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Action Research Final Project

Why Do So Many Dental Professionals Prefer and Recommend Floss over a Waterpik Water Flosser?

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Abstract

Waterpik Water Flosser is an effective alternative to flossing. In fact, it is more effective than conventional floss, and yet there is a general consensus amongst many dental professionals that it is not interchangeable and less than that of string floss. My background research studies the history of the creation of the device, the criticism against it, and the opinions dental professionals have of the product. In my methodology, I used two questionnaires given to twelve dental professionals to get an idea of their thoughts concerning Waterpik products. The first was given prior to a Waterpik lunch and learn and the second given after the presentation. The results of the first questionnaire greatly differed from the second. At first, there was general disinterest and negativity towards the product. After the presentation, in just thirty minutes, everyone had purchased a Waterpik and had a change in opinion of the product. It is clear that with the proper information available to dental professionals, they will use the device themselves and ultimately recommend it to their patients. Lunch and learns provide a simple and effective way to spread good information to offices and other dental institutions.

Introduction

I am a Registered Dental Hygienist in a multi-specialty private practice in Boston, Massachusetts. It is my great fortune to have my mother as my mentor, who is also a hygienist that, throughout my life, has given me a valuable foundation of knowledge concerning prevention. I spent hours of my youth in different dental offices, so it was no surprise to anyone that after a brief internship at my mother's office, I decided to apply to a dental hygiene program.

Amongst the incalculable amount of information that my classmates and I had to absorb, one word was on repeat throughout my dental hygiene education; floss, floss, floss. Floss was the magic piece of string that would prevent tooth decay and periodontal disease in our patients. Very little was covered in regards to other interproximal aids, especially a Waterpik Water Flosser. It was not until I met my fellow O'Hehir University classmates, that I heard any discussion of this floss alternative. Sarah Cottingham, my instructor, and many of my classmates had positive things to say about the Waterpik and used them in their own homecare routine. I spoke with Trisha O'Hehir, the founder of the university, and she reiterated that there have been definitive studies proving that a Waterpik is more effective at removing bacteria when compared to string floss. This was shocking to me because this device was barely covered during my schooling and even discredited by some of my former instructors. Up until a few weeks ago, I had never tried a Waterpik.

Open to this new approach, I decided to interview colleagues within my current dental practice and former hygiene classmates about their knowledge and experience

with water flossing. The general consensus was that a Waterpik is less effective than floss. Most of them, like myself, had no experience with a Waterpik. There is so much research in favor of this device, yet there are so many dental professionals that are uninformed. I have always prided myself on being well spoken and informative when communicating with my patients. This confidence comes from knowing I have a strong working knowledge of dentistry. I felt very undereducated in regards to a Waterpik and I feel that I am not alone in this ignorance. How can we appropriately treat and educate our patients if we, ourselves, are not entirely informed? I have told my patients to floss my entire career, and yet they still bleed despite following my instructions. Maybe this floss alternative is just what my coworkers, my patients, and I have been missing. This recent discovery has left me with a question: Why do so many dental professionals prefer and recommend conventional floss over a Waterpik Water Flosser?

Background

To further understand this interproximal aid, I did some research. Like many hygienists, I like facts and figures. I decided to narrow my research to only one brand of water flosser called Waterpik. It is the most popular brand that I have come across professionally and also in my online research. I wanted to know more about the device and see positive results to convince me that a Waterpik is more effective than floss. I also wanted to try and decipher why so many dental professionals that I have spoken with frown upon its use. “In the early 1960’s, Dr. Gerald Moyer, a dentist, and his patient, John Mattingly, an engineer, worked together to develop a device for patients to irrigate their mouths at home and improve oral health” (Jahn n.d). It plugs into an outlet similar to an electric toothbrush and has a handle with interchangeable tips. The water

is delivered by pulsation and pressure at a rate of 1,200 pulsations per minute. This rate was shown to create a compression/decompression phase that expelled debris and bacteria from a pocket three times better than a continuous stream device (Jahn n.d). This compression/decompression of water was so effective that military doctors serving in the Vietnam War modified the device to clean facial wounds. "Orthopedic surgeons followed suit using the unit to clean soft tissue and bone (Jahn n.d)."

The Waterpik was so unlike anything created in dentistry and several dentists and hygienists were publicly voicing their concern over its efficacy. In an article, '*Water Flosser: An Evolutionary Step in Dental Care*', an interesting study by a man named Hugoson was discussed. In his study he wanted to test the efficacy of a Waterpik as the sole means of homecare. The first portion of the study lasted two weeks in which no oral hygiene was compared to using a Waterpik. "Both subjects showed an increase in plaque and gingivitis. Tooth brushing was introduced to both subjects for two more weeks and there was a decrease in plaque and gingivitis" (Jahn n.d). There was significant decrease in plaque and gingivitis in the subject that used a toothbrush in conjunction with the Waterpik, but it was still published that there was an increase in plaque and gingivitis with the absence of a toothbrush and just the use of a Waterpik. This study was devastating to the reputation of the Waterpik because it was tested as an overall oral hygiene product, when its purpose was to be used in conjunction with a toothbrush. The results were published saying that a Waterpik was not considered an effective tool for reducing plaque. Two more studies were conducted to test the water's ability to penetrate bacteria within a periodontal pocket. The study showed positive

results. “However, each investigator uncovered mitigating circumstances to question the results” (Jahn n.d).

