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Stop The Violence…Exploring Domestic Violence (2nd edition)

A Peer-Reviewed Publication

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Stop The Violence…Exploring Domestic Violence (2nd Edition)

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1. Identify different forms of domestic violence and correlate the consequences to the overall health and well-being of patients.
2. Identify signs and effects of domestic violence.
3. Provide appropriate interventions and pathways to assist patients living with domestic violence.

ABSTRACT

Oral health-care professionals can have an enormous impact on the identification of patients suffering from domestic violence (DV). Physical violence injuries frequently occur on the head and neck, which can be identified through routine extra/intraoral screenings in the dental office. This course will discuss the prevalence, signs, symptoms, and effects of intimate partner violence (IPV) in the United States. IPV is a public health concern for lawmakers with total national costs of 8.3 billion dollars.[1] One in three women and men will experience IPV in their lifetimes.[2] Dental providers have legal and moral obligations to the public, and as such are an integral component to IPV and providing resources for families. Barriers to clinician intervention and tools to break down those barriers will be presented, thus increasing the clinician's confidence in implementing intervention protocols for their patients.

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INTRODUCTION

DV represents a major public health challenge that affects millions of Americans, both male and female. Gang conflicts and stranger violence make news headlines daily, but DV is often not covered as frequently, unless the perpetrator is famous. This course discusses DV with a focus on IPV. DV is defined as criminal aggression against dependent infants and children, between married or unmarried partners, or against elderly adults.[3-5] DV is rarely a single incident and the intimate relationship between the perpetrator and victim means the violence is often more frequent and severe than other forms of victimization.[6,7] Frequently the perpetrator is attempting to exert control over their victim.[3] IPV describes any physical, sexual, or psychological harm from a current or former spouse/partner, with physical assault victimization being most prevalent.[8,9]

The Centers for Disease Control and Prevention (CDC) reports total national costs of IPV exceed 8.3 billion dollars, with the largest component (two thirds) going to health-care costs and lost days of work (8 million days).[1]

IPV is the leading cause of nonfatal injuries among women in the United States.[3] IPV is believed to be vastly underreported, and many victims are reluctant to come forward for fear of retaliation.[2] The Centers for Disease Control and Prevention (CDC) reports total national costs of IPV exceed 8.3 billion dollars, with the largest component (two thirds) going to health-care costs and lost days of work (8 million days).[1] One third of female homicide victims reported in police records are due to IPV.[9]

IPV affects an entire family unit, including children even if they are not the direct target of the perpetrator.[8] Children living in a household with IPV are more likely to suffer from depression, anxiety, behavioral problems, developmental delays, and have a higher risk potential for future drug/alcohol abuse.[3,7,10,11] Witnessing IPV is defined in many states' laws and regulations as a form of child abuse.[3]

Dental health professionals do not always feel confident or comfortable asking a patient about possible IPV due to their own personal beliefs or their uncertainty about the proper action to take if a patient does come forward. This course will attempt to resolve those dilemmas and arm the dental professional with the confidence and tools needed to intervene appropriately when IPV is identified.

DEFINITIONS

IPV can occur in many different forms that can occur singly or in combination with one another.

Physical abuse: Includes actions such as pulling hair; slapping; pushing/shoving; hitting with a fist or hard object; kicking; slamming someone against something; choking; suffocating; beating; burning; sleep deprivation; failure to provide for basic needs (example: food, clothing); or threatening with a knife or gun.[7,11]

Sexual abuse: Characterized by behaviors such as rape; forced prostitution or pornography; cutting or disfiguring genitalia; refusal to practice safe sex; refusal to adhere to religious prohibitions; unwanted sexual contact; sexual coercion; forced penetration; and complete, attempted, or drug- or alcohol-facilitated penetration.[7,11]

Emotional/psychological abuse: Includes controlling or dominant behaviors, humiliation, or degradation of the victim.[7] Abuse can be verbal or nonverbal behaviors such as unremitting criticism; emotional blackmail; enforcement of petty rules; neglectful behaviors (ignoring signs of distress and pleas for comfort, prolonged refusal to communicate); or aggression.[7,11]

Coercive control: Characterized by a range of behaviors to exert and maintain control, such as isolation from friends or family and other support networks; surveillance of everyday tasks, such as grocery shopping; intercepting mail, email, phone calls, and text messages; and threats to harm.[7] Perpetrators may try to prohibit the victim from holding a job or going to school as well as restricting social interactions. Isolation can make the victim even more dependent on their perpetrator.[7]

