

1 **Salvador Gaytan:** Welcome to SmileTalk, an entertaining and informative dental talk
2 show featuring the latest news and developments in dentistry. I'm
3 Salvador Gaytan and I'm here with...
4
5 **Dr. John Chao:** Dr. John Chao. Hi, everybody.
6
7 **Salvador Gaytan:** And he's the founder of Alhambra Dental, and you can reach Dr.
8 John at AlhambraDental.com, submit your questions. We've got a
9 great show coming up today, don't we, Dr. John?
10
11 **Dr. John Chao:** Yes, I'm looking forward to it. We're going to talk about
12 something very important and very, very exciting.
13
14 **Salvador Gaytan:** We're going to get to the Rapid Fire Five, here. We're going to
15 resume it, because we've had a vacation from the Rapid Fire Five,
16 because we were talking to the last two shows, I think three fine
17 gentlemen from the USC School of Dentistry, isn't that right Dr.
18 John?
19
20 **Dr. John Chao:** That was great. I really enjoyed those three young men from USC
21 Dental School, where I teach.
22
23 **Salvador Gaytan:** Absolutely, and so let's get to the Rapid Fire Five and after that
24 we're going to get to something called TMJ, which we're supposed
25 to get to a few weeks ago, but we got sidetracked, but we're going
26 to get to it today and tell the audience what does TMJ stand for, so
27 they know.
28
29 **Dr. John Chao:** TMJ stands for Temporal Mandibular Joint. It is also a synonym
30 for a host of pain symptoms that affect the face, the jaw and the
31 neck.
32
33 **Salvador Gaytan:** Absolutely.
34
35 **Dr. John Chao:** And this is something that the dentist can treat.
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37 **Salvador Gaytan:** Absolutely, and you have some very interesting and innovative
38 ways to treat that, and so we're going to get to that, but let's get to
39 the Rapid Fire Five today, Dr. John. Are you ready?
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41 **Dr. John Chao:** Yes, I'm ready. Let's keep it short, so we can get to my subject.
42
43 **Salvador Gaytan:** Absolutely.
44
45 **Dr. John Chao:** Not like the last time.
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47 **Salvador Gaytan:** That's right. We went through the Rapid Fire Five the entire show.
48 I'm going to ask you five quick questions, true or false. You give
49 the answer and then we'll give the short details.
50
51 **Dr. John Chao:** Okay.
52
53 **Salvador Gaytan:** The first question, Dr. John. Dental insurance pays 80% of all
54 necessary dental treatments, true or false?
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56 **Dr. John Chao:** False.
57
58 **Salvador Gaytan:** That's false. Question number two: It's wise to fix dental problems
59 like fixing cars. Call around and check carefully for the best price
60 and service, true or false?
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62 **Dr. John Chao:** It's false and then true.
63
64 **Salvador Gaytan:** You're giving us a trick question again, aren't you?
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66 **Dr. John Chao:** Yeah, there are two sentences. The first sentence is false, the
67 second sentence is true.
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69 **Salvador Gaytan:** Okay and we'll dissect that in a minute.
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71 **Dr. John Chao:** Okay, we will.
72
73 **Salvador Gaytan:** Question number three: Drinking coffee may lower the risk of
74 developing cancer of the mouth or throat, true or false?
75
76 **Dr. John Chao:** That's actually true. Coffee has a lot of benefits that we don't
77 generally know about.
78
79 **Salvador Gaytan:** That's interesting, because I don't drink coffee, so maybe you're
80 going to tell me I need to drink coffee, is that right?
81
82 **Dr. John Chao:** Well, yeah, you can handle a cup, I think.
83
84 **Salvador Gaytan:** All right, all right. Well, I don't want to stain my teeth.
85
86 **Dr. John Chao:** Not more than a cup.
87
88 **Salvador Gaytan:** Okay. Question number four, Dr. John. If it doesn't hurt, don't go
89 to the dentist, true or false?
90
91 **Dr. John Chao:** That would be false.
92

93 **Salvador Gaytan:** That would be false. So, it's kind of like, well, if it's not broke,
94 don't fix it. But that's not true.
95

96 **Dr. John Chao:** Yeah, that may be true in other fields, but for dentistry, not
97 completely.
98

