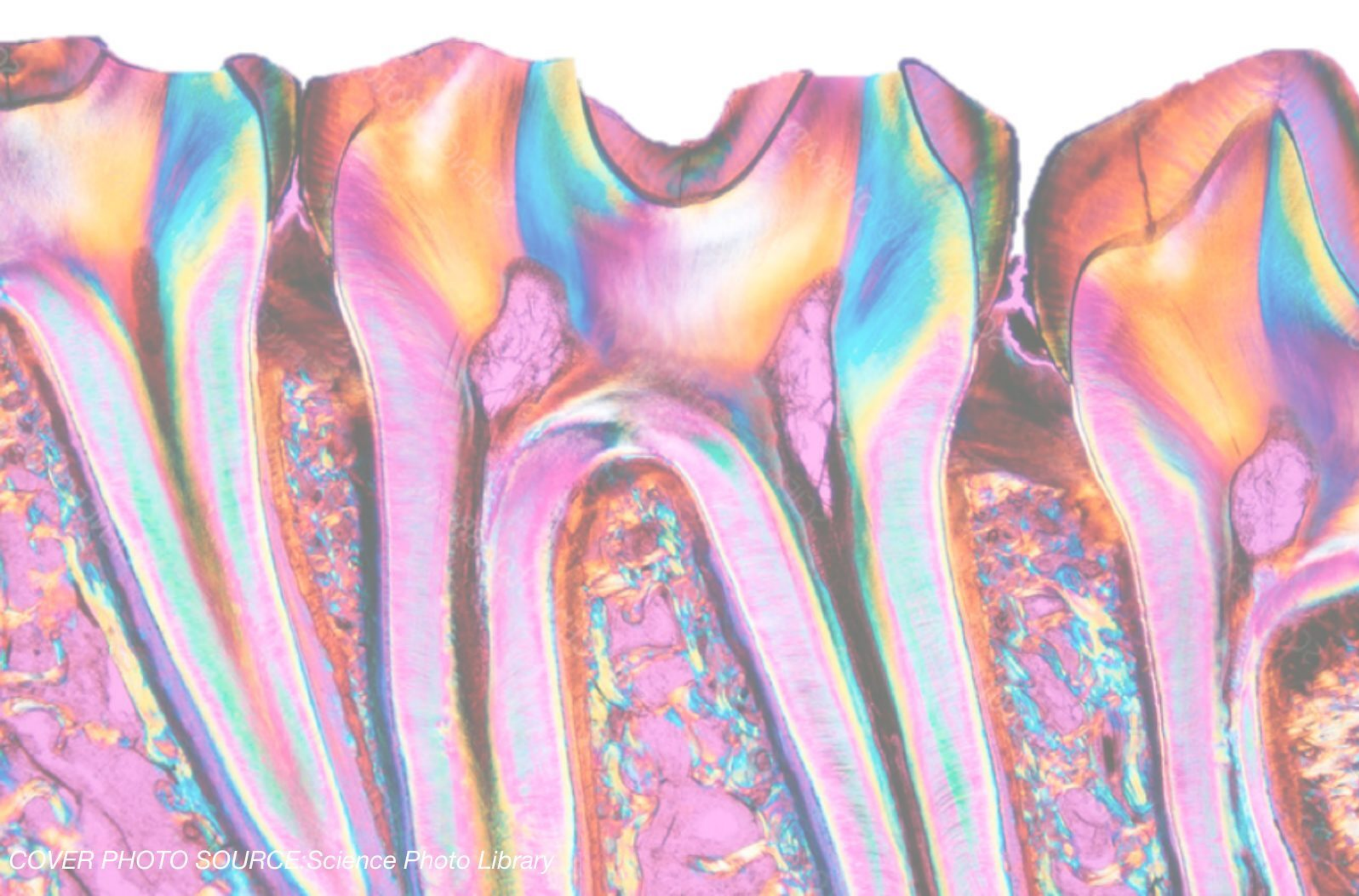
Lian: 0543919457
Alvin:0563992759

DRM INTERNATIONAL SEA & AIR CARGO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