Financial abuse: Involves taking absolute control over all finances and financial decisions; refusal to contribute to family income; depriving a person of access to cash or credit; running up debts in another person's name; or forcing a person to engage in illegal activities such as theft and gambling.[7] The abuser may gain complete control over the finances and deprive the vulnerable individual of resources such as money, medication, access to transportation, and medical care.[7]

Stalking: Involves unwanted contacting; following; threatening; or harassing victims.[2] Stalking behaviors can occur while the victim is in the relationship or after the victim has left the abuser. Stalking is considered high risk for serious injury and murder.[7,12] Stalking is illegal in the United States.[7,13]

STATISTICS

The CDC, the Department of Defense, and the National Institutes of Justice are collaborating on an ongoing survey entitled the National Intimate Partner and Sexual Violence Survey (NISVS).[3,11] The intention of this nationwide survey is to provide more up-to-date and accurate prevalence estimates of IPV in the U.S.[2,3] The most current survey results were published in April 2017. Table 1 lists the survey results that pertain to IPV.[2]

Table 1

ACTION	WOMEN	MEN
Rape*	16.4% (1:5)	1.5%
Stalking	9.7%	2.3%
Physical violence	32.4%	28.3%
Psychological	47.1%	47.3%

**Rape: complete, attempted, or drug- or alcohol-facilitated penetration*

As this survey shows, women are not the only victims of IPV; men are victimized as well. In the U.S., about 1 in 3 women (36.3%) and nearly 1 in 6 men (17.1%) experienced some form of contact sexual violence (SV) during their lifetime.2

Overall rates of stalking for women were 15.8% (one in six) and 5.3% (one in nine) for men; the stalking rates specific to IPV victims are listed in Table 1.[2] Early victimization (prior to age 18) was reported by 41% of females and 24% of males.[2] The survey identified multiracial and American Indian/Alaska Native women are at greater risk for IPV.[2]

Risk factors often reported in the literature include perpetrator unemployment or intermittent employment, and completed education levels lower than high school.[3] Adults who physically abuse a family pet are five times more likely to abuse their partner or child.[3,14,15] The CDC's list of perpetrator risk factors include:[3,8]

1. Perpetrator low self-esteem, low income, young age, aggressive behaviors as a child or teen, heavy alcohol and/or drug use, depression, anger, hostility, antisocial or borderline personality disorder, history of physical abusiveness, social isolation, emotional insecurity, desire for control, and belief in strict gender roles.
2. Relationship risk factors: marital conflict, marital instability (divorce, separation), dominant or domineering control of relationships, and economic stress.
3. Community, cultural, and societal factors: weak community sanctions, sexism, and traditional gender norms.

CONSEQUENCES/EFFECTS OF IPV

There are many short- and long-term consequences of IPV, which are important public health problems that affect the lives of millions in the United States.[2] Over 50% of female and 17-18% of male victims will live with prolonged anxiety, fearfulness, concern for their safety, and post-traumatic stress disorder (PTSD).[2] IPV can lead to a profound degradation in quality of life for the entire family, which includes, but is not limited to:

1. Physical injury and chronic physical problems
2. Poor mental health: anxiety, panic disorder, PTSD, depression, eating disorders, psychoses, and alcohol or drug use.[7,16] Evidence shows that mental health problems increase with prolonged exposure to violence and reduce when the violence ceases.[7,17] Mental health effects can continue for years after the victim has escaped an abusive relationship.[3,18]
3. Hospitalization
4. Disability
5. Legal fees
6. Missed work
7. Substandard housing/Living in a shelter
8. Contracting STDs, HIV, or other communicable diseases
9. Adverse pregnancy outcomes such as placental separation, fetal fractures, miscarriage, or premature labor[7]
10. Death due to homicide or suicide

According to the NISVS, one half of female victims and two thirds of male victims did not receive any services or help related to the negative impacts of IPV.[2,19] The CDC states that they support the development of safe, stable, nurturing relationships and environments for children as a precursor to healthy parent-child relationships; healthy peer relationships among adolescents; healthy relationships among adolescents before their first experience with dating; and the engagement of bystanders to intervene before violence occurs.[11,19] The CDC also supports the development, evaluation, and widespread adoption of teen dating violence prevention programs.[11,19] The intention is to foster healthy early relational experiences so children will carry those patterns into adulthood.