99 **Salvador Gaytan:** Not your choppers, not your choppers, okay. Question number
100 five, Dr. John, medicine used to treat osteoporosis may, in a small
101 number of cases, lead to jaw infections following tooth extractions,
102 true or false?
103

104 **Dr. John Chao:** Now, if you've been listening to the show, about two shows ago
105 you know the answer. The answer is...
106

107 **Salvador Gaytan:** True.
108

109 **Dr. John Chao:** That's right.
110

111 **Salvador Gaytan:** That is right. We talked in detail about that and it's an incredible
112 study, and we'll talk a little bit more about that, maybe for people
113 who missed it.
114

115 Okay, Dr. John, back to question number one: Dental insurance
116 pays 80% of all necessary dental treatment. That is false. Why is
117 that, Dr. John?
118

119 **Dr. John Chao:** That's false. We covered that in an earlier show. First of all,
120 there's no such thing as Dental Insurance. Insurance means
121 protection against loss. No dental program will completely cover
122 all that the patient needs in terms of dentistry.
123

124 Employers buy a dental plan that contains certain benefits for their
125 employees. So, there is no particular logic to it. It's just what is
126 affordable to the employer based on their profitability.
127

128 So, a dental plan will cover some normal needs of the patient and
129 certain things are left out and the amount that's covered is also
130 determined by the premium the employer pays.
131

132 So, you cannot count on so called "dental insurance" to cover a
133 certain procedure up to 80% or any percent. Some plans cover 20 -
134 30%, some plans cover 80% depending on the procedure and on
135 the premium that the employer pays.
136

137 **Salvador Gaytan:** And there's always a maximum yearly, usually a 1000, 2000, isn't
138 that right?
139

140 **Dr. John Chao:** Yes, that's true, Sal. We also talked about that. The same
141 maximum per year has been the same since dental plans were first
142 conceived back in the 60s. So, it's the same as it was 40 years ago.
143 So, you can imagine that the coverage has decreased over the
144 years. However, it is still a significant amount and helps a lot of
145 people to afford dentistry they otherwise cannot get.
146

147 **Salvador Gaytan:** Excellent. Okay, Dr. John, question number two: It's wise to fix
148 dental problems like fixing cars. Just call around and check
149 carefully for the best price and service. That was partly false and
150 partly true. What was the false part on that?
151

152 **Dr. John Chao:** Well, the false part is that -- and a lot of people assume this -- they
153 assume that every mouth is the same, just like cars are the same. If
154 you have a Chrysler, it's Chrysler, the way to fix it would be the
155 same for every Chrysler of that particular model. However
156 everybody's mouth is different, just like their fingerprints.
157

158 So, if you assume it's the same, then you're going to have
159 problems in getting the right kind of care, because you cannot
160 assume that every mouth should be treated the same. Everybody
161 has different needs.
162

163 The second part is true, because you should be an intelligent
164 consumer. You should call and investigate as to what is the best
165 fee you should pay to get the best service, and if you just shop for
166 the best price, you may find out that you're not getting the service
167 that you're looking for.
168

169 So, if you keep in mind as a patient, that you're looking for the
170 best fee for the best service that you need on the individual basis
171 and then you can hardly go wrong.
172

173 **Salvador Gaytan:** Now, Dr. John, Dr. John, I have had people, friends and relatives,
174 ask me sometimes, "Hey, I went to the dentist and the dentist said,
175 a couple of fillings was going to be this amount." And then
176 someone else went to the dentist and they had either a lower or a
177 higher amount. Why are there differences in prices?
178

179 **Dr. John Chao:** Well, first of all, that speaks well for the profession, in that the
180 dentist performing the service gets to set his fee on the service.
181 There are certain philosophies of practice that appeals to certain
182 portions of the population.

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For instance, it could be the exact, the same kind of filling on the same part of the tooth, but there'll be two different fees. One could be, for instance, a dental practice that are serving a population that can hardly afford a level of dentistry, that perhaps other populations can afford. So, this kind of a practice would have to cut it down to the bone, take care of the problem and let the patient go.

Salvador Gaytan: Now, Dr. John could there be a difference in price than you're saying maybe based on area. More expensive area might charge more and a less expensive area might charge a little less?

Dr. John Chao: You can have different kinds of practices in the same area. You could appeal to different segments of the population within that particular community.

What we're talking about here, maybe there could be another practice down the street or in the next city over 20 miles away, whatever, that has a different approach of dentistry.

