



**Dr. Jay S. Grossman, D.D.S.**

Professor of Dental Medicine  
 General, Cosmetic, Laser, & Implant Dentistry

(a) 11980 San Vicente Blvd., Suite 507  
 Brentwood, CA 90049  
 (p) 310 – 820 – 0123

(w) [www.expertwitness.dental](http://www.expertwitness.dental)  
 (e) [jaygrossmandds@gmail.com](mailto:jaygrossmandds@gmail.com)

**PROFESSIONAL EXPERIENCE**

2012 – present Clinical Professor of Dental Medicine  
 Western University College of Dental Medicine  
 Set up off campus facilities for pediatric externship  
 Over 400K donated, treating over 15,000 children/yr

1995 – present Clinical Professor of Dental Medicine  
 UCLA College of Dentistry  
 Lecturing and supervising students in a clinic and classroom  
 setting, externship program to my private office

1991- Present General, Cosmetic, Laser & Implant Dentistry  
 Private Practice Brentwood CA serving over 13,000 patients  
 on a fee-for-service basis since 1991

1989 – 1991 Lieutenant, United States Navy, Long Beach CA  
 General dentistry, Endodontics, emergency medicine/triage

**EDUCATION**

1988 – 1989 New York University College of Dentistry  
 Advanced Education in General Dentistry (AEGD)

1984 – 1988 New York University College of Dentistry, Doctor of Dental  
 Surgery Degree

**LICENSURE**

2013 Florida Expert Witness Certificate #DNEW34

2003 Nevada State License #4541

1990 California State License #38686

1988 New York State License #41901

1988 National Dental Board which allows me to opine in 42 states on the  
 standard of care when combined with the licensure of NERB, CA, & NV

**PROFESSIONAL RECOGNITION**

2016 Small business award, Senator Ben Allen

2015 Letters of Commendation for Homeless Not Toothless from: US Navy,  
 Several LA Councilmembers, Mayor of Los Angeles, Senators  
 from CA, President Obama, First Lady Michelle Obama,  
 Best of LA award

2014 The Jewish Journal Mensch List

2014 - 2018 Named “Super Dentist” by peers and featured in LA Magazine

2011 - 2018 Noble Bio Care, Bronze Award: Excellence in Implant Dentistry



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## PROFESSIONAL RECOGNITION CONTINUED

|                |   |
|----------------|---|
| 2011           | Philanthropic Award presented by Sharon Stone on behalf of Valley Faith Council, Philanthropic Award presented by Cancer Support Community, City of Los Angeles Commendation by Senators Barbara Boxer, Dianne Feinstein and Councilwomen Janice Hahn |
| 2010 – present | Best Cosmetic Dentist Award in So. Cal by 5W  |
| 2009 – present | Talk of the Town award in excellence in patient satisfaction  |
| 2004 – present | FBI Citizens Academy  |
| 2003           | Department of Defense acknowledgment for Homeless Not Toothless and placed in over 20 national magazines  |
| 1993           | American Dental Association Community Preventative Award  |
| 1992 – present | Homeless Not Toothless founder, providing over \$3-Million in pro-bono treatment to Veterans, Foster children and the underserved, a 501©3 Corp   |
| 1998 – Present | Cardio Pulmonary Resuscitation Instructor   |

## PROFESSIONAL AFFILIATIONS

|                |  |
|----------------|--|
| 2000 – present | Medical Disciplinary Committee, Delta Dental                           |
| 1995 – present | Expert Witness, Reviewed over 600 cases for both plaintiff and defense |
| 1995 – 2008    | Peer Review Committee, California Dental Association                   |
| 1989 – present | Member of California Dental Association                                |
| 1984 – Present | Member of American Dental Association                                  |



*As of March 2018, I have reviewed over 650 cases as a dental expert for malpractice, injury and peer review, averaging approximately 60% for the plaintiff and 40% for the defense.*

*I have been deposed over 100 times, have been in Superior Court over 50 times, and have never been disqualified.*

*At least 95% of my time is spent in patient care.*

*I can be counted on as being ethical, competent, prepared and analytical, as well as articulate at depositions, arbitrations and court appearances.*

**Some lectures taught at dental schools as well as topics hired to opine on in malpractice and injury cases include:**

- ⌘ Standard of Care
- ⌘ Cosmetic Dentistry
- ⌘ Implant Dentistry
- ⌘ Laser Dentistry / Electro-Surgery
- ⌘ Extractions, Nerve Damage (Paresthesia)
- ⌘ Root Canals (Endodontics)
- ⌘ Business: Buy / Sell, Valuation
- ⌘ Crowns, Bridges, Porcelain Veneers
- ⌘ Failure to Diagnose: Cancer, Cavities, Infection, Gum Disease
- ⌘ Slip and Fall resulting in Dental Damage
- ⌘ Physical Altercation resulting in Dental Trauma
- ⌘ TMJ / TMD
- ⌘ Orthodontics, Invisalign Treatment
  - ⌘ Dr. Grossman has delivered more than 20,000 trays and was a finalist in 2011 at the Invisalign Summit
- ⌘ Trigeminal Neuralgia
- ⌘ Sleep Apnea
- ⌘ Fosamax and Osteonecrosis
- ⌘ Proper Charting
- ⌘ Elder Abuse
- ⌘ Medical Emergencies in the Dental Office
- ⌘ Treatment Planning, Vertical Dimension, Occlusion (bite) Issues
- ⌘ Pain Management
- ⌘ Gum Issues (Periodontics)
- ⌘ Sepsis, Infection
- ⌘ Wrongful Death
- ⌘ Patent Infringement
- ⌘ Effects of Playing Musical Instruments in Regards to Dentition
- ⌘ Hospital Dentistry and Protocol and Residency Program Standards
- ⌘ Delayed Treatment and Failure to Refer
- ⌘ Effects of Martial Arts and Dentition
- ⌘ Nerve Damage (IA – Inferior Alveolar and Lingual Nerve)
- ⌘ Anti-Biotic Coverage
- ⌘ Fracture Jaw during Oral Surgery or Trauma
- ⌘ Pericoronitis (Infection Around 3<sup>rd</sup> Molar)
- ⌘ Claims Abuses (Fraudulent Claims)
- ⌘ Destroyed and Altered Files (Records)
- ⌘ Wisdom Teeth Extraction
- ⌘ Poorly Fitting Appliances (Dentures, Crowns, Implants)
- ⌘ Extraction of Wrong Tooth
- ⌘ Numbness Following Extraction
- ⌘ Lidocaine Overdose Resulting in Hospitalization or Death
- ⌘ Microleakage of Crowns
- ⌘ Pain Management
- ⌘ Medications Causing Xerostomia (Dry Mouth)
- ⌘ Bite Marks
- ⌘ Consent
- ⌘ State Board Licensing and SOC
- ⌘ Disability Claims
- ⌘ Corporate Dentistry / Residency



