In addition to the expectation of generating a steady stream of “Wows” from attendees, the exhibit hall at the 2017 Chicago Dental Society Midwinter Meeting also will generate a stream of C.E. credit.

In acknowledgement of the importance of keeping pace with the industry’s never-ending advancements in instruments, tools, techniques, products and services, the Chicago Dental Society again this year will give Midwinter Meeting attendees the opportunity to earn one C.E. credit per day simply by examining the myriad offerings in the meeting’s expansive exhibit hall.

More than 700 exhibiting companies and organizations are expected at this year’s meeting, which runs from Feb. 23–25 at McCormick Place West in Chicago. The exhibits will be open on all three days of the meeting, from 9 a.m. to 5:30 p.m. on Thursday and Friday and from 9 a.m. to 4 p.m. on Saturday.

Signs posted in the exhibit hall (near the Overlook Cafe) will display each day’s C.E. code, which becomes active three hours after the exhibits open each day. Attendees enter that day’s C.E. code when completing a C.E. verification form.

Visitors to the exhibit hall will be able to experience hands-on introductions to an array of equipment and materials, meet with representatives knowledgeable about the offerings and learn more about dentistry’s latest state-of-the-art advancements.

This will be the venerable annual meeting’s 152nd year. In addition to featuring an expansive exhibit hall, the meeting will be anchored by a scientific program featuring more than 140 speakers and 225 courses. More than half of the courses are free.

Leadership theme
The theme of this year’s meeting is “Leadership: Cornerstone for Success.” Each day of the meeting will feature an all-day track devoted to one topic. Midwinter
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The American Academy of Cosmetic Dentistry (AACD) 33rd Annual Scientific Session will be held from April 18–21 (Tuesday–Friday), in Las Vegas, Nevada. The conference, described by organizers as “the world’s largest continuing education meeting for cosmetic dentistry,” will feature more than 35 hands-on workshops, 60 lectures and 100 speakers. The annual event typically draws between 2,000 to 3,000 dental professionals and includes courses and events serving dentists, lab technicians, hygienists and dental team members to help them refine their skills, learn the latest techniques, and share ideas.

The AACD is a recognized credit provider for the Academy of General Dentistry, the American Dental Association, and the National Association of Dental Laboratories. The AACD is the world’s largest non-profit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthetics, and function.

The iconic monument, miles of museums and other sights steeped in history will welcome those attending the American Academy of Pediatric Dentistry (AAPD) 2017 annual session in Washington, D.C. The event will be held from May 25–28 at the Gaylord National Resort and Convention Center, which is on the Potomac River in Oxon Hill, Md., just south of the nation’s capital city.

Online registration is open via www.aapd.org. You can use AAPD’s online itinerary planner to find details on the scientific program, social events and organized tour events in Washington, D.C. New this year for the meeting’s exhibit hall are scheduled 20-minute breaks in the overall meeting schedule to enable visits throughout the day. Also new will be a “Tech Hub,” where attendees can ask questions about using smartphone, tablet, apps and tech gadgets in everyday life — both personal and professional — to increase productivity with little-known tips and cutting-edge tools.
‘Q-Implant Marathon’ offers hands-on, live-surgery implantology courses

Earn 60 C.E. hours and gain practical experience

Continuing education in dental implantology has traditionally focused on theoretical aspects of the specialty. Trinon Collegium Practicum (TCP) challenges this training approach by offering practice-oriented dental implantology courses. Its ‘Q-Implant Marathon’ curriculum specializes in hands-on training.

Problems with traditional education

Traditionally, entering the field of implantology has been difficult for many dentists. It might not be a subject of university education — with many universities and courses focusing mainly on theoretical orientation. Because of this, establishing oneself within this particular area of dental medicine can prove to be a time-consuming endeavor. Further complicating the matter, many of the educational and training programs rarely present an opportunity for practitioners to practice directly on patients.