The dentist may say, "You know what, I'm going to take a little bit more time with my patients to educate them on preventive dentistry, on how to brush your teeth, floss their teeth, and I think my patients would like to have that and they have the means to pay a little bit more for this particular procedure, because I'm incorporating certain things, that in the long run might be beneficial to them in terms of cost, so that if they have less cavities in the future, they're willing to pay a little bit more to learn how to prevent cavities."

So, it depends on the philosophy, therefore it could be practically the same procedure, but then there could be a difference in terms of the fee that depends on the service that's included with that fee. So, therefore, there'll be a variety of fees, and it seems to confuse the patient sometimes, but a lot goes into a particular procedure besides that particular procedure itself.

Salvador Gaytan: Fantastic, and if you're tuning in, you're listening to SmileTalk, I'm Salvador, here with Dr. John, the friendly dentist. You can contact him at AlhambraDental.com with your questions or 626-308-9104.

Dr. John Chao: Yeah, please contact us when you have questions, we'd love to answer them and please continue to do so.

229 **Salvador Gaytan:** Question number three, Dr. John. Drinking coffee may lower the
230 risk of developing cancer of the mouth or throat. That is true, Dr.
231 John.
232

233 **Dr. John Chao:** Yes.
234

235 **Salvador Gaytan:** Why is that true?
236

237 **Dr. John Chao:** Yeah, this is a very interesting study that came out of Japan from
238 the Tohoku University. This particular research project involved
239 30,000 participants with 13 year follow up. It was published in the
240 Journal of Epidemiology. It actually showed that with coffee
241 drinking, the risk of oral or throat cancer was reduced by 50%.
242

243 **Salvador Gaytan:** That's incredible.
244

245 **Dr. John Chao:** So, coffee is not bad in that sense.
246

247 **Salvador Gaytan:** You're telling me to drink coffee, Dr. John? Because I don't drink
248 coffee.
249

250 **Dr. John Chao:** Well, you don't have to drink coffee, but perhaps coffee is a lot
251 more beneficial than what we know about. In fact, Sal, according
252 to Harvard's Women's Health Watch, a publication, drinking
253 coffee reduced the risk of the following: gallstones, colon cancer,
254 Parkinson's and it even improves endurance in long duration
255 physical activities.
256

257 **Salvador Gaytan:** Pass your cup of coffee over here, Dr. John, I want it.
258

259 **Dr. John Chao:** Because that's going to help you with your golf, right?
260

261 **Salvador Gaytan:** Okay, I'll take it.
262

263 **Dr. John Chao:** So, what's going on with your golf lately?
264

265 **Salvador Gaytan:** Golf, well I'm going to be playing a lot of tournaments here in the
266 summer, try to get another championship.
267

268 **Dr. John Chao:** What championship are you talking about?
269

270 **Salvador Gaytan:** Well, Southern California Amateur Golf Association, the U.S.
271 Amateur Golf Association. I'm going to make a go at all of those
272 this summer.
273

274 **Dr. John Chao:** Okay, then drink a cup of coffee and come back and tell us how
275 you do.
276
277 **Salvador Gaytan:** Okay.
278
279 **Dr. John Chao:** Compared to last year.
280
281 **Salvador Gaytan:** Okay, fantastic.
282
283 **Dr. John Chao:** Now, I'm not going advocate everybody drinks coffee, because
284 there could be problems with it, especially if you have problems
285 sleeping. So, don't drink coffee before you sleep.
286
287 **Salvador Gaytan:** Don't drink coffee before you sleep.
288
289 **Dr. John Chao:** If you have problem sleeping, then be careful. So, let's not go
290 overboard. I think we're talking about maybe one cup of coffee a
291 day, maybe a couple. I don't think that people should do it to
292 excess. That's not what we're saying.
293
294 **Salvador Gaytan:** Fantastic, Dr. John, fourth question of our Rapid Fire Five. If it
295 doesn't hurt, don't go to the dentist. That is false.
296
297 **Dr. John Chao:** Yeah, unfortunately a lot of people believe that and there are
298 reasons for them to believe it, because sometimes the problem is
299 actually transient.
300
301 It is not indicative of let's say a cavity or a cracked tooth. For
302 instance, if you clench your teeth a lot, your teeth will get a little
303 sensitive. If you over brush your teeth a lot, you can get a little
304 sensitive to cold and you think you have a problem.
305
306 But overall, if you think that you have a problem, you probably
307 should go to the dentist. Don't wait until it hurts more, because it
308 could, indeed be something serious that could lead to undesirable
309 procedures such as root canal treatment.
310
311 **Salvador Gaytan:** Now, Dr. John, Dr. John, I think...
312
313 **Dr. John Chao:** Every time you say, "Dr. John, Dr. John," I know something
314 serious is going to happen.
315
316 **Salvador Gaytan:** Well, no, not serious, but just a question came to my mind, because
317 most people, like that question said, "If it doesn't hurt, don't think
318 about it, don't go to the dentist." So, a lot of people think if they're

