

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:** Dr. John, known as the friendly dentist, isn't that right, Dr. John?  
8  
9 **Dr. John Chao:** Well, I try to be.  
10  
11 **Salvador Gaytan:** You try to be? Even though a lot of people...  
12  
13 **Dr. John Chao:** And sometimes I succeed.  
14  
15 **Salvador Gaytan:** You've said that sometimes patients are in the chair and they say,  
16 "Oh man, I don't want to be here, I really don't like dentists."  
17  
18 **Dr. John Chao:** I say, "No problem. You will like dentists after I'm done."  
19  
20 **Salvador Gaytan:** That's right.  
21  
22 **Dr. John Chao:** "Or else", no.  
23  
24 **Salvador Gaytan:** So, I like that tactic better, the strong arm, strong arm is good.  
25 Now, you're the friendly dentist and we've got into a lot of reasons  
26 why that's the case, but we are going to start with our Rapid Fire  
27 Five, Dr. John. I'll ask you five questions, true or false, you give  
28 the answer and then we go back to the details. Are you ready, Dr.  
29 John?  
30  
31 **Dr. John Chao:** Yes, let's roll.  
32  
33 **Salvador Gaytan:** Okay. Question number one. Hygienists are better at cleaning teeth  
34 than dentists, true or false?  
35  
36 **Dr. John Chao:** It's true and false.  
37  
38 **Salvador Gaytan:** True and false, well another trick question, okay. Question number  
39 two: Dental hygienists are trained exclusively for dental hygiene  
40 for two years and must pass a rigorous exam before being licensed  
41 by The Dental Board of California, true or false?  
42  
43 **Dr. John Chao:** That's true.  
44  
45 **Salvador Gaytan:** That's true, okay.  
46

47 **Dr. John Chao:** That's true.  
48  
49 **Salvador Gaytan:** Question number three: If I brush and floss my teeth, I don't have  
50 to worry about cavities and gum disease, true or false?  
51  
52 **Dr. John Chao:** That's false.  
53  
54 **Salvador Gaytan:** False, okay. Question number four: One of the best ways to find a  
55 good dentist is to call a number of dentists in your area and ask  
56 them how much they charge, true or false?  
57  
58 **Dr. John Chao:** That's actually true.  
59  
60 **Salvador Gaytan:** That is true, okay.  
61  
62 **Dr. John Chao:** We'll talk about that.  
63  
64 **Salvador Gaytan:** Okay, and Dr. John, question number five of our Rapid Fire Five.  
65 According to a Gallup Pole, dentists, as a profession, are  
66 consistently among 10 most trusted and respected, while  
67 politicians are consistently ranked near the bottom. Is that true or  
68 false?  
69  
70 **Dr. John Chao:** That's true.  
71  
72 **Salvador Gaytan:** That's true, very good.  
73  
74 **Dr. John Chao:** We'll talk about that.  
75  
76 **Salvador Gaytan:** Okay. Well, let's go back to question number one and I talked  
77 about hygienists here. It was, hygienists are better at cleaning teeth  
78 than dentists. You say that's true and false.  
79  
80 **Dr. John Chao:** Yeah, that's true and false. It's true in the sense that hygienists are  
81 specially trained for the task of, number one, educating the patients  
82 as to dental hygiene and help patients maintain their dental health.  
83  
84 Number two, they are trained especially to scale and root plane,  
85 that means to clean teeth and treat gum conditions in a non-  
86 surgical way. So, they do this day after day and for me, in my  
87 practice, I feel they're better suited for the role of the hygienist  
88 than I am.  
89  
90 However, this does not apply to dentists who do not employ  
91 hygienists. They do their own cleaning and they do their own  
92 education. So, this question, it's actually both true and false.

