

1 **Salvador Gaytan:** Welcome to SmileTalk, an entertaining and informative dental
2 talk-show, featuring the latest news and development in dentistry,
3 and other interesting information. I'm Salvador Gaytan, and I'm
4 here with...?
5
6 **Dr. John Chao:** Dr. John Chao, hi everybody.
7
8 **Salvador Gaytan:** And Dr. John, we have a fascinating show today. We have the
9 second part of our interview coming up with Dr. Ron Tankersley
10 of the American Dental Association, isn't that right?
11
12 **Dr. John Chao:** In fact the president of the American Dental Association.
13
14 **Salvador Gaytan:** The president, yes.
15
16 **Dr. John Chao:** He represents the organization which represents 75% of the
17 dentists in America. So, he speaks for the vast majority of dentists
18 in this country.
19
20 **Salvador Gaytan:** He will be addressing the connection between the oral health and
21 health of the body, which I think is going to be absolutely
22 fascinating.
23
24 **Dr. John Chao:** Yes, and this is really knowledge that everybody should know.
25 Oral health is so important to your general health, to your quality
26 of life and to the longevity of your life. That's been one of the
27 running themes of our show.
28
29 **Salvador Gaytan:** Now, Dr. John, we have a few minutes before the interview. Let's
30 get to something hot of the presses, Dr. John.
31
32 **Dr. John Chao:** Breaking news: One out of every five ice cream eaters share their
33 treat with their dog or cat.
34
35 **Salvador Gaytan:** Don't they know that dogs have germs?
36
37 **Dr. John Chao:** Well, probably they are not going to let the dog lick the ice cream
38 and put it back into his mouth. I don't think he's doing that. I've
39 seen people just give the leftovers to the dog.
40
41 **Salvador Gaytan:** How many people out of how many?
42
43 **Dr. John Chao:** That's one out of five.
44
45 **Salvador Gaytan:** One out of five, 20% of the people share their ice cream with their
46 dog.

47
48 **Dr. John Chao:** Well, maybe they will share licks with it, and they don't mind
49 being licked on the mouth by the dogs.
50
51 **Salvador Gaytan:** I've seen kids do it.
52
53 **Dr. John Chao:** Yeah. Well, if one of the kids would do it, I'm sure they would...
54
55 **Salvador Gaytan:** One lick for the dog, one lick for the kid.
56
57 **Dr. John Chao:** One for you, one for me.
58
59 **Salvador Gaytan:** Yeah, the funny thing is, I saw my sister do that one time when she
60 was about five years old, and she wanted to give the dog a lick, and
61 the dog took the whole thing [laughter], and she started crying. I
62 enjoyed that actually, watching that, because I was the older
63 brother.
64
65 **Dr. John Chao:** Well, talking about sharing food, I don't know why I remember
66 this story, when I was a kid, we were in China, and the food was
67 not abundant, we had enough, thank goodness. My older sister was
68 in charge of feeding the four younger ones.
69
70 Not me, but the four younger ones below me, and she was given
71 the task of giving a big bowl of porridge every day. So, the way
72 she fed everybody, she got fatter and fatter, and one day we figured
73 out what it was.
74
75 She had the four of them lined up, and she would pick up one
76 spoon full of porridge, and give it to one kid. She says, "One for
77 you," and then she picks up another spoon full, and "One for me."
78 Then she picks up another spoon full, one for the second kid, after
79 the second kid is fed, she said, "Another spoon full for me, so it's
80 fair, one for you, one for me, one for you, one for me." So, she was
81 sharing food.
82
83 **Salvador Gaytan:** 50% she got.
84
85 **Dr. John Chao:** She was sharing food with everybody equally.
86
87 **Salvador Gaytan:** I like that. You know what that proves? It pays to be in control.
88
89 **Dr. John Chao:** In control, because it took a while before we caught onto it.
90

91 **Salvador Gaytan:** Now, I know you've been to Newport Beach a lot, and you were
92 mentioning there is something at Newport Beach regarding that
93 dog and ice-cream.
94

95 **Dr. John Chao:** Yeah, you don't have to share your dog's ice cream. You don't have
96 to go and share the Haagen-Dazs ice-cream with your dog and cat,
97 you can go buy it at the store.
98

99 **Salvador Gaytan:** Really?
100

101 **Dr. John Chao:** I was there some years ago. I don't know whether it's still there or
102 whether they still sell ice cream, but it was in this place with a very
103 interesting name. You've heard of Bath & Beyond, right?
104