319 not feeling any pain, hey, don't go to the dentist a few years, no
320 big deal, but it is a big deal, isn't it?
321
322 **Dr. John Chao:** Yeah, if it doesn't hurt, it doesn't mean that nothing's wrong.
323
324 **Salvador Gaytan:** Yeah, problem's brewing, maybe.
325
326 **Dr. John Chao:** You could have a problem brewing, or you can say: "I'll get used
327 to it, it doesn't bother me anymore, I'll just clean it out" and
328 eventually that pain could become something really, really serious.
329 You can end up losing your tooth, having a root canal or having a
330 serious problem with your gums when your teeth actually,
331 practically, come loose.
332
333 **Salvador Gaytan:** Let's go to question number five of our Rapid Fire Five, Dr. John.
334 Medicine used to treat osteoporosis may in a small number of
335 cases lead to jaw infections, following tooth extractions, that's a
336 mouth full, but we did talk about that with those USC students,
337 didn't we?
338
339 **Dr. John Chao:** Yes, we did. If you have osteoporosis and you're on the drug
340 called Fosamax, then you should be very, very careful in terms of
341 your teeth.
342
343 You should get regular check-ups, you should really brush and
344 floss your teeth as instructed by your dentist, because if you're on
345 this drug and you have a tooth extracted or you have gum surgery,
346 or you have implants put in or any procedure where your bone gets
347 exposes, you can end up with Osteonecrosis of the Jaw.
348
349 Osteonecrosis merely means that the bone is getting infected, and
350 in so many words you have bone death in the jaw. So, it could be a
351 serious problem. It is fixable, it can be treated, but it is an
352 unwelcome serious complication. So, the lesson that we draw from
353 that is, please take care of your teeth, especially if you're on
354 Fosamax.
355
356 **Salvador Gaytan:** And if you have any relatives that are on Fosamax, you should
357 advise them of this.
358
359 **Dr. John Chao:** Yes, this study showed that it's actually a lot more common than it
360 had been presumed previously.
361
362 **Salvador Gaytan:** Absolutely. So, Dr. John, we need to get to our next topic, which
363 we were supposed to get to a while back, but we got so carried

364 away with other interesting things. TMJ, and what does TMJ stand
365 for, Dr. John?
366
367 **Dr. John Chao:** TMJ stands for Temporal Mandibular Joint. Temporal is your
368 skull, and Mandibular is your jaw. The joints between the skull and
369 the lower jaw are called The Temporal Mandibular Joint. Over the
370 years, TMJ has come to signify a host of symptoms associated with
371 malfunctioning of the jaws and the muscles and the nerves attached
372 to the jaws.
373
374 **Salvador Gaytan:** Now, we're talking mainly about the lower jaw, right?
375
376 **Dr. John Chao:** Lower jaw and the muscles of the face that are attached to the
377 upper and lower jaws and attached to the joints.
378
379 **Salvador Gaytan:** And what are some of the symptoms that will lead someone to
380 believe that they may have a problem associated with TMJ?
381
382 **Dr. John Chao:** Well the elusive part of TMJ is that the symptoms, such as
383 headaches, ear pain, facial pain or even toothaches without any
384 dental problems are so common -- it can be so commonly confused
385 and mixed up with other possibilities.
386
387 The most common symptom of TMJ is headaches, but it's
388 headaches that resist treatment, it's by physicians, and it's a
389 headache that physicians cannot find a cause for after they do
390 MRIs and do different testing, they cannot find a cause of it. Then
391 it falls into this hopper, that is called TMJ, then it's left to the
392 dentist to sort out.
393
394 **Salvador Gaytan:** You mentioned some other symptoms, ringing of the ear,
395 dizziness, migraines.
396
397 **Dr. John Chao:** It can trigger migraines. It is not a cause of migraines. So if a
398 person has migraine already, having TMJ, so to speak, can trigger
399 a frequency of migraines, which may not be there if it wasn't for
400 this overriding problem.
401
402 **Salvador Gaytan:** So, if someone has some of these symptoms, they may go to their
403 physician. Their physician may not be able to find a cause and
404 what are some of the really surprising causes associated with TMJ
405 symptoms?
406
407 **Dr. John Chao:** Well, TMJ symptoms are generally associated with some kind of a
408 trauma in the earlier years. Sometimes it's not, but very often
409 somebody fell down and hit the chin, somebody played a lot of