93  
94 But actually this question is a good question, because it does point  
95 out how valuable dental hygienists are and how well trained they  
96 are.  
97  
98 There are two universities in Southern California, that have a  
99 dental hygiene program. So, one is at USC, and one is at Loma  
100 Linda.  
101  
102 In both situations I believe it is true for Loma Linda too, that dental  
103 hygienists and dental students take some of the same courses in the  
104 first year, such as anatomy, histology and so on. So, the hygienists  
105 have to pass the same exams as dental students in the basic  
106 sciences.  
107  
108 **Salvador Gaytan:** Now, you have four hygienists in your office and like you said -- I  
109 mean if I'm a patient and I can see someone that's going to clean  
110 my teeth, and that's all they're doing everyday, that could be  
111 beneficial to me as a patient, couldn't it?  
112  
113 **Dr. John Chao:** Definitely. Some people prefer to have dental hygienists, to clean  
114 their teeth, and they prefer then the dentist to do their dental  
115 treatment. There are patients who prefer to have the dentist,  
116 because they're used to it, and the dentist does everything  
117 including dental hygiene training and the actual cleaning of the  
118 teeth.  
119  
120 **Salvador Gaytan:** So, in your office, the hygienist cleans the teeth and works on the  
121 gums and then they bring you in as the heavy artillery if they need  
122 further treatment, isn't that right?  
123  
124 **Dr. John Chao:** Well, actually I wouldn't say heavy artillery, but they do rely on  
125 me to oversee their treatment and I give direction and instruction  
126 as to how the patient should be treated.  
127  
128 We actually do it as a team, like we've said before, as other  
129 dentists do also. We do discuss the condition of the patients  
130 together and plan our treatment before and during the treatment  
131 time.  
132  
133 **Salvador Gaytan:** Excellent, excellent. Okay, question number two, Dr. John. Dental  
134 hygienists are trained exclusively for dental hygiene for two years  
135 and must pass a rigorous exam before being licensed by The  
136 Dental Board of California. That is...  
137  
138 **Dr. John Chao:** True.

139

140 *Salvador Gaytan:* True.

141

142 *Dr. John Chao:* That's true. The point is that hygienists are very well trained. They  
143 have to pass some pretty rigorous exams and they then are  
144 qualified to do certain procedures within dentistry that only they  
145 are qualified for besides the dentists.

146

147 *Salvador Gaytan:* So, you're telling me I can't get a pick and -- a couple of picks and  
148 a little mirror and work in your office?

149

150 *Dr. John Chao:* No, you can't. Even as smart as you are, you got to go to a school  
151 for this.

152

153 *Salvador Gaytan:* I have to go and pass a rigorous exam.

154

155 *Dr. John Chao:* Yeah, even though you can knock a ball into a hole, it still doesn't  
156 qualify you to fill cavities.

157

158 *Salvador Gaytan:* Or clean the gums and scrape and all that, okay, alright, you got to  
159 get a good license. That's good to know, though, because they're  
160 highly trained to do what they do.

161

162 *Dr. John Chao:* Yeah, so I have a lot of respect for them and they're just a  
163 wonderful, wonderful support system for the profession of  
164 dentistry. In fact I don't know who supports whom. We may be in  
165 a sense supporting the dental hygiene program, as well as the  
166 hygienists are supporting the work of the dentists.

167

168 *Salvador Gaytan:* Well, I mean you as a dentist, you wouldn't want to have to be  
169 cleaning teeth all day, because you have a lot of other things to do,  
170 like implants and cavities and all kinds of other major operations,  
171 isn't that right?

172

173 *Dr. John Chao:* Yes, this is no different from the medical profession, where they  
174 have physicians, assistants and they have RANs and different types  
175 of auxiliaries to help them do their work.

176

177 So, in this sense, I'm happy to have hygienists do the work that  
178 they are qualified to do, which gives me time to do what I'm more  
179 qualified to do.

180

181 *Salvador Gaytan:* Yes. Okay, Dr. John. Question number three: If I brush and floss  
182 my teeth, then I don't have to worry about cavities and gum  
183 disease. I wish that were true, but it's not, is it?