105 **Salvador Gaytan:** Yes.
106

107 **Dr. John Chao:** This place is called Bark & Beyond.
108

109 **Salvador Gaytan:** Bark & Beyond, that's catchy.
110

111 **Dr. John Chao:** Yeah, catchy name, I remember the name even now. They had a
112 variety of ice cream.
113

114 **Salvador Gaytan:** Just for dogs?
115

116 **Dr. John Chao:** Just for dogs, I tasted it, it didn't taste very good, but the dogs like
117 it.
118

119 **Salvador Gaytan:** Wow. So, I guess if you have a bad date for Valentines, you can
120 get some Bark & Beyond ice cream, because at Valentines, it's...
121

122 **Dr. John Chao:** Well, for her dog it will be okay. You don't want to imply she is a
123 dog, you can get into a lot of trouble, Sal. You shouldn't even have
124 those ideas.
125

126 **Salvador Gaytan:** I'm saying that jokingly, I'm saying that jokingly.
127

128 **Dr. John Chao:** Yeah, you can't imply your girlfriend is a dog.
129

130 **Salvador Gaytan:** Never.
131

132 **Dr. John Chao:** Well, you like a dog, actually you can say, "I've thought so much
133 of you honey, and I know you love your dog, and here is some dog
134 ice-cream." I did have somebody who gave me some cat ice cream
135 one time.
136

137 **Salvador Gaytan:** Really?
138
139 **Dr. John Chao:** Yeah.
140
141 **Salvador Gaytan:** Did the cat like it?
142
143 **Dr. John Chao:** I think so, I think so.
144
145 **Salvador Gaytan:** Now, you have another breaking tidbit for us -- let's go in before
146 our interview, here we have a couple more minutes.
147
148 **Dr. John Chao:** Okay, another fact that came out, that's appropriate to the news
149 right now, the higher the income, the more likely an American man
150 will cheat on his wife. Does that bring to mind somebody who's
151 got lots of money?
152
153 **Salvador Gaytan:** Tiger Woods.
154
155 **Dr. John Chao:** And has been doing a lot of cheating.
156
157 **Salvador Gaytan:** Yes, and he does that well. Well, you know what, it makes sense,
158 because a man that has more money, has more disposal to, I guess,
159 rent hotel rooms and fly here and fly there. He doesn't have to
160 worry about working 40 hours a week, right?
161
162 **Dr. John Chao:** You're not, by any chance, envious of those rich people, are you?
163
164 **Salvador Gaytan:** I wouldn't mind his bank account. I could leave the cheating
165 behind. I just like the bank account.
166
167 **Dr. John Chao:** You don't have to cheat, you're not even married.
168
169 **Salvador Gaytan:** That is true, it's true.
170
171 **Dr. John Chao:** That's why you're not married.
172
173 **Salvador Gaytan:** Well, make commitments slow, that's what I'd say. If he would
174 have come to my school, he wouldn't have gotten married. He
175 would have just stayed a single dude, and he'd have no problems.
176
177 **Dr. John Chao:** Are you saying your school breeds single men, confirmed
178 bachelors?
179
180 **Salvador Gaytan:** It does breed single men and bachelors. Only get married later in
181 life if you absolutely find the right person, otherwise stay away.
182 That's my philosophy.