Professionals and researchers also came forward with concern about the incidents of bacteremia. “A study concluded that the Waterpik had no higher incidence of bacteremia than with the use of other dental devices or mastication” (Jahn n.d), but even with no real evidence of the cause of bacteremia, it still connected the device to the condition. “Water flossing devices were dealt an additional blow from a case report that appeared in a 1981 publication call *Periodontal Case Reports.* In the article, a periodontist wrote a report on a 23- year old female with multiple episodes of rapid bone loss around her two first molars and pre-molars and canine”(Jahn n.d). The woman said that she had used a water irrigator, so the periodontist assumed that improper use of the irrigator was the cause of the rapid degeneration. “Case reports are considered weak evidence because there is no verification of the outcome via a control group” (Jahn n.d), but regardless, this information was still made for public consumption and further damaged the Waterpik’s reputation.

It is apparent that since its creation researchers and dental professionals have been questioning the effectiveness of the Waterpik. I noticed a trend with the age of each professional I interviewed and their thoughts on the device. The dental professionals that had been in the profession the longest had the most negative reaction to a Waterpik. This could correlate with these earlier studies that discredited its effectiveness. It seems strange that until 2005, four decades after the first model was released, the first study was conducted comparing a Waterpik to conventional floss. Why did it take forty years to compare a floss substitute to floss? The results of this

study and several studies to follow conclude that a Waterpik is indisputably more effective than conventional floss.

In this 2005 study conducted at the University of Nebraska, “a 28- day random controlled test paired a water flosser with a manual or a power toothbrush and both were compared to a manual toothbrush and string floss. “The Water Flosser was 93% better at reducing bleeding and up to 52% better at reducing gingival inflammation over string floss” (Jahn n.d). The Waterpik removed 99.9% of plaque biofilm in a thirty second treatment (Waterpik clinical research 2013).

Another study involving orthodontic patients compared a regimen of a water flosser paired with tooth brushing to a regimen of a floss threader paired with tooth brushing, and the patients that used the water flosser showed a more reduced plaque and bleeding score (Fried 2012). In fact, Waterpik Water Flosser is up to three times as effective as string floss for orthodontic patients (Sharma, Lyle & Qaqish 2008).

“Overall, the Waterpik is 29% more effective than string floss for plaque removal, 29% for interproximal surfaces, and 33% for marginal surfaces” (Goyal 2013), and by adding a Waterpik into a daily oral cleaning regimen, the removal of plaque increases by 52% (Goyal 2012).

In a final study by Sharma, Lyle and Qaqish, I found more proof to the effectiveness of Waterpik and also that it is superior to other water flossing devices on the market.

> Eighty- two healthy, non- smoking male and female adults between the ages of 25 and 65. They were randomly assigned either a Waterpik or a Sonicare Air Flosser along with a toothbrush. They were told to brush for two minutes, following the manufacture’s directed steps to the device they were given. The

> results concluded that both groups showed statistically significant changes from pre-cleaning to post- cleaning scores for whole mouth; 74.9% for Waterpik group and 57.5% for the Air Flosser group. The Waterpik group was significantly better than the Air Flosser group for whole plaque removal (Sharma, Lyle & Qaqish 2008).

In 2009 the effectiveness of the Waterpik was put to the test in a study that measured the plaque removal using a scanning electron microscope.

> Eight periodontally involved teeth were sliced ten times and inoculated with saliva and left for four days to further grow plaque biofilm. Four slices were treated with the Classic Jet Tip, four slices were treated with the Orthodontic Tip, and two slices were used as a control. The remaining 4 teeth were treated with the Orthodontic Tip to evaluate the removal of calcified plaque biofilm. All teeth were treated using medium pressure for three seconds and evaluated with a scanning electron microscope. The Classic Jet Tip removed 99.9% and the Orthodontic Tip removed 99.8% of plaque biofilm from the treated areas after a 3-second exposure as viewed by the scanning electron microscope (Waterpik clinical research 2013).

"The Aquarius is the most current model that was just released in February 2015 (see **Figure 1**). The Aquarius™ Designer Series includes on/off water control on the handle, an LED information panel, 7 water flosser tips, and an all-new tip storage case. New pulse-modulation technology gives you customized water pulsation for the best possible cleaning with even more comfort. It provides maximum plaque removal (Floss Mode) and enhanced gum stimulation (Hydro-Pulse Massage Mode). The convenient 1-minute timer with a 30-second pacer ensures thorough water flossing of all areas" (Oral Health Products 2015).