184

185 **Dr. John Chao:** Yes, it's false and unfortunately it seems to be a complaint by  
186 patients, why is it that they try so hard to clean their teeth, to brush  
187 their teeth and yet they have so much trouble?  
188  
189 This is not necessarily their fault. It could be genetic; it could be  
190 the bacteria they got from their parents when they were very  
191 young. These two factors can cause them to have problems even if  
192 they are brushing and flossing and they're coming to the dentist  
193 regularly. So, there are factors here that's beyond their control.  
194  
195 **Salvador Gaytan:** Now, we talked about that factor, about how the caregiver can  
196 transfer bacteria to infants that were under two years old.  
197  
198 **Dr. John Chao:** Exactly. Between the age of one and three, bacteria is transferred  
199 from the caretaker or the parents to the infant's mouth, and this  
200 particular complex or constellation of bacteria stays with the  
201 patient for the rest of his or her life.  
202  
203 So, if the parents have cavities and have certain germs that cause  
204 cavities, or the parents have gum disease and have the germs that  
205 cause gum disease, this would be transmitted to the child and this  
206 then can lead to cavities and gum disease when the child becomes  
207 adult.  
208  
209 **Salvador Gaytan:** I never really thought about that, but if someone is hiring a  
210 caretaker, they really need to check into the caretaker's dental  
211 hygiene.  
212  
213 **Dr. John Chao:** Exactly, and then also the parents should be very careful to make  
214 sure that they have good dental hygiene and good dental health,  
215 because they need to have their teeth checked, and they need to  
216 have the lowest possible germ level that could be passed onto their  
217 children.  
218  
219 **Salvador Gaytan:** That's very interesting, and we're going to get to question number  
220 four, but for anyone just tuning in, you're listening to SmileTalk.  
221 I'm Salvador Gaytan, here with Dr. John, the friendly dentist from  
222 Alhambra Dental.  
223  
224 He can be reached at [AlhambraDental.com](http://AlhambraDental.com) for any questions or  
225 626-308-9104. Okay, Dr. John, question number four of our Rapid  
226 Fire Five. One of the best ways to find a good dentist is to call a  
227 number of dentists in your area and ask them how much they  
228 charge. I thought this was a trick question, but you say that's true.  
229

230 **Dr. John Chao:** Yeah, that's really okay. It's not particularly welcomed by some  
231 dentists, but if you think about it, it's really not a bad way to find  
232 the dentist that you want, but it probably is based on the concept  
233 when patients call up or prospective patients call up a dental office  
234 and say, "How much do you charge for root canal? How much do  
235 you charge for a denture, how much do you charge for a filling?"  
236 etc.

237  
238 The dentists tend to be turned off by that, because in their minds,  
239 "Oh, maybe this is a shopper. All that this patient wants is the  
240 price, is to get the cheapest price." Well, it's actually true that  
241 certain patients think that all dentists are alike. It's just like buying  
242 a Ford, buying a car, and you just get the cheapest price, because  
243 they're all alike.

244  
245 But however, this is not quite true, because everybody's dentition,  
246 everybody's mouth is different. It's as unique as their fingerprints.

247  
248 **Salvador Gaytan:** That's right.

249  
250 **Dr. John Chao:** That's why you have forensic dentistry. You can identify a person  
251 by their teeth or even x-rays of their teeth. So, it's not true that  
252 your mouth and your teeth are just like everybody else's. So,  
253 therefore the same procedure that applied to somebody else, will  
254 apply to you, so therefore there must be a price that the dentist  
255 charge no matter what your particular condition is.

256  
257 Having said that, it is also true that dentists are different and every  
258 dentist practices differently from every other dentist. So, there are  
259 different ways that the dentist would determine how much to  
260 charge the patient.

261  
262 It depends on the patient's condition. So, it's difficult for the  
263 dentist or his staff or her staff to quote a fee on the telephone, even  
264 though I know it's done sometimes and for good reasons.

265  
266 So, it is not wrong for the patient to call up the dental office and  
267 say, "Well, how much you charge for this?" and it is the  
268 responsibility of the person answering the phone to explain this,  
269 that every situation may be different. It may be the same as  
270 everybody else's, but generally it's different, and for different  
271 situation, a treatment is called for or not."

272  
273 For instance, a patient may call up and say, "How much do you  
274 charge for a root canal?" How does that person on the phone  
275 knows that he even needs a root canal without a correct diagnosis?

276  
277 So, it is important for the staff, who is on the phone, to explain the  
278 complexities of dentistry and be able to interact with the patient  
279 and in a intelligent manner, explain to the patient why his situation  
280 is different, why they cannot quote a fee on the telephone or if they  
281 wish to quote a range of fees of that particular procedure, and to be  
282 able to explain why you have a range of fees, rather than one set  
283 fee.

284  
285 So, I think it's perfectly fine for the patients to call and ask for the  
286 costs as an introduction to a discussion on dentistry and why the  
287 patient needs to actually be examined by the doctor to come to a  
288 conclusion as to what the cost is.

289  
290 So, I'm not against patients calling for any reason. The fact that  
291 they're even calling means that they care about their teeth and we  
292 certainly want to encourage that.

293  
294 **Salvador Gaytan:** Now, with the cost -- I mean some dentists may charge less and  
295 some may charge more, but like any profession, there's going to be  
296 a little difference in quality sometimes between dentists, isn't  
297 there?