183
184 **Dr. John Chao:** Well, you're going to get some arguments out of a lot of people
185 listening to this show, but it's an interesting show.
186
187 **Salvador Gaytan:** That's right. And for anyone tuning in, you're listening to
188 SmileTalk with Dr. John Chao, spelled C-H-A-O, and you can
189 reach Dr. John at AlhambraDental.com and listen to any of the
190 previous shows on the podcast as well, or 626-308-9104.
191
192 **Dr. John Chao:** And by the way, if you disagree with Sal, just ignore him.
193
194 **Salvador Gaytan:** Oh, there we go again.
195
196 **Dr. John Chao:** That's what I had to learn to do. Don't turn off the radio, keep
197 listening. There's a lot of good stuff coming on, especially Dr.
198 Tankersley coming up. Stay tuned.
199
200 **Salvador Gaytan:** That's true, coming up in a couple of minutes with some very
201 fascinating information. Now, Dr. John, I have a question from a
202 listener who wanted to know if you've ever treated anyone who
203 had perfect teeth and needed no care, has that ever happened?
204
205 **Dr. John Chao:** Well, I didn't have to treat him if he didn't need care, but I've seen
206 him. I've seen, over the years, some younger people come in with
207 just perfect teeth, and generally they are the ones who have taken
208 good care of their teeth. They brush their teeth, they have a degree
209 of good oral care.
210
211 **Salvador Gaytan:** So, perfect teeth, I would assume it to mean no cavities?
212
213 **Dr. John Chao:** No cavities, teeth lined up right, good smile, healthy gums.
214
215 **Salvador Gaytan:** Wow, that's genetics, huh?
216
217 **Dr. John Chao:** Genetics and care, and generally they are in their early 20s, teens,
218 20s. I don't see too many people with perfect teeth after that. You
219 can have perfect teeth, but you may not have healthy gums. That's
220 sometimes the problem, but healthy gums, if they're relatively
221 healthy, they can improve their oral hygiene, and it should be fine.
222
223 **Salvador Gaytan:** So, have you ever had a patient for 20-30 years, who never had a
224 cavity?
225
226 **Dr. John Chao:** I don't remember one. I do not remember anybody. I'm sure that
227 there are patients who have come to me, and have not stayed with

228 me 20 years or more, and stayed basically keeping their teeth
229 without any cavity.
230
231 **Salvador Gaytan:** I might be in the running then for first place or tied, because I've
232 only had one with you.
233
234 **Dr. John Chao:** Yeah, you only have one, so you don't have a perfect record, but
235 it's close.
236
237 **Salvador Gaytan:** I might be tied for first place.
238
239 **Dr. John Chao:** You almost had a no hitter, that's why you brought it up.
240
241 **Salvador Gaytan:** Almost, well, hey...
242
243 **Dr. John Chao:** One hit.
244
245 **Salvador Gaytan:** I want my award.
246
247 **Dr. John Chao:** You have a one hitter.
248
249 **Salvador Gaytan:** Patient of the decade or something, come on now.
250
251 **Dr. John Chao:** Yeah, you probably deserve one pretty soon.
252
253 **Salvador Gaytan:** Well, the interview is coming up, and you're listening to SmileTalk
254 with Dr. John Chao, spelled C-H-A-O. You can reach Dr. John at
255 AlhambraDental.com and listen to any previous shows, or 626-
256 308-9104. He does specialize in very difficult cases, solutions for
257 difficult cases, but coming up is our prized second half of our
258 interview with...?
259
260 **Dr. John Chao:** Dr. Ronald Tankersley, President of the American Dental
261 Association.
262
263 **Salvador Gaytan:** Dr. Tankersley, how are you?
264
265 **Dr. Tankersley:** I'm doing great, thank you for having me.
266
267 **Dr. John Chao:**
268 Can you tell us how healthcare reform can affect the delivery of
269 dental care, if at all?
270
271 **Dr. Tankersley:** Well, tragically the crisis in oral health in this country was not
272 really addressed in a meaningful way by either the house or the
273 senate. In spite of spending almost a trillion dollars in healthcare

274 spending, dental care for the underserved was by and large
275 completely neglected. There are no provisions for dental care for
276 low income adults and the poor elderly, who don't have the ability
277 to actually go to the dentist.
278
279 **Dr. John Chao:** Yeah, I don't care what spectrum of politics one comes from, in
280 America, I think that children should be prevented from having
281 toothaches and suffering from infections.
282
283 **Dr. Tankersley:** I think it's a lack of understanding. And with that, I think people
284 truly don't understand the magnitude of the problem. I think if they
285 did, that they absolutely would support programs to prevent dental
286 disease. So, these kids would be able to sleep at night. They
287 wouldn't be having a tooth ache when they're trying to stay in
288 school and so forth.
289
290 **Dr. John Chao:** Yeah, I personally would be in favor of some kind of a program
291 where we bring this to the consciousness of the public.
292
293 **Dr. Tankersley:** Well, that's precisely what we're trying to do in the American
294 Dental Association. We've got a great story to tell.
295
296 **Dr. John Chao:** Yes, we do.
297
298 **Dr. Tankersley:** We're the ones who have the knowledge of what's occurring in this
299 country in terms of oral health, and quite frankly our job is to try to
300 get that story out to the public, so they will understand.
301
302 **Dr. John Chao:** I think you and I agree totally, and I think just about every dentist I
303 know, would agree with that particular message.
304
305 **Dr. Tankersley:** Yeah, our problem, quite frankly, is that we're such a small group.
306 There are only 200,000 of us in the whole country, and we got a
307 country of over 306 million people. So, we really have to work
308 together to get our voice heard, so that people will understand the
309 magnitude of the problem.
310
311 **Dr. John Chao:** Yes, now we'll come back to that, Dr. Tankersley. Now, what is
312 the ADA's position on healthcare reform? I understand that ADA
313 does not support any version that's right now in either house or
314 senate. Could you expand on that?
315
316 **Dr. Tankersley:** Well, as America's leading advocate for oral health, we've been
317 trying to get policy makers to recognize the crisis in oral health for
318 years. However, there are some aspects of this healthcare reform,
319 that we just have a hard time supporting.