(Figure 1)

The Showerpik is a great model that attaches directly to your shower head (see **Figure 2**). “Approximately 30 % of people perform their dental homcare in the shower” (Mrs. Lisa Schmidt, RDH, BA Interview 2014), so this is an ingenius way to promote better compliance.

(Figure 2)

Methodology

I used two different questionnaires given to twelve different dental professionals; five hygienists, five dental assistants, and two dentists. Four out of the five hygienist that participated in my research were my coworkers from my office and the fifth hygienist was my mother, who works at a different private practice. Both of the dentists were from my practice, the first is a periodontist that has practiced for over twenty years and the second is a general dentist that has been practicing for just a year. All of the assistants work within my practice and have varying experience from fifteen years to under a year experience. The ages ranged from 22 years of age to 57 years of age. I think the diversity in age and experience made for better research because these professionals have all been trained at various periods of time and have different levels of exposure to the dental profession and all that it entails. The first questionnaire asks questions regarding experience with the product, and then the second questionnaire was given after a lunch

and learn from a Waterpik representative. Luckily, everyone that participated in the study was from my office, with the exception of my mother. Flexibility in her schedule allowed her to come to my office at the time of the Waterpik lunch and learn.

I also thought it would be an interesting addition to my methodology to speak to different dental hygiene schools regarding their promotion of water flossers at their institution.

QUESTIONARRE #1 (given to dental professionals prior to a Waterpik lunch and learn)

1. Do you recommend a Waterpik to patients?
2. Why don't you recommend it?
3. Have you used a Waterpik before?
4. Were Waterpiks promoted in your schooling?
5. Have you had a Waterpik lunch and learn before?

QUESTIONARRE #2 (given to dental professionals after a Waterpik lunch and learn)

1. Based on the information you have heard in the lunch and learn, do you believe a Waterpik to be more effective than conventional floss?
2. Will you recommend it to your patients?
3. Will you use one yourself?

Results

In my methodology, question #2, was the only question that I could not show quantifiable results. The question asked why the dental professionals didn't recommend a Waterpik to their patients. Five people believed that it doesn't remove

sticky plaque. Four professionals believed that it could not remove food debris. One member of the staff did not believe it could reach a sufficient periodontally involved pocket depth. Two assistants said that they have recommended it to patients, but only on rare occasions when they are assisting an orthodontist and a patient has very poor hygiene (see **Graph 1**). When speaking with my boss, the periodontist at my practice, it was his belief that a Waterpik is not a good replacement for floss because it is not effective enough to remove interproximal bacteria and food and it is not able to reach to deeper pocket depths. He also said that he did not feel comfortable recommending it to his patients and that his usual recommendation for home care aids are an electric toothbrush, rubber tip, and proxy brushes for a more thorough interproximal cleaning. He laughed and said that he used a Waterpik once (see **Graph 2**) and it collected dust in his house until his wife threw it out (Dr L Goodman 2015, pers.comm., 19 February). The younger, less experienced, dentist concurred with the periodontist and said that he does not feel comfortable recommending a Waterpik because it is not as effective as conventional floss. "Conventional floss allows for a more mechanical removal and is able to hug a more contoured tooth" In his schooling, a single dentist positively promoted a water flosser (see **Graph 3**), but the rest of the attending dentists discouraged its use (Dr P Townsend 2015, pers.comm.,19 February). It is interesting that these two dentist, trained at such different points in time at different institutions, had the same negative opinion of a Waterpik (see **Graph 1**).

My mother, Karen Christofi, was one of the three professionals that had used a Waterpik (see **Graph 2**). The irony is that she used it long before she went to dental hygiene school. She was also one of the eight professionals that had not been exposed