Learning by doing

Since 2003, the ‘Q-Implant Marathon’ has offered hands-on training that incorporates a live patient model. Participants spend five days assisting and leading surgeries under the supervision of TCP’s experienced surgical team. The Academy of General Dentistry accredits the ‘Q-Implant Marathon,’ and all participants are eligible to receive 60 continuing education credit hours.

The ‘Q-Implant Marathon’ offers three levels of training on the basis of practitioner experience:

• Beginner: Participants lead the placement of 30 implants, while assisting on dozens more.
• Advanced (two levels): Participants lead the performance of five sinus lifts via lateral window and piezosurgery methods, learn foundational bone-splitting techniques, establish complication-management skills and more.

You can visit booth No. 1115 at the Chicago Midwinter Meeting exhibit hall to register for an upcoming course.

Comments from previous attendees include:

• “Prior to coming to this course, I had only theoretical/didactic knowledge in implantology. You gain immense knowledge in placement, treatment planning and surgical skills. As a beginner, I would highly recommend taking this course to advance your career.” — Q-Implant course participant (Beginner Level)
• “I found the hands-on, level-2 course invaluable. The learning environment was supportive and the training and feedback with total hands-on instruction was the one thing my previous training lacked.” — Q-Implant course participant (Advanced Level)

Learn more about the courses by calling (630) 705-1002, visiting www.implantologycourses.com or emailing register@implantologycourses.com.

(Source: Trinon Collegium Practicum)
Q-Implant Marathon
Hands-On Implantology Courses

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BOOTH #1115

14 Years Educating
150 Courses Organized
3,000 Dentists Trained
100,000 Implants Placed

Level 1
Implant Placement

Level 2
Sinus Lifts

Level 3
Advanced Grafting

Earn 60CE hours from the Academy of General Dentistry

Dominican Republic 2017 Dates:
March 6-10 (fully booked)
March 13-17 (wait list)
June 12-16
September 11-15
December 4-8

Free Post Course Package:
Surgical Kit & Implants

Incredible course! I’ve never been to a CE course that has given me so much experience and knowledge as this course has. Worth every penny!
- Dr. Kent C.

I do not believe that there is a better way to get hands-on experience for implant placement and surgical techniques. I learned far more than expected and gained confidence throughout the week. All professors and staff were very professional, knowledgeable and approachable. I highly recommend this course!
- Dr. Dustin R.
This universal sensor holder slides to choice of bite-block positions

By Flow Dental Staff

Flow Dental, exhibiting in booth No. 1521 at the 2017 Chicago Dental Society Midwinter Meeting, has several new imaging products on display.

Sensibles universal sensor positioner
The Sensibles universal sensor positioner has been made even more versatile, now featuring unique locking bumpers that enable you to slide the bite block to any of several fixed positions.

According to the company, clinicians can quickly and easily move from a vertical anterior X-ray to a horizontal posterior or even a bitewing position with just one sensor holder. Sensibles come with aiming rings and positioning arms and will work with all size sensors, the company reports. Purchase through your preferred dealer.

To get additional information or to request a free sample, you can go to www.flowdental.com.

Perfect Fit intraoral camera sleeves
The company’s new Perfect Fit is described as “the one and only fully adjustable intraoral camera sleeve you can buy.” It enables you to create a custom-fit sleeve for virtually any size camera — quickly, easily and economically, according to the company.

Flow Dental asserts that the sleeve will stay on every time, and your lens will always be clean and wrinkle free. According to the company, the Perfect Fit sleeves are 30 percent less expensive than other custom-fit camera sleeves.

All Bite universal bite-wing holder
Flow is also introducing new All Bite, a universal bite wing holder for all size sensors. Not only does All Bite flex to hold all sizes, but its unique snap-on/snap-off bite block enables you to move on the fly from a horizontal to a vertical bitewing, in seconds, at chairside. All Bites are economically priced, too, according to the company.

Deluxe Cushies for patient comfort
Finally there’s new Deluxe Cushies. Deluxe Cushies adhere to either the long or short side of your sensor, PSP plate or film to create a soft, cushiony surface your patients will appreciate. The unique key-way design makes positioning your Deluxe Cushie quick and easy too.