320
321 For example, and of course -- we don't know what's going to come
322 out of conference committee, but we have concerns that what will
323 come out of the conference committee will be very similar to what
324 is in the senate bill. So, if that's the case, we're against any
325 healthcare reform that actually requires all healthcare providers to
326 participate in the program.

327
328 We can't support a program that dictates the fees for the private
329 healthcare market, and we have a hard time supporting any
330 program that is designed to lead to a government run healthcare
331 system that will do either of those two things.

332
333 The reason for that is, we really believe in a strong public sector.
334 We really strongly advocate for a stronger public health sector,
335 dentistry and public health and to start a Medicaid system. Well,
336 we also feel that if the private sector that produces the innovations
337 and the efficiencies, that really make dentistry in this country the
338 best dentistry in the world.

339
340 We don't subscribe to any program that may actually prevent
341 patients to have the freedom to access that kind of dental care. So,
342 that's the reason we're opposed to those restrict offenders, not that
343 we're against a program that will get to the underserved, because
344 we absolutely advocate for that, but we are against a program that
345 tries to put those limitations on the entire population.

346
347 **Dr. John Chao:** That's right, and there maybe a debate, and it's been debated in the
348 media, as to the quality of medical care in the United States, I
349 personally think that it's excellent, but however there is debate
350 about that. But there is no debate that the best industry is being
351 delivered in the United States to the rest of the world.

352
353 **Dr. Tankersley:** I think that's indisputable. That's not to say that there is no place
354 else in the world where you can get good dentistry, because I know
355 dentists from all over the world, and some of them are
356 [indiscernible], but if you work at the overall standard of dental
357 care, the United States has the best dental care by far compared to
358 any place else in the world.

359
360 **Dr. John Chao:** Yeah. And so, if it's not broken, don't fix it.

361
362 **Dr. Tankersley:** Yeah, that's right.

363
364 **Dr. John Chao:** This is what one of the messages is.

365

366 **Dr. Tankersley:** That's right.
367
368 **Dr. John Chao:** So, to kind of put it in a different perspective, Dr. Tankersley, don't
369 you think that all of it, any kind of regulation, any kind of program
370 that interferes with a doctor-patient relationship of how a doctor
371 can interrelate with a patient, would not be good in the ultimate
372 sense for the patient.
373
374 **Dr. Tankersley:** Right. The ADA obviously agrees with that. We believe that
375 healthcare decisions should be made by the patient after the patient
376 has been informed about their full range of acceptable solutions by
377 the doctor of their choice.
378
379 We think that those decisions should be what we call value driven.
380 That is, after weighing their options, the patient should be free to
381 choose their doctor and choose the treatment that they think best
382 fits their desires and needs and means. That's why we call it the
383 doctor-patient relationships.
384
385 **Dr. John Chao:** Yeah, right.
386
387 **Dr. Tankersley:** We're against any provisions that prevent dentists from offering the
388 full range of acceptable options or penalize patients for their choice
389 of those options or restrict their choice of dentist. Any of those
390 things, as far as we're concerned, interfere with the doctor-patient
391 relationship.
392
393 **Dr. John Chao:** That's right, I agree with that. Sal, you are a patient, right?
394
395 **Salvador Gaytan:** I'm a patient.
396
397 **Dr. John Chao:** Yeah, in fact my patient. How do you feel about that?
398
399 **Dr. Tankersley:** We're all patients.
400
401 **Dr. John Chao:** We are all patients actually. In fact, I'm getting some of the work
402 right now.
403
404 **Salvador Gaytan:** Well, of course I like that, because I like to go to Dr. Chao, and
405 he's my dentist of choice. So, I don't want that interfered with. So,
406 your position from the ADA, as far as advocating for the public, is
407 that you want them to have freedom of choice, and not to have,
408 say, a single pair system, where the government said, "Yeah, you
409 can have dentistry, but you have to go here."
410

411 **Dr. Tankersley:** That's correct. We want an infrastructure established, so that all
412 Americans can access quality, say, dental care. But we also want a
413 system that permits the patients with the means and the desire to
414 access the best dental care in the world.