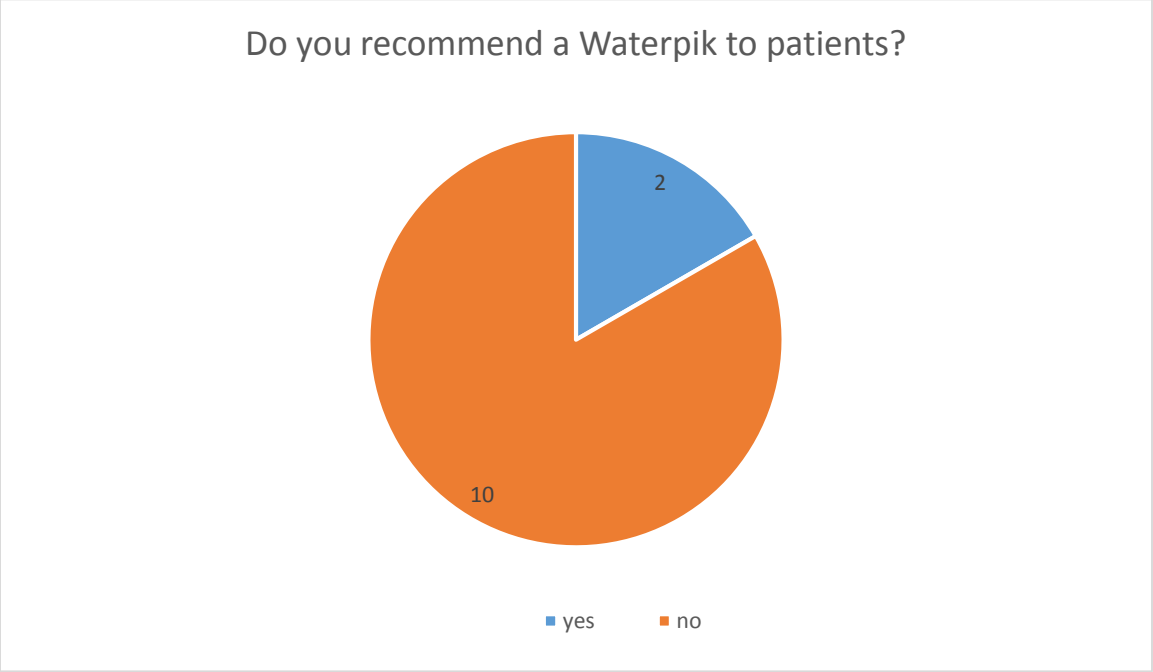
to a Waterpik during her schooling (see **Graph 3**), which was a two year program at a community college. She said that it was mentioned briefly during class, but never in clinic. The attending dentist even went as far as to say that it was a “toy” and had no effectiveness in removing plaque from the mouth (Mrs K Christofi 2015, pers.comm 16 February). Another hygienist who attended a Four year bachelor’s dental hygiene program had a similar story to my mother’s in that it was not positively promoted and almost never mentioned throughout her four years of schooling (Miss A Nunes 2015, pers.comm., 5 February). With the exception of two dental assistants, none of these professionals had been exposed to a water flosser in school. The two assistants that had exposure to the product had taken a specific orthodontic seminar. It is my observation that in orthodontics, water flossers are more strongly promoted.

Sadly, only one of the twelve people interviewed had attended a Waterpik lunch and learn (see **Graph 4**). In an interview with Svetlana Baidanshin, she stated “I have been in the dental field for fifteen years and I have only been to one Waterpik lunch and learn. The owner and office manager did not attend, and there was no purchase of a device or any discussion of selling them or encouraging their use” (Mrs S Baidanshin 2015, pers.comm., 5 February).

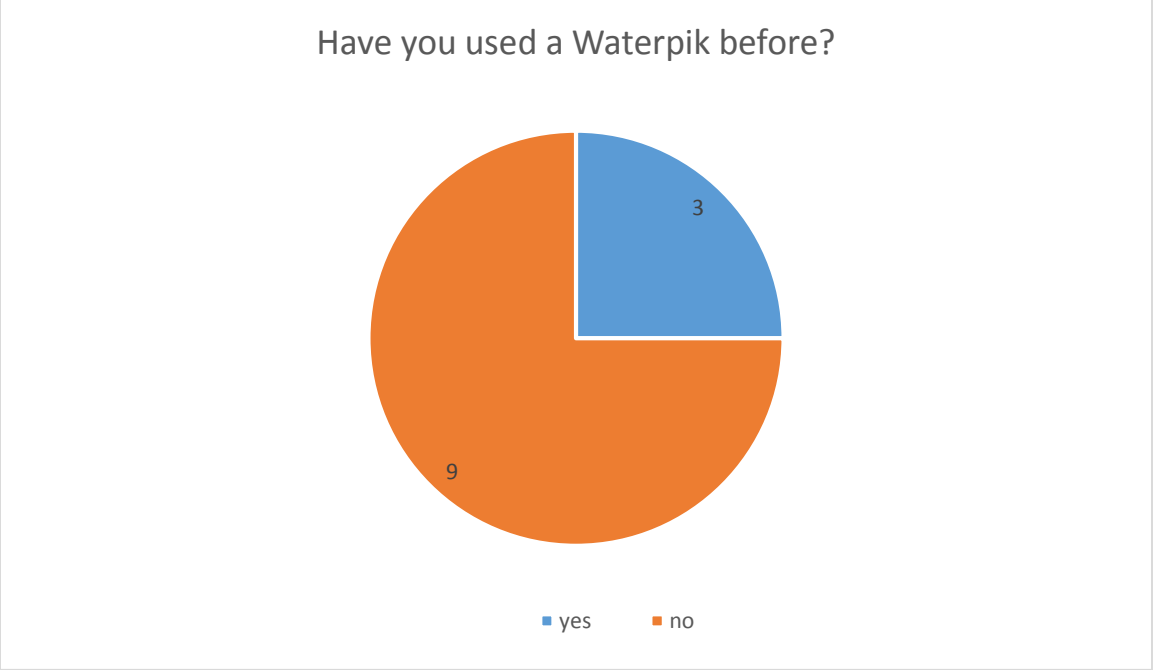
I contacted three different dental hygiene programs within a 50 mile radius of my residence. All three institutions said that in the first year of the program the students are given a lunch and learn from an electric toothbrush company, either Sonicare or Oral B. This was the case during my studies and the company gave each student a free electric troothbrush. None of these three institutions had a similar arrangement with the Waterpik Company. When I asked each school if they would consider a Waterpik lunch