298  
299 **Dr. John Chao:** I think I can best answer that, a very good question, Sal, in putting  
300 it this way. There is a spectrum of dentistry. At one end, you have  
301 the highest quality possible. At the other end, you have the highest  
302 quantity as possible.

303  
304 So, how do you melt the two together? Let's say on the left hand,  
305 you have the highest quality. This may be the doctor who will want  
306 to see one patient per day, and he will do everything that's needed  
307 for that particular patient, because of the complexity of that  
308 particular patient's case. And he prefers to operate one to one over  
309 a long period of time.

310  
311 And then there's the other on the extreme end, you have a practice  
312 that is solely based on quantity. I don't know that it exists, but if  
313 you see six patients an hour, 10 minutes each, you can see 48  
314 patients in a day.

315  
316 Now, that particular kind of dentistry maybe sometimes needed,  
317 because certain patients just cannot afford any more. So, between  
318 those two extreme ends, every dentist goes somewhere over there  
319 as to where he wants to put his practice, it depends on his  
320 temperament, where he is located, what his patients can afford or  
321 what they're demanding off him.

322  
323 So, there are many factors that determine the fee for a procedure  
324 based on many factors. One of the factors is, quantity versus  
325 quality.  
326  
327 **Salvador Gaytan:** So, you could have some dentists that would say, “Hey, I want to  
328 see more patients that maybe can’t afford as much, so I’ll charge  
329 less, but see more patients.”  
330  
331 **Dr. John Chao:** Exactly.  
332  
333 **Salvador Gaytan:** And some might see less patients, but they are going to give better  
334 quality, but they also have to charge more for the time.  
335  
336 **Dr. John Chao:** Exactly. So, it doesn’t explain the whole thing, but it’s one way to  
337 look at it. So, nobody is right and nobody is wrong. The patient has  
338 to decide and find out for himself or herself where she wants to go  
339 on this spectrum of quality vs. quantity.  
340  
341 How do you decide that, except you call, and have somebody  
342 explain to you what they’re like and where they are in this  
343 spectrum. But in addition, Sal, just by interacting with the  
344 personnel that’s hired by the doctor on the telephone will give the  
345 patient a feel as to what kind of practice it is.  
346  
347 **Salvador Gaytan:** Absolutely.  
348  
349 **Dr. John Chao:** Because you have to like the doctor and the staff and the doctor  
350 and the staff has to like you. It’s a very personal service that’s  
351 being offered.  
352  
353 So, this will give you a chance to find out what they’re like, to see  
354 whether they even want to proceed beyond just the talking  
355 situation, and what nicer way to get started except by saying,  
356 “Look, how much do you charge for this?” and let the office  
357 personnel explain to you why they cannot quote you a fee or why  
358 they have to quote you a range of fees.  
359  
360 **Salvador Gaytan:** Absolutely, absolutely, fantastic. Okay, Dr. John, moving onto  
361 question number five: According to the Gallup Poll, dentists as a  
362 profession are consistently among the top 10 most trusted and  
363 respected, while politicians do consistently rank near the bottom.  
364 That’s not a surprise to me about politicians, but dentists are. That  
365 is true, isn’t it?  
366

367 **Dr. John Chao:** Yes, it's true, nobody is going to particularly argue with that  
368 politicians in general. There are certain very, very well respected  
369 and admired politicians, and I could name a few, but as a rule,  
370 people have this feeling about that's...  
371  
372 **Salvador Gaytan:** Unsavory.  
373  
374 **Dr. John Chao:** Well, I wouldn't want to say that, but anyway the Gallup Poll tends  
375 to...  
376  
377 **Salvador Gaytan:** Well, I did.  
378  
379 **Dr. John Chao:** Tends to put them towards the bottom, but as I know it, the Gallup  
380 Poll consistently rates dentists pretty high. The last one I could find  
381 was 1996, and the dentists had ranked number five in the nation.  
382  
383 **Salvador Gaytan:** Five? That's fantastic, speaks well for your trusted profession.  
384  
385 **Dr. John Chao:** Yes, I think dentists, as a rule, as a whole, are very sincere and  
386 gentle, kind people and the public realizes it and rewards them  
387 with respect and trust.  
388  
389 **Salvador Gaytan:** Fantastic. Okay, that concludes our Rapid Fire Five, Dr. John.  
390 Now, we want to touch a little bit, we didn't truly wrap up a  
391 number of shows ago. We talked about TMJ, and people are going  
392 to think that's code for something, but what does the TM and the J  
393 stand for, Dr. John?  
394  
395 **Dr. John Chao:** TMJ is an acronym for a host of symptoms that has to do with  
396 headaches, neck pains and jaw pains and so on.  
397  
398 **Salvador Gaytan:** But tell them what the initials stand for, the TMJ.  
399  
400 **Dr. John Chao:** T stands for Temporal, and M stands for Mandibular and J stands  
401 for Joint, so it's the Temporal Mandibular Joint.  
402  
403 **Salvador Gaytan:** Which is actually...?  
404  
405 **Dr. John Chao:** Which is actually the jaw joint that's on each side in front of your  
406 ear.  
407  
408 **Salvador Gaytan:** It's your lower jaw bone. Is that...?  
409  
410 **Dr. John Chao:** You'll have one lower jaw bone that attaches to the joint, that's in  
411 front of each ear. So, that bone moves around. As it moves around,  
412 it travels in and out of the joint.