William Winters, president of Flow Dental, said: “We understand imaging from a workflow and case-management perspective. Our goal is to enhance — yet simplify — any aspect of the imaging process that we can. Our goal is to make products that are easy to use, easy to adapt, save time, reduce cost and are a benefit to both the patients and the practitioners.”

Learn more about Flow Dental offerings in the exhibit hall at the Chicago Dental Society Midwinter Meeting and by visiting www.flowdental.com.

The Sensibles universal sensor positioner (large and medium sizes pictured) now feature unique locking bumpers that enable you to slide the bite block to any of several fixed positions. Photo/Provided by Flow Dental
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Dual-cured Cements/Build-ups

Versatile Durable

Compatible

Total-etch
Selective-etch
Self-etch

Third Party Comparative Bond Strength Data*(MPa)

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INDUSTRY NEWS

One-take impressions save time, dollars

By Kettenbach Staff

Purchasing impression material in bulk from your supplier? No reason to change because everything is working fine? What if you could buy a premium product, shipped directly from the manufacturer? This can be achieved with Kettenbach, which according to the company provides high-quality performing materials that will reduce the number of retakes because accuracy is achieved the first time. Impressions done in one take use less material and cost less. To enjoy the Kettenbach “Advantage, performance and price, sold direct to you,” call (877) 532-2123 to save hundreds or maybe even thousands on your annual purchases. Kettenbach LP is based in Huntington Beach, Calif., and is the exclusive U.S. distributor for Kettenbach GmbH & Co. KG, based in Eschenburg, Germany. Founded in 1944, the company is a leading international producer of impression materials for dental use and is also known in other surgical areas of medicine. For more information about Kettenbach LP products, you can call (877) KETBA-123 or visit www.kettenbach.com.

Kettenbach’s Panasil family: ‘Impressions done in one take use less material and cost less.’

CareCredit, Henry Schein Financial Services complete agreement

CareCredit, a leading provider of promotional health-care financing through its credit card, has finalized a new multi-year agreement with Henry Schein Financial Services LLC.

Under the new agreement, CareCredit will provide patient financing services and offer integrated solutions with Henry Schein’s practice management software programs: Dentrix® and Easy Dental® for dental practitioners and AVImark®, Impromed® Inﬁnity™ and Impromed Triple Crown® for veterinarians. The added feature will make it convenient for dental and veterinary practices to offer ﬁnancing options to help patients and pet owners receive needed care and services.

The alliance will also include co-marketing programs and collaboration on prospective services. The availability of the patient financing services will be promoted by Henry Schein’s ﬁeld sales consultants. CareCredit research shows the availability of ﬁnancing options plays a key role in how patients approach their health care decisions. According to “Path to Purchase Research,” conducted by Rothstein Tauber Inc. on behalf of CareCredit (2014), more patients considered or researched ﬁnancing (73 percent) than researched procedures or treatments (70 percent). The same study showed the likelihood of patients applying for or using a health care credit card increases as the cost of care increases. Additionally, half of respondents (50 percent) who did not have a CareCredit credit card stated they would consider ﬁnancing if it enabled them to purchase the health-care service, or related items, immediately.

“Health care today offers an increased array of treatment options to patients. For some, the biggest obstacle to obtaining treatment may be ﬁnancing for elective or cosmetic procedures and services that may not be covered by insurance,” said Keith Drayer, vice president, Henry Schein Financial Services.

(Source: CareCredit and Henry Schein)
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Smile renewed with Obsidian lithium silicate ceramic

By Glidewell Laboratories Staff

According to manufacturer Glidewell Laboratories, the company’s Obsidian® lithium silicate ceramic is a state-of-the-art restorative material that can be used for PFM, all-ceramic and chairside-milled cases. With this versatility, Obsidian enables clinicians to prescribe a single material for virtually any indication in the mouth. A simplified workflow can ensue because Obsidian helps achieve a cohesive appearance across the arch, even when the oral situation demands multiple types of restorations, the company reports.