and learn, each response was positive. These institutions are open to the idea but there is are no actions taken.

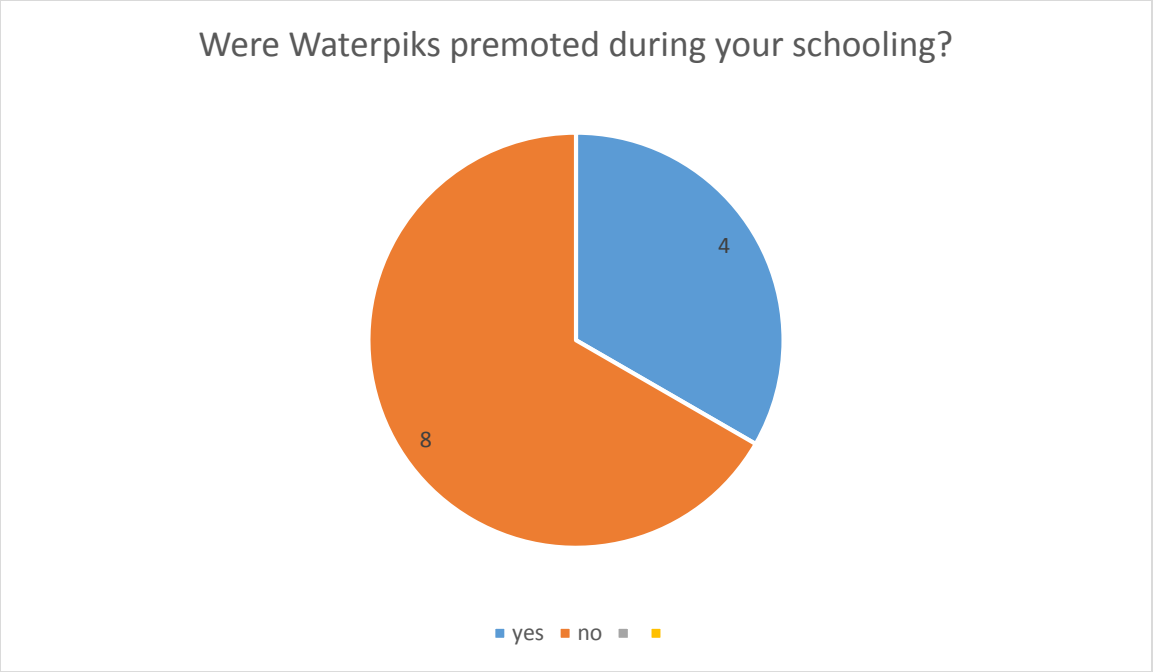
(Graph 1)



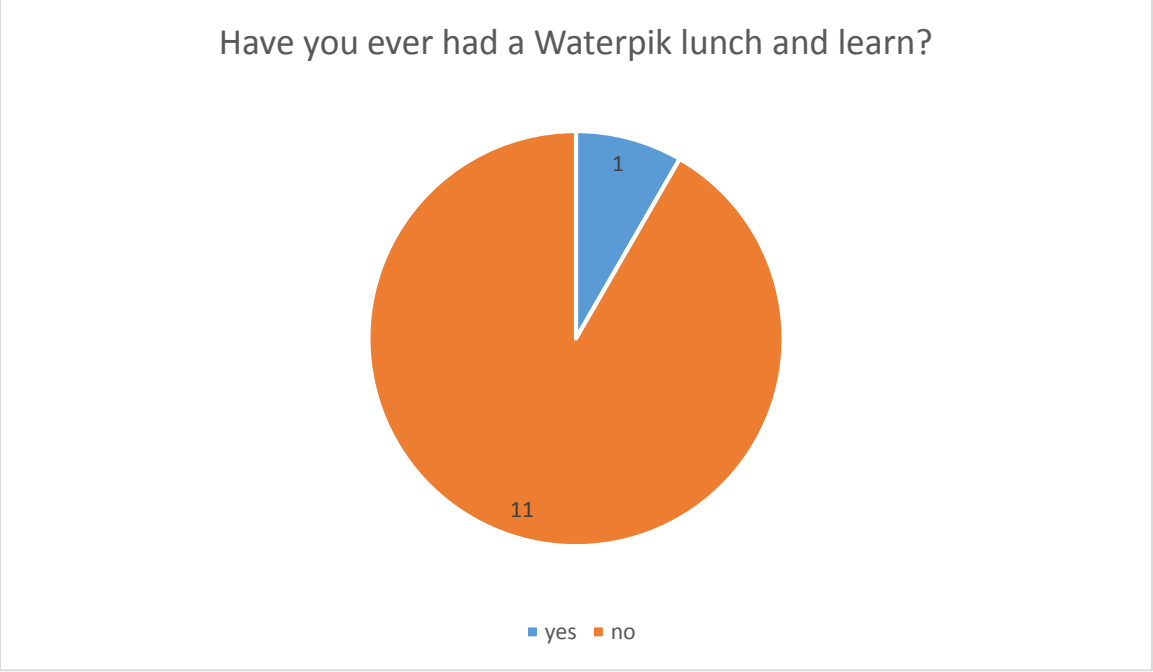
(Graph 2)