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## **DENTAL EXPERT WITNESS FEES**

### **Review of Records, phone consultation, correction of my deposition:**

\$500/hour, minimum 4 hours (\$2000 retainer)

### **Deposition, IME, Arbitration:**

\$700/hour (billed in 20 min increments), plus travel at same rate

### **No Show or less than 5-day cancellation of IME or Deposition:**

Flat rate of \$750

### **Trial or Arbitration:**

\$7500 for any part of day + prep and phone conversations with the attorney. Must be paid 14 business days prior to trial or arbitration, no refund for cancellation, rescheduling or settlement within 10 business days of date due to my inability to rebook patients. If travel out-of-state is required, at least 1 additional day will be charged plus travel expenses.

## **Web Addresses:**

Dr. Grossman Web site:

<http://drjaydds.com/>

Current Expert CV, W9 & testimonials:

[www.expertwitness.dental](http://www.expertwitness.dental)

- Click on "expert CV and testimony for current CV"

News Releases:

[www.expertwitness.dental](http://www.expertwitness.dental)

- Click on "Media coverage / write ups" for an up to date list of over 176 write ups, articles authored, TV/Radio interviews & awards.



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**Attorney Engagement Agreement with Dr. Jay Grossman for Expert Testimony:**

Date of Engagement: \_\_\_\_\_

Patient / Client Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Client's Social Security Number: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_

Name of Attorney and Law Firm: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone #: \_\_\_\_\_ Attorney's Fax #: \_\_\_\_\_

Representing:     \_\_\_ Plaintiff                     \_\_\_ Defendant

DOL / Date of Injury/Accident: \_\_\_\_\_

Name of opposing party: \_\_\_\_\_

Counsel of opposing party: (Firm & lawyer): \_\_\_\_\_

**Send all documents for review to:**

Dr. Jay Grossman  
11980 San Vicente Blvd.  
Suite 507  
Los Angeles, CA 90049

**Send all payments to:**

Dr. Jay Grossman  
Attn: Accounts Receivable  
23838 Pacific Coast Highway, #844  
Malibu, CA 90265-9994

*Attorney Engagement Agreement with Dr. Jay Grossman for Expert Testimony: pg. 1 of 3*



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To Whom It May Concern:

I would like to thank you for engaging my expert witness services. This letter will set forth the scope of my representation and the basic financial arrangements for which I have agreed to serve as your expert.

### **Scope of Representation**

1. Client: You have engaged me to opine as a dental expert. The fees charged are expected to be paid within 30 days of receipt of billing and are ultimately your responsibility as you are representing your client. If you are requiring your client to pay my fees, work will not start until the retainer is received.
2. Scope of Work: My job is to do the following: Review documents that you provide, call with a verbal report, and only provide a written report if requested, be available for arbitration, deposition and court and provide an IME and written report when needed.

### **No Guarantee of Outcome or Estimates**

I do not guarantee the outcome or disposition of any matter with respect to which I am representing you, and you agree to pay my fees and other charges regardless of any outcome. Until I review the case, I obviously could not determine the validity, nor outcome, of the case.

*Attorney Engagement Agreement with Dr. Jay Grossman for Expert Testimony: pg. 2 of 3*



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**Financial Arrangements**

Every matter we handle has at least two components to the financial arrangements: Retainer and Basis of Billing. Below are those components, as they apply.

1. **Retainer.** A \$2000 retainer is required to start review on all cases. This is calculated at an hourly rate of \$500/hour, with a 4-hour minimum, which is a non-refundable once the case and retainer are received.
2. **Basis of Billing.** I will bill you monthly for services rendered, expenses incurred and incidental in-house services provided. Billing is on an hourly basis, in one-tenth hour (six-minute) increments. The hourly rate is \$500/hour for review of records; phone consultation, correction of my deposition. I bill at \$700/hour for depositions and IME. And my rate for court appearances, trial and arbitration is \$7500 per day plus prep, travel and attorney meetings and must be paid 14 days prior to trial so that I can cancel scheduled patients.

Thank you again for retaining me as your expert. I appreciate the confidence that you have placed in me and look forward to a mutually satisfactory relationship.

Very truly yours,

*Dr. Jay S. Grossman*

Dr. Jay Grossman, D.D.S.

I confirm that I have read, understand and agree to the terms and conditions expressed in the above letter and the attached Terms and Conditions.

On behalf of (client)\_\_\_\_\_I confirm that I have read, understand and agree to the terms and conditions expressed in the above letter and the attached Terms and Conditions.

Attorney Name: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

*Attorney Engagement Agreement with Dr. Jay Grossman for Expert Testimony: pg. 3 of 3*