Obsidian offers more than four times the flexural strength and twice the chip resistance as traditional feldspathic ceramics, according to the company. Furthermore, Glidewell reports that the translucency and esthetics of the material match those of natural dentition, making Obsidian an optimal combination of utility and beauty.

Pressed to metal

According to Glidewell, the latest release in the product line, “Obsidian Pressed to Metal” restorations, are exceptional PFMs for today’s clinician. Rather than fusing feldspathic porcelain to cast metal, Obsidian lithium silicate ceramic is pressed to laser-sintered understructures to form a modernized PFM. Each case is designed digitally and fabricated through unique computer-controlled processes, resulting in precise restorations. The understructures are made through a method in which a programmable laser beam strikes metal powder to build the desired shape, layer by layer. The anatomy is formed by heat-pressing lithium silicate into a 3-D–printed mold.

According to Glidewell, finished “Obsidian Pressed to Metal” crowns and bridges achieve far greater strength than their traditional PFM predecessors. It describes the natural-looking, chip-resistant restorations as being ideal for covering dark preps and endodontic posts. Indications include crowns and bridges anywhere in the arch, and screw-retained and cemented implant restorations.

All-ceramic

Obsidian all-ceramic restorations are made from the same lithium silicate ceramic used for the pressed-to-metal restorations, meaning that monolithic and ceramo-metal prostheses can be placed adjacent to one another with highly successful results. These all-ceramic restorations mirror the vitality and translucency of natural dentition and are indicated for individual anterior and posterior crowns, veneers, inlays, onlays and three-unit anterior bridges.

Case presentation

By Anamaria Muresan, DMD, CDT

A male patient presented to the Glidewell Laboratories operatory unsatisfied with the mismatched appearance and chipped, uneven incisal edges of his maxillary central incisors. The patient reported that he was so unhappy with his current oral situation that he never smiled. We restored his smile using Obsidian lithium silicate ceramic, placing one pressed-to-metal crown and five veneers. Looking at the before image, note that tooth #8 appears gray due to previous root canal treatment and the resulting metal post showing through the all-ceramic crown. When a patient presents with a metal post, my rationale is to use a PFM to stop the show-through. The Obsidian “Pressed to Metal” crown used here completely hid the endodontic post, without forcing me to select an unesthetic, dark shade in hopes of masking the post. The Obsidian “Pressed to Metal” crown on tooth #8 and Obsidian veneers on #6, #7 and #9–11 easily match one another in terms of shade and esthetics. The patient was thrilled with the life-changing outcome.
Kovanaze™ is the first FDA-approved Nasal Spray indicated for regional anesthesia when performing a restorative procedure on teeth 4-13 and A-J in adults and children who weigh 40 kg or more. And as its name implies, Kovanaze Nasal Spray is needle-free! Inject or spray? — The choice is between you and your patient.

IMPORTANT SAFETY INFORMATION: Use in patients with uncontrolled hypertension or inadequately controlled active thyroid disease of any type is not advised. Tetracaine may cause methemoglobinemia, particularly in conjunction with methemoglobin-inducing agents. Use of KOVANAZE in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methemoglobinemia-inducing agents have been used. Confirm diagnosis by measuring methemoglobin level with co-oximetry. Treat clinically significant symptoms of methemoglobinemia with a standard clinical regimen. Allergic or anaphylactic reactions can occur. If an allergic reaction occurs, seek emergency help immediately. KOVANAZE is contraindicated in patients with a history of allergy to tetracaine, benzyl alcohol, other ester local anesthetics, p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product. Some clinical trial patients experienced an increase in blood pressure so blood pressure should be monitored. In addition, patients should be carefully monitored for dysphagia. KOVANAZE is not recommended for use in patients with a history of frequent nose bleeds. Concomitant use of monamine oxidase inhibitors, nonselective beta adrenergic antagonist, or tricyclic antidepressants may cause hypertension and is not recommended. Discontinue use of oxymetazoline-containing products 24 hours prior to KOVANAZE administration. Avoid concomitant use of intranasal products. The most common adverse reactions to KOVANAZE occurring in >10% of patients include a runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes.