410 basketball, had his jaw knocked around with the elbows and
411 shoulders and all that, and ladies with musculature which are not as
412 strong, and that they clench a lot, instead of the teeth getting worn
413 down, the joint gets affected and the muscles go into spasm. So,
414 they complain of headaches and jaw pains, and ear pains and
415 dizziness and so on.
416

417 **Salvador Gaytan:** So, a lot of times people who have those pains, they're not
418 treatable, so they don't know where the cause came from. But
419 you're saying [inaudible] cause is a previous trauma that they're
420 really not aware of.
421

422 **Dr. John Chao:** Yes, and they have this pain, and they go from doctor to doctor,
423 and sometimes they get really, really upset and frustrated, because
424 nobody can tell them what's wrong.
425

426 They begin to believe that it's just in their head. Some of these
427 patients who visit the dentists and been told that they have a name
428 for their problem actually get relieved just from that.
429

430 **Salvador Gaytan:** Just from that?
431

432 **Dr. John Chao:** Yeah, "My problems are not made up, actually there's organic base
433 for my problem," even that becomes as a great relief to some of
434 these patients.
435

436 **Salvador Gaytan:** Now, so if someone comes to you and they have some of these
437 symptoms, you suspect there might be some TMJ issues. You have
438 a number of tests that you can conduct to further fine tune their
439 situation. What is one of the tests?
440

441 **Dr. John Chao:** Well, let's say we have a patient with the symptoms and I palpate
442 it and check the muscles and check how the jaw moves and I
443 suspect that there is underlying problem here, then one of the first
444 things I will want to do -- and I can't do it in my office, and other
445 dentists do it also, and that is take x-rays.
446

447 We would take a basic set of regular x-rays, two dimensional x-
448 rays and if I suspect from looking at those x-rays that there is a
449 deeper problem, then I would take a CAT scan or dental 3D x-rays
450 to further look at the joints and the jaws to see whether I can detect
451 any signs of malfunction there.
452

453 **Salvador Gaytan:** Okay, you've mentioned something that predominantly all dentists
454 have had access to standard x-rays which are 2D.
455

456 **Dr. John Chao:** Right.
457
458 **Salvador Gaytan:** Now, explain what a 2D x-ray is.
459
460 **Dr. John Chao:** 2D x-ray is what you normally see. It's an X-ray that goes in one
461 angle. It's like taking a picture of an object and put it on film.
462
463 **Salvador Gaytan:** Okay.
464
465 **Dr. John Chao:** That's basically, and that's very diagnostic, it's very helpful, we
466 used it for years and years and years and it's still very important as
467 part of our diagnostic procedure.
468
469 Now, the 3D is different, because it gives you an additional
470 dimension. It allows the dentist and the patient to actually walk
471 through the jaw at different angles.
472
473 So, we can see not only the teeth, but we can go in and look at the
474 jaw joint itself from different angles and see what's happening in
475 the jaw joint as if we were talking a walk with virtual reality.
476
477 **Salvador Gaytan:** So, do you still use 2D x-rays in your office?
478
479 **Dr. John Chao:** Yes, 2D x-rays are still used.
480
481 **Salvador Gaytan:** Still used, and now you have the capability to do 3D x-rays in your
482 office as well, right?
483
484 **Dr. John Chao:** Yes, myself and some dentists are beginning to use 3D x-rays for
485 this.
486
487 **Salvador Gaytan:** So, it's still more rare than common.
488
489 **Dr. John Chao:** Well, 3D x-rays actually has always been used, but we send the
490 patient to a special laboratory for that.
491
492 **Salvador Gaytan:** Oh, I see.
493
494 **Dr. John Chao:** More and more dentists now are having these 3D x-rays or CAT
495 scans in the office, so we do it right there and we can diagnose it
496 right there.
497
498 **Salvador Gaytan:** Okay, so what's the main advantage of you having a 3D x-ray to
499 fix someone's problem with TMJ?
500