413  
414 **Salvador Gaytan:** So, I can go to a cocktail party and go, “Hey, excuse me, how’s  
415 your Temporal Mandibular Joint?” A really nice ice breaker,  
416 wouldn’t...?  
417  
418 **Dr. John Chao:** “We don’t sell that kind of joint,” they may say.  
419  
420 **Salvador Gaytan:** Yeah, we don’t sell that kind of joint.  
421  
422 **Dr. John Chao:** Depends on what kind of place you go to.  
423  
424 **Salvador Gaytan:** I got you, I got you.  
425  
426 **Dr. John Chao:** So, it is a -- it’s a whole bundle of symptoms that eludes diagnosis  
427 sometimes until it gets to the dentist.  
428  
429 **Salvador Gaytan:** So, what you’re saying is, there are a lot of problems that can be  
430 associated with that lower jaw bone being out of whack somehow.  
431  
432 **Dr. John Chao:** Yes, yes, and unfortunately a lot of people suffer for Temporal  
433 Mandibular Joint syndrome or technically it’s called TMD,  
434 Temporal Mandibular Disorder, who have to go to many, many  
435 medical professionals, and without any definite diagnosis.  
436  
437 At the last TMJ show, we talked about how these patients are just  
438 gratified to be able to be told by the dentist that this is a problem  
439 that has a name.  
440  
441 **Salvador Gaytan:** Wait, I didn’t know there was a TMJ show.  
442  
443 **Dr. John Chao:** Well, that’s what we did. I’m talking about the show that we did,  
444 when we talked TMJ.  
445  
446 **Salvador Gaytan:** Oh, you’re talking about the show that we did. I thought there was  
447 some seminar about TMJ that I don’t know about.  
448  
449 **Dr. John Chao:** Well, there are those too, there are those too.  
450  
451 **Salvador Gaytan:** There are those too, okay.  
452  
453 **Dr. John Chao:** There are a lot of those, that’s being done for dentists on this  
454 particular subject, but I’m sorry I mislead you there, but we talked  
455 about why this is, how people can come to terms with this  
456 particular name, even knowing that they have this particular  
457 problem relieves so much of their anxiety regarding this problem.  
458

459 Now, we did not talk about some other factors that can cause  
460 Temporal Mandibular Joint problems. We talked about how the  
461 bite could be different, how there could be injuries to the joint that  
462 can cause the problem, but what we didn't talk about, Sal, was that  
463 there are other factors associated with TMJ that we should  
464 probably talk about at this show.  
465  
466 **Salvador Gaytan:** Okay and what are those?  
467  
468 **Dr. John Chao:** I think one of the first things that comes to mind would be stress.  
469  
470 **Salvador Gaytan:** Stress, everybody has stress.  
471  
472 **Dr. John Chao:** Everybody has stress. There are certain people, when they are  
473 under stress, they develop more of the symptoms of TMJ.  
474  
475 **Salvador Gaytan:** Okay.  
476  
477 **Dr. John Chao:** Maybe they cannot sleep well. They clench their teeth during the  
478 night or maybe even during the day they're clenching their teeth,  
479 playing with their teeth, and this causes muscle tension, it causes  
480 stress in the joints.  
481  
482 It causes the muscles actually to develop spasms, and that can lead  
483 to temporal headaches, headaches that are right in the temples.  
484 That's typically there, especially those temple pains, they are there  
485 when you first wake up. So, stress causes you to be more prone to  
486 any disease, but especially pain syndromes such as TMJ.  
487  
488 **Salvador Gaytan:** One of the major causes of that stress and clenching are headaches.  
489  
490 **Dr. John Chao:** Yes, you are absolutely right. You're pointing out something that  
491 is a vicious cycle. Once you have the headaches, you want to  
492 clench more. You want to grind on your teeth more, you don't get  
493 enough sleep.  
494  
495 So, this problem gets worse and worse and worse. It's not subject  
496 to -- you can take some aspirins and some anti-inflammatories,  
497 that's over the counter. It will help a little bit, but it can get worse  
498 and worse over time. So, when the dentist gets a TMJ case, he also  
499 has to look at the stress part of the formula. Now, the other factor  
500 that we should bring out is posture.  
501  
502 **Salvador Gaytan:** Posture.  
503