(Graph 3)



(Graph 4)

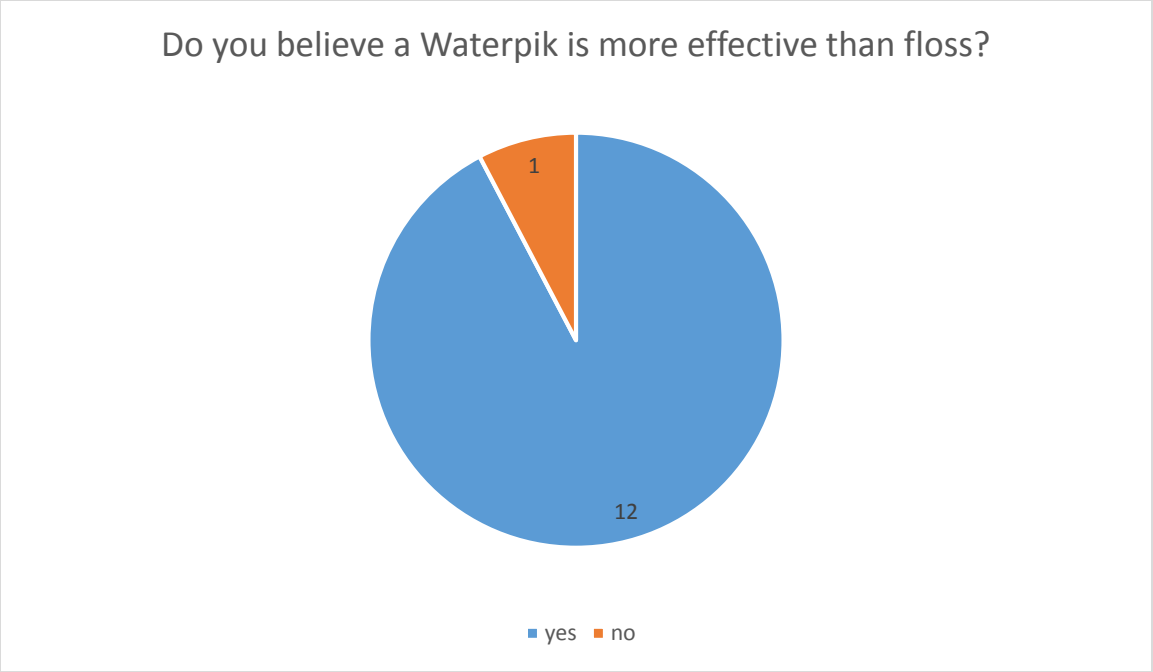


At the lunch and learn, the representative had the latest model on display for the employees to see. Everyone received a pamphlet with the facts and figures proving the effectiveness of the product. It was approximately a 30 minute presentation, where she reviewed the same statistics available in the pamphlet and played a video showing how to use the device and testimonial videos of patients who were satisfied with the product. We were able to purchase a Waterpik at a reduced rate at the end of the presentation and every employee purchased one! The positivity after lunch was palpable. We openly pondered why we had never before been presented with such impressive, positive information regarding a Waterpik. I think myself and three of the other hygienists that attended were the most affected by the presentation. So much of our profession is promoting proper homecare to our patients and this effective homecare device had eluded all of us.

One hygienist was still not convinced that a Waterpik was more effective (see **Graph 5**). When interviewed on 17 February, Mrs. Kathy McGee confirmed that she still was not convinced that sticky plaque could be removed without string floss (Mrs K McGee 2015, pers.comm., 17 February). She has been a hygienist for twenty years and I think that she has had her beliefs for so long that it takes more convincing to persuade her in another direction.