501 **Dr. John Chao:** Well, actually we used to just get the films of 3D x-rays, now I can
502 look at it with my computer and I can look at it at a lot more angles
503 than what the films used to show. So, I can do different
504 manipulations. So, having the computer there, computerized
505 version there, really helps me to diagnose it a lot more accurately.
506

507 **Salvador Gaytan:** So, 2D, you have to make more assumptions?
508

509 **Dr. John Chao:** Yeah and then if you get the 3D from a lab, you only get film.
510

511 **Salvador Gaytan:** Only film, huh?
512

513 **Dr. John Chao:** You only get film, so the films help definitely, but there is a great
514 advantage in having a computer there, that can computerize the
515 information.
516

517 **Salvador Gaytan:** Now, you were mentioning -- we're getting a little off track here, a
518 little bit, but with the 3D x-ray, it's so vital, because even with
519 other services that you perform, say, a root canal or so forth, you
520 can see where the roots are, and the bone is and that helps you fix
521 the problem more clearly, isn't it?
522

523 **Dr. John Chao:** Yes, especially with root canal, it's very, very advantageous,
524 because you can see the curvature of the root from different angles.
525 You can go into the canal and actually find the main canal or the
526 {successory} canals, additional canals.
527

528 You can look at that, you can see how the canal system actually is,
529 how it twists and turns. If you see that, then that can prepare you
530 better to do the root canal procedure.
531

532 **Salvador Gaytan:** So, would that mean maybe less pain, less invasive for the patient?
533

534 **Dr. John Chao:** That's true and definitely more predictable.
535

536 **Salvador Gaytan:** Predictable.
537

538 **Dr. John Chao:** It allows us to have more predictable results. It allows us to be able
539 to predict complications that might come up.
540

541 **Salvador Gaytan:** I see, very fascinating. Now, how long have you had 3D x-ray in
542 your office?
543

544 **Dr. John Chao:** I just had it installed about a month and a half ago.
545

546 **Salvador Gaytan:** A month and a half ago, that's fantastic. Well, Dr. John, we have a
547 lot more to cover up on TMJ here, but we're coming to the end of
548 our show here, but we're going to carry this over, because it's such
549 a big topic.
550

551 **Dr. John Chao:** Yeah, I need to just mention that there is a way that dentists treat it,
552 conservatively without surgery with great results. So, if you have
553 pain of the kind that we're talking about, be sure to know that this
554 can be treated, visit your dentist and if he treats it, wonderful.
555
556 If he doesn't, he will refer you to someone who has this special
557 expertise in this particular area of dentistry. So, there is hope, don't
558 be afraid, don't be concerned that you have a condition that's not
559 diagnosed by the medical community.
560

561 **Salvador Gaytan:** That's right and you know what, we mentioned the causes, but one
562 of the cause sometimes can be at birth when the forceps on the
563 baby's head are squeezed too tight, isn't that right?
564

565 **Dr. John Chao:** Yes, it could be a side effect of a perfectly legitimate, medical
566 procedure that can have consequences in the grown up adult.
567

568 **Salvador Gaytan:** Well, we're going to continue that on our next show, but this has
569 been such a great show, and we look forward to our listeners
570 giving, submitting their questions to Dr. John at
571 AlhambraDental.com or 626-308-9104. We'll see you -- we'll talk
572 to you next week.
573

574 **Dr. John Chao:** Great. See you all next time. Remember, there is always hope.
575

576 **Salvador Gaytan:** Absolutely.
577

578 **Announcer:** Thanks for joining us for this edition of SmileTalk with Dr. John
579 Chao from Alhambra Dental and your host, Salvador Gaytan. Be
580 sure to listen next week for SmileTalk when it moves to its new
581 time: 7:30 p.m. That's SmileTalk debuting next week at its new
582 regular time, 7:30 p.m. every Saturday, right here on 870 KRLA.
583
584 [END OF AUDIO]