DOMESTIC VIOLENCE'S RELATION TO ORAL HEALTH

IPV victims may suffer from a variety of oral conditions that have a negative impact on their overall health. Anxiety disorders or PTSD can cause avoidance of dental health-care settings. Victims may neglect their oral health and avoid normal daily activities as a result of their environment. The psychological manifestations of IPV can pose a barrier to proper dental care and treatment planning. The patient may avoid eye contact, be especially secretive when asked probing questions, not be able to recall injury incidents, or their story may not fit the injury presentation.[20] Patients may also be jumpy, fidgety, nervous, tense, irritable, and anxious.[20] As with many anxiety and mood disorders, the patient may report a generalized hypersensitivity of their teeth of unknown origin.[20] The dental health-care professional should try to help the patient feel in control by keeping open communication and explaining each step of the procedure before it is performed.[20] Maintaining a safe, calm, relaxed, positive atmosphere will also help victims. The use of effective pain control will be important to a successful appointment.[20] Lastly, the clinician should be on high alert for possible signs of a panic attack.

Studies suggest head and neck injuries are more indicative of DV than any other injury.[3] IPV victims were 24 times as likely to have head and neck injuries compared with women who had injuries from witnessed accidents.[3,21] The most common area for head and neck injuries are the soft tissues of the midface and the lower third of the face.[3,22] Bruises exceeding 5 cm in diameter on the face, lateral arms, or back are also indicative of physical abuse and should be red flags to health-care providers.[3,23] Routine extraoral assessments in the dental office would easily identify these injuries.

Strangulation attempts will leave very discernable marks on the neck, which a dental health professional may find upon an extraoral screening. Perpetrators can either use their hands to cut off their victim's airway, a ligature, or forearm choke hold.[3,24] If a victim loses consciousness during the episode, it may be difficult for them to recall the incident.[3,23,25] If a patient is wearing clothing that covers their neck (scarf, turtleneck), dental providers still need to evaluate the area.

If a patient is wearing clothing that is inappropriate for the season, the dental provider should be on alert. The patient may be trying to cover bruising or marks. Below is a list of common extra- and intraoral findings a patient suffering from IPV may present with.

The most common area for head and neck injuries are the soft tissues of the midface and the lower third of the face.[3,22] Bruises exceeding 5 cm in diameter on the face, lateral arms, or back are also indicative of physical abuse and should be red flags to health-care providers.[3,23]

Extraoral[7,20,26,-28]

1. Bruising to face or neck with varying degrees of healing
2. Bites
3. Burns
4. Lacerations
5. Abrasions
6. Maxillofacial, ocular, or nasal injuries that may be evident on panoramic or cephalometric radiographs.

Intraoral[7,20,26-28]

1. Overall dental neglect
2. Caries
3. Periodontal disease, gingivitis, poor oral hygiene
4. Fractured teeth
5. Oral pain
6. Infections (endodontic, periodontal, STDs)
7. Bruising
8. Torn frenum
9. Lacerations or other forms of trauma
10. Evidence of malnutrition or vitamin/mineral deficiencies

INTERVENTIONS AND BARRIERS

There are skills that health-care professionals can develop to help intervene in cases of IPV. Practitioners need to have referral pathways in place, especially since victims of IPV statistically have increased contact with health-care professionals as compared to the general population[7,29] IPV-victimized women are twice as likely to seek health-care services related to injuries, health conditions, and comorbidities than the rest of the population.[3,30,31]

A large systematic study found that 99% of IPV victims find it acceptable to be asked about domestic abuse, women were likely to disclose abuse if providers inquired, and persons were unlikely to disclose if unprompted.[7,32] Keep in mind that some victims find it difficult to identify their experiences as abuse and some episodes are so traumatic and painful that they may put them out of their mind. [7,33] By asking a sequence of specific questions, you may heighten their awareness and lead to accepting assistance. Reluctance of patients to disclose their abuse is multifactorial as most victims live in shame, fear, and the delusion that they are at fault.[34,35] Their abuser may have even threatened to take away their children or kill their family members if they try to leave them.[34,35]

Dental health professionals do not always feel confident or comfortable asking a patient about domestic abuse, especially if inadequately trained. They may be afraid of offending a patient if their assumptions are incorrect, or adversely affecting their relationship with the family. Time constraints and workload demands are also barriers for many health-care professionals.[7] The American Medical Association advocates screening for IPV during appointments.[3,36]

Below is a list of questions designed for health-care professionals when IPV is suspected. Becoming familiar and comfortable with questioning will increase the provider's confidence in working effectively with victims.

