

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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2. Respondent's most recent address on file with the Wisconsin Dentistry Examining Board is 1486 W. South Park Avenue, Oshkosh, WI 54902.

3. At all times relevant to this action, Respondent was working as a dentist at Dental Associates Family Dentistry, at 430 Main Street, in Green Bay, Wisconsin.

4. On June 9, 2004, Patient J.V.B. presented to the Respondent at the Dental Associates to have a bridge affixed from tooth #29 to #31 (#30 had previously been extracted). On that date, the Respondent performed preparation work for the bridge (Fixed Partial Denture or "FPD") by drilling the canal for placement of a "Fibrecore" post in the root canal of tooth #29. During the course of doing so, the post preparation drill perforated the mesial aspect of tooth #29. The Respondent then placed the "Fibrecore" post in tooth #29. The post extruded through the perforation in tooth #29. Respondent did not recognize that tooth #29 had been perforated or that the post was protruding from the tooth.

5. Patient J.V.B. returned to the Respondent on June 23, 2004, for cementation of the bridge from tooth #29 to 31.

6. A post-cementation x-ray dated June 24, 2004, demonstrated that the "Fibrecore" post was extruding from the perforation in tooth #29.

7. Subsequent to the placement of the F.P.D. at #29-31 by the Respondent, Patient J.V.B. presented to another dentist on January 11, 2006, with complaints of pain and infection in the area of tooth #29. The subsequent treating dentist examined Patient J.V.B. and diagnosed her with fistula between #28 and 29 on the buccal gingiva and parulis on the distal #29 extending between the retainer and the pontic. He determined that #29 was non-restorable due to the root perforation, secondary to post placement, and extracted tooth #29 on August 31, 2006.

8. Patient J.V.B. elected to proceed with implant retained crowns to replace the missing teeth #29 and 30. The fixtures were placed on February 19, 2007 with the plan to restore those teeth in 2008.

9. Respondent's conduct as described in paragraphs 4-6 fell below the minimum standards of competence established in the profession in the following respects:

- a. Respondent failed to properly create the post space in that he perforated the mesial aspect of the root on tooth #29;
- b. Respondent failed to recognize that he had perforated tooth #29;
- c. Respondent failed to properly place the post in the post space in tooth #29.

10. Respondent's conduct as described in paragraphs 4-6 caused harm to Patient J.V.B. in that she suffered a post-procedural infection and had to have tooth #29 extracted.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 447.07(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct of Respondent as described in paragraphs 4 through 6, above, constitutes a violation of Wis. Stat. §§ 447.07(3)(a), 447.07(3)(h), and Wis. Admin. Code § DE 5.02(5).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. David Cameron Wygle, D.D.S., is hereby REPRIMANDED.

2. The license of Respondent to practice dentistry in the State of Wisconsin is LIMITED, as follows:

Respondent shall, within six (6) months from the date of this Order, successfully complete a minimum of two (2) hours of continuing education in the area of dental record keeping.

3. Respondent shall be responsible for locating any continuing education program. The Board or its designee must approve all continuing education programs prior to Respondent enrolling in, attending, or completing a continuing education program. Respondent shall send a Certificate of Completion for each continuing education program to the Department Monitor upon successful completion of each continuing education program. Respondent shall be responsible for any and all costs of any continuing education program.

4. Respondent shall, within ninety (90) days from the date of this Order, pay COSTS of this proceeding in the amount of SIX HUNDRED FIFTY DOLLARS (\$650). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264


5. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of

Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of the costs as set forth above, the Respondent's license (# 015-5002026) may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs.

6. This Order is effective on the date of its signing.

Wisconsin Dentistry Examining Board

By:


A Member of the Board

9-7-11
Date