504 **Dr. John Chao:** What you do with your jaws and what you do with your posture. If  
505 your neck is rotated or tilted, because that's your posture, it's  
506 going to change your bite. If you tilt your head and bite down,  
507 different teeth will touch, then when your teeth -- when your head  
508 is straight. So, having a bad posture can lead to TMJ Problems.  
509

510 **Salvador Gaytan:** Like talking on the phone, having it clenched in between your  
511 shoulder and your...  
512

513 **Dr. John Chao:** Yeah, that's called phone cradling.  
514

515 **Salvador Gaytan:** Phone cradling.  
516

517 **Dr. John Chao:** That is a very, very bad habit. It will definitely make everything  
518 worse, or sleeping with a too big of a pillow or sleeping without a  
519 pillow and you straining your neck or chewing on pencils, putting  
520 your hand on your chin and resting on that, or chewing gum when  
521 you have a jaw problem already. So, there are many things that the  
522 patient can actually do to make it worse.  
523

524 **Salvador Gaytan:** Can chewing gum excessively create TMJ problems?  
525

526 **Dr. John Chao:** If you already have a TMJ problem, the bite is off already, your  
527 joints are inflamed. It's like running on a bad knee. You can walk  
528 and run on a good knee, there will be no problem, but if you have a  
529 bad knee, that can definitely create a problem.  
530

531 Conversely, if you can reduce some of those burdens that you  
532 inflict on yourself, then a lot of times TMJ gets better without even  
533 any treatment. So, a lot of times, my advice to TMJ patients is to  
534 watch your habits and certainly watch your diet. One quick point,  
535 don't drink coffee if you have a TMJ problem.  
536

537 **Salvador Gaytan:** Coffee, coffee is bad for you.  
538

539 **Dr. John Chao:** Any kind of a stimulant. We're talking about coffee, it maybe good  
540 for you, but for TMJ patients, don't drink coffee.  
541

542 **Salvador Gaytan:** Why is that?  
543

544 **Dr. John Chao:** It stimulates your system and it lowers the pain threshold. So, you  
545 start to feel pain much more readily, than if you didn't drink any  
546 coffee or take any stimulants.  
547

548 **Salvador Gaytan:** And another factor you mentioned, you mentioned diet, what about  
549 diet can cause TMJ problems?

550  
551 **Dr. John Chao:** Like I said, anything that can increase your tension can create a  
552 problem. Certainly eating healthy foods gives you better immune  
553 system, which can then reduce the pain in the TMJ.  
554  
555 **Salvador Gaytan:** Fantastic. Well, Dr. John, we're coming to the end of another  
556 spectacular show, and then we had some nice Rapid Fire Five  
557 questions, a little TMJ, and maybe there's a little more TMJ we  
558 need to get to, we maybe haven't gotten to all of it, but what'd you  
559 think of today's show, Dr. John?  
560  
561 **Dr. John Chao:** Yeah, well, great. I just want the listeners to know that if you've  
562 got a headache problem, a jaw problem, a facial problem, do  
563 remember the dentist may hold the answer to that problem.  
564  
565 **Salvador Gaytan:** Absolutely, absolutely, and you can reach Dr. John at  
566 [AlhambraDental.com](http://AlhambraDental.com) or 626-308-9104. He welcomes any and all  
567 questions, isn't that right, Dr. John?  
568  
569 **Dr. John Chao:** Yes, we love to continue to hear from you.  
570  
571 **Salvador Gaytan:** Okay. It comes to the conclusion of our show, Dr. John, we'll talk  
572 to you next weekend.  
573  
574 [END OF AUDIO]