Questions designed for health-care professionals:[7,37]

1. Do you feel isolated from family or friends?
2. Does your partner try to control everything you do?
3. Do you feel dependent on your partner?
4. Are you ever afraid at home?
5. Has your partner ever hit you?
6. We know one in three women and one in six men experience domestic violence and that it affects their physical and mental health.

Has anyone hurt or frightened you at home?

The Abuse Screening Tool:[3,38]

1. In general, how would you describe your relationship: a lot of tension, some tension, or no tension?
2. Do you and your partner work out arguments with great difficulty/some difficulty/no difficulty?
3. Do arguments ever result in your feeling down or bad about yourself (often/sometimes/never)?
4. Do arguments ever result in hitting, kicking, or pushing (often/sometimes/never)?
5. Do you ever feel frightened by what your partner says or does (often/sometimes/never)?
6. Has your partner ever abused you physically (often/sometimes/never)?
7. Has your partner ever abused you emotionally (often/sometimes/never)?
8. Has your partner adultsever abused you sexually (often/sometimes/never)?

Knowing the appropriate questions to ask patients in suspected IPV is only half the challenge. The other half is learning the correct approach, tone, and communication style that would enable positive outcomes. The following are tips designed with the dental provider in mind:

1. Increase your education and training on IPV.
2. Be prepared with referrals.
3. Encourage and foster positive, trusting relationships with patients and their families.
4. Utilize direct inquiries with confidence and compassion. It is a widely accepted practice in health care to make routine inquiries usually in the form of standard questions.[10,32]
5. Communicate with your patients in a nonjudgmental and supportive manner, being extremely careful to not exacerbate their feelings of self-blame. Empower victims; do not interrogate them.[7]
6. Explain the health impacts of IPV to adults and children in the household.

Appropriate documentation could assist victims and their families in future court proceedings or for law enforcement interventions such as restraining orders or removal of the victims from the home and placement into safe housing.

The American Dental Association states that dentists who receive domestic violence education are significantly more likely to screen their patients for DV and intervene.[33] To raise awareness and break down barriers, the following are resources specific to dental professionals:

1. P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness): A public-private partnership committed to the education of all dental professionals in the recognition and reporting of abuse and neglect.[20]
2. AVDR (Ask, Validate, Document, Refer): An interactive tutorial program that utilizes a case study to demonstrate the AVDR steps in response to DV.[20]
3. RADAR: Provider-focused initiative to promote the assessment and prevention of IPV in health-care settings.[20] Offers proper training techniques, research, policies, guidelines, awareness, and educational materials to participants.[20]

Ensuring the safety of patients who have disclosed IPV is a top priority for professionals, and they should ask if the patient feels safe to return to their home. The conversation, disclosure, and details from the dental examination should be documented clearly in the patient record. Appropriate documentation could assist victims and their families in future court proceedings or for law enforcement interventions such as restraining orders or removal of the victims from the home and placement into safe housing.

LEGAL

Dental health professionals have a responsibility to intervene on behalf of IPV victims. Reporting laws vary from state to state; however, all states mandate health-care workers to report suspected violence, abuse, and neglect of children to child protective services agencies, but the same rules do not always exist for IPV.[3,20,40] Check your local state statutes for specific details.

Interventions available in the United States include home-visit programs during and shortly after pregnancy, child welfare and social service visits, employer referrals to assistance programs, victim shelters, confidential mail drop services or mail forwarding services operated by some offices of the Secretary of State to help abused persons hide their current physical location, court-issued restraining orders, or prosecution.[3,4,41,42]

The federal law entitled VAWA (Violence Against Women Act) was enacted in 1994 to hold offenders accountable and provide programs/services for IPV victims.[13] Under this act, the rate of IPV has decreased 67%, the rate of IPV female homicide decreased 35%, and male homicide decreased 46%.[13]

CONCLUSION

Although progress has been made, IPV continues to affect a substantial portion of Americans. Dental health professionals are in an ideal position to identify IPV with their knowledge of head and neck screenings. All health-care professionals should be aware of the signs, symptoms, and patterns of injuries associated with IPV. Dental offices need to develop protocols for reporting and referring to appropriate agencies when IPV is identified. By advocating for patients and treating victims with compassion, dental providers can be a part of the solution to this public health crisis.