415
416 **Dr. John Chao:** Yeah. Dr. Tankersley, we have in our audience, a lot of dental
417 professionals who tune into this show, and of course we have the
418 general public. If there is any message that you want to give to the
419 general public and the dental audience, what would that be, Dr.
420 Tankersley?
421

422 **Dr. Tankersley:** Well, thanks for that question. If you think about what this
423 conversation has been about, it's been about the desire for us to
424 have the best dental care system in the world, in the United States,
425 but also to be able to take care of those who aren't able to access
426 that system through a strong public program.
427

428 And as we've also discussed, it's pretty obvious that we have been
429 unsuccessful so far with our healthcare reforming issues to get that
430 kind of support for the underserved. What the American Dental
431 Association really would like to do is to get all the communities of
432 interest, all those people within the dental profession, of the dental
433 family, as well as those outside of the dental family, who have a
434 concern for oral health, to work together, to try to deliver a strong
435 message to the policy makers to make all of those things happen.
436

437 Quite frankly, that's what we're trying to do. We've had several
438 meetings already this year. We just completed a summit where we
439 brought in all of the different members of the dental family to try
440 to get this message together.
441

442 We also just completed a similar type meeting, where we brought
443 all of the factions within the American Dental Association itself
444 together, and we're planning a meeting where we're bringing all of
445 the different ethnic groups in dentistry together, to see if we can all
446 find our common ground and be multiple voices delivering the
447 same message to the policy makers, so that we can get this
448 problem fixed.
449

450 **Dr. John Chao:** And would you summarize for us what that message would be?
451

452 **Dr. Tankersley:** That message would be that we need a strong public health
453 infrastructure in order to provide dental care, safe quality dental
454 care for all Americans. At the same time, maintaining the freedom
455 for those Americans with the desire and the means to access state

456 of the art dental care, and for everyone to understand that the two
457 are mutually dependant.
458
459 We can't have a strong public health sector without the support of
460 the private sector, and the private sector needs the public health
461 sector in order to supplement what they do. And we need for
462 everyone to understand that if we work together, we can have good
463 dental care for all Americans.
464
465 **Dr. John Chao:** Yes, work together, we meaning all the different groups of interest
466 within the oral health arena.
467
468 **Dr. Tankersley:** That's right.
469
470 **Dr. John Chao:** Plus the public, and that once they understand what we're trying to
471 do, that we're trying to bring oral healthcare to everyone, one way
472 or another, through a cooperation between the private groups and
473 the government, come up with a plan where the patient has the
474 right to decide what kind of care he or she wants, and plus...
475
476 **Dr. Tankersley:** I don't think the problem is what the dental profession has done. I
477 think the problem is we haven't delivered our message well
478 enough.
479
480 **Dr. John Chao:** Yes, yes.
481
482 **Dr. Tankersley:** I think if we can deliver our message, like I said, we've got a good
483 story to tell, we're the leaders in prevention, we know how to
484 prevent dental disease. We need to clearly articulate it like that, so
485 that the public will understand what they need to do in order to
486 achieve that end.
487
488 **Dr. John Chao:** Yes. We need to have more conversations like this in the media
489 regarding this subject. And Sal has a question.
490
491 **Salvador Gaytan:** Now, Dr. Tankersley, just listening from a lay person, not really a
492 dentist, but I think two of the most fascinating things that you said
493 was number one, talking about the health bill, and there is not --
494 congress is not stepping up to the plate to deliver the funds.
495
496 But I think they deliver funds to issues that they deem important,
497 and most people think, "Oh well, little Johnny has a toothache or
498 so and so has a little this," they think well, it's no big deal, but what
499 you said earlier is what caught my attention, was that you have
500 something regarding saliva diagnostics, and that sometimes
501 underweight babies can be tied to inflamed gums. I don't think