This same hygienist did buy a Waterpik, but said that she still did not feel comfortable recommending it to her patients (see **Graph 6**). When I spoke to her after her first use, she had a very different opinion. She loved the way her mouth felt after using it and was convinced that the sticky plaque was removed with that first use of the Waterpik.

(Graph 5)



(Graph 6)

*

With the exception of one hygienist, in just 30 minutes, my colleagues were all willing to buy the Waterpik. As the representative listed off the different statistics in favor of the device, I observed the reactions of my co-workers. The look of surprise on their faces resembled that of mine when I realized how misguided I had been for so long. I've been to countless lunch and learns, discussing so many different topics, and sometimes it seems like the employees are more into their lunch than the topic at hand, but at this lunch and learn it was nice to see everyone engaged and absorbing the information.

Business Aspect

This research has opened up a door to a potential and different career path. In researching this project, I have become extremely well informed about the Waterpik. With this knowledge, I have the confidence to share this information to patients and fellow dental professionals. While watching the lunch and learn presentation, I imagined myself standing in front of dental professionals promoting a product that truly improves oral health. Traveling to different offices and promoting a great product would be such a fun and different experience, and a unique change from a clinical setting. I have often wondered about different avenues that I could take in the dental profession and becoming a representative for Waterpik is very intriguing. I was not able to speak to Heather, the representative that spoke to our office, but I watched an interview with Lisa Schmidt, a Registered Dental Hygienist, that is a representative for Waterpik. The company hired her as an independent contractor, and as a representative for Waterpik, you are responsible for finding your own dental practices to present a lunch and learn. Lisa said that cold calls and word of mouth are extremely effective. She also said, "It is

not a sales or commission based pay. There are no quotas to meet and you are paid per lunch and learn and the company expects 3-6 lunch and learns a month and I average around four a month" (Mrs. Lisa Schmidt, RDH, BA Interview 2014). Right now, the company has 63 independent contractors across the country and they plan to expand (Lisa Schmidt, RDH, BA Interview 2014). I intend on contacting the corporate headquarters and inquiring about independent contracting on the East Coast.

With my influence, my boss decided to make the Waterpik available for our patients to buy at their appointments. We have been selling electric toothbrushes since the inception of our office, but a Waterpik has never been considered. In fact, I have never worked at an office were a Waterpik has been available for purchase, but all of these offices offered electric toothbrushes. There is untapped potential in this product. I looked over the numbers in regards to the sales of an Oral B electric toothbrush in the month of January. There were a total of 23 toothbrushes sold at $107 each. This totaled a profit of $2,461. Hypothetically, if our office was to sell 23 Waterpiks at $60 each, there would be an increased profit of $1,380.

Conclusion

It is apparent through my research that information about a Waterpik Water Flosser and the product itself is not readily available to dental professionals. Before this project, I knew little of a Waterpik Water Flosser and the impressive benefits of its use. My background information shows that the consistent criticism of the device over a span of many decades has caused doubt amongst professionals. My interviews were with a diverse age group, all with varying levels of experience, and all with the same negative

opinion of the device. I think that this history of bad press is directly related to the negative opinions of my colleagues and lack of its appearance in the dental field. Before the Waterpik lunch and learn, the twelve professionals that I interviewed all believed the water flosser by Waterpik was ineffective and were reluctant to promote it. There was a 100% change in opinion after a 30 minute lunch and learn and the chance to use the product. This successful conversion leads me to believe that there is a willingness amongst dental professionals to change their state of mine, but there needs to be information available to allow for this change. In order to correct this misinformed opinion of a Waterpik, there needs to be an increased availability of the product and the information confirming its efficacy. Exposure needs to begin at the educational level. The dental hygiene schools that I contacted should have the same arrangement with Waterpik that they do with Sonicare or Oral B. In my opinion, a Waterpik is just as important, if not more important than an electric toothbrush for overall oral health. Going into hygiene schools will set a foundation for the proper information and good technical use of the product. The only way that there will be an evolution in the professional opinion of the Waterpik is to provide more exposure to the product. The most effective way to accomplish this is through hands on marketing, specifically dental learning institutions and dental clinics with presentations over lunch. This will increase the awareness of the product amongst professionals and ultimately spread awareness to patients. The statistics are there. There is no disputing the effectiveness of the Waterpik. Approximately 50% of people don't floss. As said by the founder of O'Hehir University, Trisha O'Hehir, "If patients can find alternatives that are easy to use and effective, they will comply (Benefits of flossing with waterpik 2010)." Patients look to us,

as professionals, to educate them about these alternatives. Proper exposure of the Waterpik to dental professionals through lunch and learns will create the chain reaction of usage amongst dental professionals and then ultimately to their patients. My project may have come to an end, but my interest in this topic will continue. It is my hope that I will be able to become a representative for the Waterpik Water Flosser Company and create a relationship with several of the surrounding dental schools and dental offices in my area.