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QUESTIONS

1. Intimate partner violence involves which of the following forms of abuse?
a. Physical
b. Sexual
c. Psychological
d. All of the above

2. In 2013, what was the national annual cost of intimate partner violence?
a. 1.2 billion
b. 3.8 billion
c. 8.3 billion
d. 10 billion

3. The fraction of female homicides caused by intimate partner violence annually is:
a. 1/2
b. 1/3
c. 2/3
d. 3/4

4. Children living in a household with domestic violence are likely to suffer from which of the following?
a. Depression
b. Anxiety
c. Behavioral problems
d. All of the above

5. Which of the following is the form of abuse characterized by behaviors such as rape, forced prostitution, refusal to adhere to religious prohibitions, or unwanted sexual contact?
a. Physical
b. Sexual
c. Emotional/psychological
d. Coercive control

6. Which of the following is the form of abuse in which a perpetrator exerts controlling or dominant behaviors, humiliation, or degradation of the victim?
a. Physical
b. Sexual
c. Emotional/psychological
d. Coercive control

7. Which of the following is the form of abuse in which a perpetrator utilizes behaviors to exert and maintain control, such as isolation from friends or family and other support networks?
a. Physical
b. Sexual
c. Emotional/psychological
d. Coercive control

8. Which of the following is a form of abuse that involves unwanted contacting, following, threatening, and harassing victims?
a. Stalking
b. Sexual
c. Emotional/psychological
d. Coercive

9. The CDC, Department of Defense, and National Institutes of Justice collaborated on a survey entitled the NISVS, which stands for what?
a. National Intimate Partner and Sexual Violence Survey
b. National Intimate Partner and Sexual Violence Surveillance
c. National Institute of Sexual Violence Statistics
d. National Intimate Partner and Sexual Violence Statistics

10. What percentage of women have been victims of sexual violence in their lifetimes as reported by the NISVS?
a. 17%
b. 8.2%%
c. 36.3%
d. 2.5%

11. What percentage of females report early victimization (prior to age 18) of abuse as reported by the NISVS?
a. 20%
b. 25%
c. 41%
d. 56%

12. What percentage of men report early victimization (prior to age 18) of abuse as reported by the NISVS??
a. 9%
b. 12%
c. 17%
d. 24%

13. What percentage of men have been victims of psychological violence as reported by the NISVS?
a. 53.8%
b. 41.5%
c. 8.8%
d. 47.3%

14. How many men in the United States have experienced some form of IPV in their lifetimes?
a. 1:1
b. 1:3
c. 1:5
d. 1:6

15. Which of the following is a perpetrator risk factor?
a. Low income
b. Lower than high school education
c. Low self-esteem
d. All of the above

16. According to the NISVS, what fraction of male victims did not receive any services or help related to their personal negative impacts of intimate partner violence?
a. 1/4
b. 1/2
c. 2/3
d. 3/4

17. According to the NISVS, what fraction of female victims did not receive any services or help related to their personal negative impacts of intimate partner violence?
a. 1/4
b. 1/2
c. 2/3
d. 3/4

18. What percentage of female victims live with prolonged anxiety, fear, and PTSD after intimate partner violence experiences?
a. 12%
b. 15%
c. 25%
d. 50%

19. A dental provider should be suspicious of domestic violence when a patient presents with which of the following injuries?
a. Swollen ankles
b. Head and neck bruising with varying degrees of healing
c. Deep laceration on the forearm
d. Swollen cervical lymph node

20. Which of the following should make a dental provider concerned about intimate partner violence?
a. A patient complaining her husband never listens to her
b. A patient wearing long sleeves and turtleneck in inappropriate weather and not wanting you to perform an extraoral head and neck screening
c. A patient with a leg cast who reports the injury occurred in a car accident
d. A patient wearing a head cover and reports it is part of her culture

QUESTIONS (CONTINUED)

21. Which of the following is an extraoral finding that would indicate intimate partner violence?
a. Bruising on the neck
b. Torn frenum
c. Fractured tooth
d. Heavy plaque levels on the teeth

22. Which of the following is an intraoral finding that would indicate intimate partner violence?
a. Fractured tooth
b. Oral pain
c. Torn frenum
d. All of the above

23. Which of the following programs is a public-private partnership committed to the education of all dental professionals in the recognition and reporting of abuse and neglect?
a. P.A.N.D.A.
b. AVDR
c. RADAR
d. LEARN

