Nearly 30 years ago, three technologies were introduced to dentistry in one year that forever changed the capabilities of communication, diagnosis and treatment: the first digital intraoral camera (Fuji/Fujicam®), the first intraoral digital X-ray system (Trophy®) and the first chairside digital restorative system (Siemens®/CEREC®) all made their North American appearance in 1987.

While two of the three technologies can now be found in nearly 70 percent of dental practices and are used daily to provide better dentistry, digital restorative dentistry has lagged behind with less than 10 percent of practices taking advantage of providing patients with a digital scan, digital design and in-office fabrication of the final restoration.

While chairside CAD/CAM technology has continued to progress over the nearly 30 years since its introduction, it wasn’t until a laser-based system (E4D Dentist™) was introduced in 2008 that clinicians could actually “see” what they were capturing. The introduction of the E4D Dentist System provided dental professionals with the ability to fabricate a one-appointment, indirect ceramic restoration digitally without first covering the hard and soft surfaces to be scanned with powder. In addition, D4D Technologies introduced centralized education and remote support (Support on Sight or S.O.S.) to further facilitate integration of this technology into the modern dental practice.

Yet, what has kept chairside CAD/CAM from revolutionizing the capabilities of dentistry much like Lenscrafters® transformed the expectations and experiences of patients needing eyewear? The concept of “one-hour” eyeglasses was introduced in 1983 and now is an instantly recognizable and accepted concept that brings the technology and convenience to the patient with no compromise in quality. The same is true with today’s chairside CAD/CAM systems — convenience with no compromise.

When asked why chairside CAD/CAM isn’t the current standard of care in dentistry, the first answer from those in the profession is “the cost.” Unfortunately, this answer is a common fallacy because in most cases, chairside CAD/CAM costs “less than what you’re doing now” for the average private practitioner.

As you read through this issue of CAD/CAM magazine, you will meet clinicians and assistants who at first hesitated but then took the step into digital restorative care and have never looked back. You’ll read of new technologies to promote the services to your patients and, most of all, understand the true cost of “not” incorporating chairside restorative care into your practice.

I encourage you to look forward and explore all that digital restorative care offers you, your team and your patients.

Sincerely,

Gary Severance, DDS
Chief Marketing Officer
D4D Technologies