(4430 Word Count)

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SWOT ANALYSIS FORMS

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SWOT Analysis of Your Career

This exercise was introduced to the business world in the 1960s and is still useful today. By identifying the weaknesses of your career, you can better manage and eliminate any threats. Uncovering opportunities helps move your careeer in the direction you want to go.

INTERNAL

STRENGTHS What do you do well? What resources are available to you? What do others see as your strengths?	WEAKNESSES What could you improve? What resources are lacking? What would others see as your weaknesses?
Very knowledgeable and well versed in multiple dental software. Gendex digital xrays/PANO. LA licensed. Really nice rapport with patients. So many patients are extremely anxious when visiting the dentists. I have a way of making a patient feel at ease during their time with me by having a relaxed, yet professional disposition. Many of the dentist I work for don't have the best bed side manner, so I make as a good liaison between doctor and patient, by putting dental jargon into everyday terms to make the patient fully understand. Continuous involvement in current dental seminars. Because I am newer to the dental field, I have knowledge of all the current, newer ideas in dentistry.	Fairly new to dentistry (5 years) I don't have a lot of experience giving local anesthesia. Lack of confidence in my knowledge due to my rookie status
Make my employer know that I am irreplaceable by making my strengths known	upper management is very quick to fire. Consider Hygienist "easily replaced". Bonus system that takes the focus off of patient care
OPPORTUNITIES What good opportunities can you see? What trends are you open to now? How can you turn your strengths into opportunities?	THREATS What obstacles do you face? Could your weaknesses threaten you career? What legal or professional threats exist?

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SWOT Analysis of Oral Health Today

This exercise was introduced to the business world in the 1960s and is still useful today. According to th research, dental diseases are preventable but this information is not reaching consumers. What issues stand in the way of preventing dental disease and what opportunities can be tapped into to eliminate dental disease?

INTERNAL

STRENGTHS What is working well? What resources are available?	WEAKNESSES What could be improved? What are resources lacking? What blocks prevention of dental disease?
Going in a more independent direction. Hygienist are allowed to work more independently from dentists. LA/Nitrous/ Restorative/Public health. Hygienists are highly educated	Still a lot of mistrust by the Dentist in allowing the hygienist more responsibilities. I have noticed a reluctance by the Dentist in every office that I have worked in to allow hygienist to administer LA
public health	Dentistry as a low priority
OPPORTUNITIES What good opportunities can you see? What trends are you seeing? How strengths can be turned into opportunities?	THREATS What obstacles compromise oral health? What legal or professional threats exist?

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CURRICULUM VITAE

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774-222-0263

OBJECTIVE:
To obtain a position as a registered dental hygienist in a growing dental practice.

EDUCATION:
O'Hehir Univeristy (current)
Bachelor of Science Degree in Oral Health Promotion

Cape Cod Community College, (June 2010)
Associate of Science in Dental Hygiene

Bristol Community College (2009)
Associates in Science transfer program

Massosoit Community College (2009)
Summer Microbiology Course

University of Massachusetts Dartmouth 2008
Undeclared

LICENSURE/ CERTIFICATION
Registered Dental Hygienist's Massachusetts
Local Anesthesia, Massachusetts
CPR/OSHA
TOPS total immersion course

MEMBERSHIPS
American Dental Hygiene Association
Crown Council

HONORS:
Dean's List 2006-2010

QUALIFICATIONS:
Skilled in all areas of patient assessment and treatment including: reviewing and updating of patient medical history, taking initial radiographs or updating old radiographs, performing soft and hard tissue intra/extra- oral cancer exams, scaling teeth using an ultrasonic scaler along with hand instruments, scaling and root planing using the administration of local anesthesia if necessary, performing periodontal assessment and charting, utilizing salivary and microscope testing, along with medicinal intervention, such as chlorhexidine irrigation and placement of Arrestin. Educating patients on individual homecare needs, reviewing treatment plans with patients clarifying any concerns, referring patients as needed to a periodontist, orthodontist, oral surgeon, and any other specialty dental centers.

SOFTWARE:
EagleSoft
Kodak
Dentrix
Denticon
Gendex

RELEVANT EXPERIENCE
Great Hill Dental Partners (2011-present)
100 Grossman Drive Braintree, MA 02184
Dental Hygienist

North Easton Dental Associates (2010-2013)
282 Washington St. Easton, MA 02356
Dental Hygienist

Dr. Harry Messier (Sept 2010– July 2011)
40 Tremont St Duxbury, MA
Dental Hygienist

Gentle Dental Boston (May 2008-Sep 2008)
280 Tremont St. Boston, MA
Dental Hygiene Internship

REFERENCES UPON REQUEST