24. Which of the following programs is an interactive tutorial program that utilizes a case study to demonstrate the correct steps in response to domestic violence?
a. P.A.N.D.A.
b. AVDR
c. RADAR
d. LEARN

25. Which of the following programs is a provider-focused initiative to promote the assessment and prevention of intimate partner violence in the health-care setting?
a. P.A.N.D.A.
b. AVDR
c. RADAR
d. LEARN

26. Which of the following is an intervention program available for intimate partner violence in the United States?
a. Child welfare services
b. Victim shelters
c. Restraining orders
d. All of the above

27. In which year was a federal law entitled VAWA (Violence Against Women Act) originally enacted?
a. 1990
b. 1993
c. 1994
d. 2000

28. Under the Violence Against Women Act, what percentage of decrease occurred in female homicides related to intimate partner violence?
a. 25%
b. 35%
c. 45%
d. 55%

29. Under the Violence Against Women Act, what percentage of decrease occurred in male homicides related to intimate partner violence?
a. 26%
b. 36%
c. 46%
d. 56%

30. Under the Violence Against Women Act, what percentage of decrease of intimate partner violence has occurred?
a. 37%
b. 45%
c. 55%
d. 67%

NOTES

PUBLICATION DATE:	APRIL 2015
REVIEW DATE:	APRIL 2018
EXPIRATION DATE:	MARCH 2021

ANSWER SHEET

Stop The Violence…Exploring Domestic Violence (2nd edition)

Name: ______ Title: ______ Specialty: ______

Address: ______ E-mail: ______

City: ______ State: ______ ZIP: ______ Country: ______

Telephone: Home (   ) ______ Office (   ) ______

Lic. Renewal Date: ______ AGD Member ID: ______

Requirements for successful completion of the course and to obtain dental continuing education credits: 1) Read the entire course. 2) Complete all information above. 3) Complete answer sheets in either pen or pencil. 4) Mark only one answer for each question. 5) A score of 70% on this test will earn you 3 CE credits. 6) Complete the Course Evaluation below. 7) Make check payable to PennWell Corp. **For Questions Call 800-633-1681**

EDUCATIONAL OBJECTIVES

1. Identify different forms of domestic violence and correlate the consequences to the overall health and well-being of patients.
2. Identify signs and effects of domestic violence.
3. Provide appropriate interventions and pathways to assist patients living with domestic violence.

COURSE EVALUATION

1. Were the individual course objectives met?

Objective #1: Yes No Objective #2: Yes No

Objective #3: Yes No Objective #4: Yes No

Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 0.

2. To what extent were the course objectives accomplished overall?	5	4	3	2	1	0
3. Please rate your personal mastery of the course objectives.	5	4	3	2	1	0
4. How would you rate the objectives and educational methods?	5	4	3	2	1	0
5. How do you rate the author's grasp of the topic?	5	4	3	2	1	0
6. Please rate the instructor's effectiveness.	5	4	3	2	1	0
7. Was the overall administration of the course effective?	5	4	3	2	1	0
8. Please rate the usefulness and clinical applicability of this course.	5	4	3	2	1	0
9. Please rate the usefulness of the supplemental webliography.	5	4	3	2	1	0

10. Do you feel that the references were adequate? Yes No

11. Would you participate in a similar program on a different topic? Yes No

12. If any of the continuing education questions were unclear or ambiguous, please list them.

______

13. Was there any subject matter you found confusing? Please describe.

______

14. How long did it take you to complete this course?

______

15. What additional continuing dental education topics would you like to see?

______

If not taking online, mail completed answer sheet to

PennWell Corp.
Attn: Dental Division,
1421 S. Sheridan Rd., Tulsa, OK, 74112
or fax to: 918-212-9037

For IMMEDIATE results,
go to www.DentalAcademyOfCE.com to take tests online.

QUICK ACCESS CODE 15303

Answer sheets can be faxed with credit card payment to 918-212-9037.

☐ Payment of $59.00 is enclosed.
(Checks and credit cards are accepted.)

If paying by credit card, please complete the following: ☐MC ☐Visa ☐AmEx ☐Discover

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3.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	18.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
4.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	19.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
5.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	20.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
6.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	21.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	22.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	23.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	24.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	25.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
11.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	26.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
12.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	27.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
13.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	28.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
14.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	29.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
15.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	30.	Ⓐ	Ⓑ	Ⓒ	Ⓓ

AGD Code 156

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