502 people understand what good oral health really means to their
503 entire health.
504
505 **Dr. Tankersley:** You are absolutely right. Unfortunately, there are many people
506 who don't understand that oral health is part of overall health. You
507 can't be healthy if your mouth isn't healthy any more than you can
508 be healthy if your kidneys aren't healthy. That's not a message lots
509 of people understand.
510
511 One reason is because quite frankly the policy makers obviously
512 make oral health subordinate to general health. So, we need to
513 deliver the message that oral health is just as important as any
514 other aspect of general health.
515
516 **Salvador Gaytan:** In some ways, I mean just from what I'm hearing you say, it could
517 even be more, because if you treat a person's oral health or mouth
518 or teeth or gums, and those are healthy, that can actually prevent
519 other diseases in the body.
520
521 **Dr. Tankersley:** No, certainly a strong correlation and the other point is that even if
522 you say oral health is equivalent to the rest of the health, it's more
523 oral disease is more prevalent than other diseases.
524
525 **Dr. John Chao:** That's true.
526
527 **Dr. Tankersley:** When we're doing healthcare reform or any other kind of health
528 policy, shouldn't we be trying to attack the most prevalent diseases
529 instead of making them subservient to other diseases that are less
530 prevalent?
531
532 So, like I said, I think the big problem is not what we're doing, it's
533 our message. I appreciate the opportunity to talk to you guys and
534 try to get this message out, and hopefully the public will
535 understand that we do need to pay more attention to oral health and
536 oral disease and not put it on the backburner.
537
538 **Salvador Gaytan:** Now, just one last thing caught my attention. You mentioned there
539 is something about oral diagnostics with saliva that's coming out?
540
541 **Dr. Tankersley:** Yes. We can already detect illegal drugs, illicit drugs and HIV
542 through saliva, that's already there. There's plenty of preliminary
543 research, particularly down to Texas and places like that, where
544 we're going to be able to probably diagnose or at least screen for
545 everything from pregnancy to diabetes to osteoporosis and all other
546 kinds of diseases.
547

548 As we mentioned earlier, the proteins in the saliva are similar to
549 the proteins in blood. So, it's just a matter of learning how to distill
550 out the bacteria and that sort of thing that contaminates the
551 medium. There's lots of research going on, it's very exciting.
552
553 And as I said earlier, that dentists have a unique opportunity to
554 screen for health problems, because people go to the dentist on a
555 regular basis.
556
557 **Salvador Gaytan:** Dr. John, I want my saliva diagnostics right now.
558
559 [Laughter]
560
561 **Dr. Tankersley:** And the other thing is, in the beginning -- it's like any other
562 technology, maybe a little expensive, but eventually it will be very
563 reasonable, and probably eventually it would be much cheaper than
564 drawing blood.
565
566 **Dr. John Chao:** Yeah. So, when you go to the dentist, you not only just save your
567 teeth, you might save your life.
568
569 **Dr. Tankersley:** That's exactly right, and that's the point, you can't sequester or
570 separate oral health from general health. The two are totally
571 intertwined, and as I have repeated many times, we got to get that
572 message out to the public and to the policy makers.
573
574 **Dr. John Chao:** Well, thank you very much, Dr. Tankersley, for taking the time. I
575 think we made a very good start with this message that we
576 delivered today.
577
578 **Dr. Tankersley:** Well, thank you, John, I appreciate the opportunity.
579
580 **Dr. John Chao:** I want to thank you on behalf of our audience, and I do want to
581 thank you as a member of the dental association for your dedicated
582 service and enlightened leadership on behalf of the American
583 Dental Association.
584
585 **Dr. Tankersley:** Well, thank you. It's my honor to be in this position. Bye-bye now.
586
587 **Dr. John Chao:** Bye-bye.
588
589 **Salvador Gaytan:** And that concludes our show for today, Dr. John. I thought it was a
590 fantastic interview, didn't you?
591
592 **Dr. John Chao:** Yes. I really enjoyed talking to Dr. Tankersley. It's obvious he's a
593 very pleasant, likeable man. You know, I loved his accent.

594

595 *Salvador Gaytan:* Absolutely.

596

597 *Dr. John Chao:* I like that, the slow draw, I think we talk too fast in California, and
598 it's nice to hear somebody with an easier pace, it's so easy to listen
599 to.

600

601 *Salvador Gaytan:* And you can contact Dr. John Chao, spelled C-H-A-O at
602 AlhambraDental.com or 626-308-9104. Talk to you next weekend.

603

604 *Dr. John Chao:* Goodbye, everybody.

605

606 [END OF AUDIO]