

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
ALFRED P. LONGO, D.D.S. : FINAL DECISION AND ORDER
RESPONDENT. :
ORDER 0002126

[Division of Enforcement Case # 11 DEN 108]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Alfred P. Longo, D.D.S.
4505 N. Woodburn Street
Shorewood, WI 53211

Division of Enforcement
Department of Safety and Professional Services
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Dentistry Examining Board
Department of Safety and Professional Services
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Dentistry Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Alfred P. Longo, D.D.S. ("Respondent") was born on July 17, 1982, and is licensed to practice dentistry in the state of Wisconsin pursuant to license number 6349-15. This license was first granted on March 4, 2009.

2. Respondent's most recent address on file with the Wisconsin Dentistry Examining Board is 4505 N. Woodburn Street, Shorewood, WI 53211.

3. At all times relevant to this proceeding, Respondent was working as a dentist at Aspen Dental in Wausau, Wisconsin.

4. On September 22, 2010, Patient A presented to Respondent as a new patient. Patient A's chief complaint was that she was having problems with her permanent fixed bridge spanning teeth # 3 to # 6. Respondent performed a complete dental exam, took a panoramic x-ray, took a full set of intra-oral x-rays, and evaluated her periodontal tissue health. There was extensive recurrent decay on the bridge abutment at tooth # 6, with the root structure being completely unattached from the coronal tooth structure. Patient A did not want a removable partial denture, so Respondent's treatment plan was to fabricate and place a new permanent fixed bridge spanning teeth # 3 to # 6. Tooth # 6 would require endodontic treatment and a post and core because the root structure of tooth # 6 would be used for retention of the new permanent fixed bridge.

5. On October 18, 2010, Patient A returned to Respondent for the start of her treatment. Respondent removed the existing bridge spanning teeth # 3 to # 6, the abutment at tooth # 3 was re-prepared, all the decay was removed from tooth # 6, endodontic treatment was completed on tooth # 6, a post space was prepared at tooth # 6 for a cast post and core, an impression was made for the fabrication of Patient A's new permanent fixed bridge, and Patient A's existing fixed bridge was relined with resin temporization materials and cemented as a temporary fixed bridge. The decay to tooth # 6 was so extensive that the only remaining healthy/sound tooth structure was largely subgingival.

6. On November 4, 2010, Patient A returned to Respondent for a routine periodontal evaluation and cleaning. Respondent took a second impression for the fabrication of Patient A's new permanent fixed bridge because the lab was having trouble reading the margins in the first impression.

7. On November 29, 2010, Patient A returned to Respondent for the fitting and placement of her newly fabricated fixed bridge spanning tooth # 3 to # 6. Respondent removed the temporary fixed bridge, verified the fit of the cast post and core of tooth # 6, placed the newly fabricated fixed bridge and noticed that it did not fit properly because there was a marginal discrepancy across the lingual aspect of tooth # 6. Respondent cemented the fixed bridge in place with permanent cement and sealed the margins with a temporary restorative material. A radiograph of the placed fixed bridge showed an obvious gap.

8. Respondent claims that he informed Patient A that this was just a temporary measure, and that the fixed bridge would be adjusted later after the patient's soft tissue had healed or that a new fixed bridge may have to be fabricated. However, Patient A has no recollection that Respondent informed her that the fixed bridge was intended to only be temporary, and there is no notation in the patient medical records that patient was notified that the fixed bridge was intended to only be temporary and that a new fixed bridge would need to be fabricated. Respondent used permanent cement to place the fixed bridge instead of temporary cement, which shows that Respondent intended the fixed bridge to be a permanent fixed bridge.

9. January 5, 2011, Patient A presented with a fractured tooth # 21. Respondent placed a MOD resin restoration in tooth # 21.

10. Sometime in the middle of January of 2011, Respondent was transferred to another Aspen Dental clinic and he did not provide any further care or treatment to Patient A.

11. On March 30, 2011, Patient A presented with complaints of bleeding from tooth # 6 when she flossed, that the floss was catching under tooth # 6, and of having a funny taste in her mouth since Christmas of 2010. Dr. M examined Patient A and noted that tooth # 6 had an open margin. Dr. M placed cement to seal the open margin on tooth # 6.

12. On April 6, 2011, Patient A returned for an emergency visit because the crown of tooth # 20 had broken off at the gum line. Dr. M sealed tooth # 20 as a temporary fix because Patient A refused a root canal. Dr. M recommended a root canal for tooth # 20, the fabrication of a fixed bridge spanning teeth # 19 to # 21, that tooth # 6 would have to be extracted due to the recurrent decay, that the fixed bridge spanning teeth # 3 to # 6 would have to be sectioned and removed, and that a new partial upper denture would have to be fabricated.

13. On September 19, 2011, Patient A went to a new dental clinic where she had endodontic therapy completed on tooth # 6, and a newly fabricated fixed bridge spanning teeth # 3 to # 6 fitted and placed.

14. Respondent's deficiencies in the treatment of Patient A constitute unprofessional conduct in the practice of dentistry.

CONCLUSIONS OF LAW

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

2. The conduct described above constitutes unprofessional conduct as defined by Wis. Admin. Code § DE 5.02(5) and subjects Respondent to discipline pursuant to Wis. Stat. § 447.07(3)(a).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. Alfred P. Longo, D.D.S. (license #6349-15) is REPRIMANDED.

IT IS FURTHER ORDERED that:

2. Respondent's license to practice dentistry is LIMITED by the condition that, within ninety (90) days from the date of this Order, Respondent shall obtain and successfully

complete a minimum of **three (3) hours** of education in crowns and bridges and a minimum of **three (3) hours** of education in treatment planning.

- a. Respondent shall locate and have the Board or its designee pre-approve the educational program(s) prior to Respondent completing them.
- b. Within 30 days after Respondent has completed each educational program, Respondent shall submit to the Department Monitor proof of his attendance and that he has successfully completed each educational program.
- c. Respondent cannot apply these six hours of education to the biennial continuing education requirements. If Respondent obtains more than six hours of education to fulfill the requirements of this Order, then Respondent can use any of the hours of education obtained in excess of six hours towards the biennial continuing education requirements.
- d. The Limitation shall be removed from Respondent's license after he has satisfied the Board or its designee that he has successfully completed all of the ordered education.
- e. Requests for pre-approval of education and proof of successful completion shall be submitted to the Department Monitor at the address below.
- f. Respondent is responsible for all costs of compliance with this Order.

3. Respondent shall, within ninety (90) days of the date of this Order, pay costs of this proceeding in the amount of FOUR HUNDRED FIFTY DOLLARS (\$450.00). Payment shall be made payable to the Wisconsin Department of Safety and Professional Services, and mailed to:

Department Monitor
Department of Safety and Professional Services
Division of Enforcement
1400 East Washington Ave.
P.O. Box 8935
Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. 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 pay the costs or submit proof of successful completion of the education as set forth above, the Respondent's license (#6349-15) may, in the discretion of the Board or its designee, be **SUSPENDED**, without further notice or hearing, until Respondent has paid costs and submitted proof of successful completion of the education.

5. This Order shall become effective upon the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

By:  11/7/12
A Member of the Board Date