Learn more at www.kovanaze.com or call the Kovanaze Support Line at 1.800.770.9400

Manufactured for St. Renatus
Brief Summary • Local Anesthetic for Regional Anesthesia

[Kovana™ (tetracaine HCl) and oxymetazoline HCl) Nasal Spray]

INDICATIONS AND USAGE
Kovana™ contains tetracaine HCl, an ester local anesthetic, and oxymetazoline HCl, a vasoconstrictor. Kovana™ is indicated for regional anesthesia when performing a restorative procedure on teeth 4 to 13 and A to J in adults and children who weigh 40 kg or more.

CONTRAINDICATIONS
Kovana™ is contraindicated in patients with a history of allergy to or intolerance of tetracaine, benzyl alcohol, other ester local anesthetics, p-aminoamphetamine (FBA), oxymetazoline, or any other component of the product.

WARNINGS AND PRECAUTIONS
Risk of Hypertension: Kovana™ has not been studied in Phase 3 trials in adult dental patients with blood pressure greater than 150/100 or in those with inadequately controlled active thyroid disease. Kovana™ has been shown to increase blood pressure in some patients in clinical trials. Monitor patients for increased blood pressure. Use in patients with uncontrolled hypertension or inadequately controlled active thyroid disease of any type is not advised.

Epistaxis: In clinical trials, epistaxis occurred more frequently with Kovana™ than placebo. Either do not use Kovana™ in patients with a history of frequent nose bleeds (> 5 per month) or monitor patients with frequent nose bleeds more carefully if Kovana™ is used.

Dysphagia: In clinical trials, dysphagia occurred more frequently with Kovana™ than placebo. Carefully monitor patients for this adverse reaction.

Methemoglobinemia: Tetracaine may cause methemoglobinemia, particularly in conjunction with methemoglobin-inducing agents. Based on the literature, patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiosyncratic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Use of Kovana™ in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Patients taking concomitant drugs associated with drug-induced methemoglobinemia, such as sulfonamides, acetaminophen, acetadrenal, online dyes, benzocaine, chloroquine, diphenhydramine, niacin, and quinine, may be at greater risk for developing methemoglobinemia. Initial signs and symptoms of methemoglobinemia (which may be delayed for up to several hours following exposure) are characterized by the state gray cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases, symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, depression, seizures, dysphonia and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methemoglobinemia-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the identification of methemoglobinemia. Confirm diagnosis by measuring methemoglob- in level with CO-oximetry. Normally, methemoglobin levels are < 1%, and cyanosis will not be evident until a level of at least 10% is present. Treat clinically significant symptoms of methemoglobinemia with a standard clinical regimen such as a slow intravenous infusion of methylene blue at a dosage of 1-2 mg/kg given over a 5- minute period.

Anaphylactic Reactions: Allergic or anaphylactic reactions have been associated with tetracaine, and may occur with other components of Kovana™. They are characterized by urticaria, angioedema, bronchospasm, and shock. If an anaphylactic reaction occurs, seek emergency help immediately.

ADVERSE REACTIONS
The most common adverse reactions occurring in > 10% of patients include runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes. Transient, asymptomatic elevations in systolic blood pressure (20-50 Hg from baseline) and diastolic blood pressure (> 15 Hg from baseline) have been reported.

DRUG INTERACTIONS
Monoamine Oxidase Inhibitors: Use of Kovana™ in combination with monoamine oxidase inhibitors (MAOIs), selective beta adrenergic antagonists, or tricyclic antidepressants may cause hypertension and is not recommended. Alternative anesthetic agents should be chosen for patients who cannot discontinue use of MAOIs, selective beta adrenergic antagonists, or tricyclic antidepressants.

Oxymetazoline-containing Products: Concurrent use with other oxymetazoline-containing products (such as Atroide®) has not been adequately studied. Use of Kovana™ with other products containing oxymetazoline may increase risk of hypertension, bradycardia, and other adverse events associated with oxymetazoline. Discontinue use 24 hours prior to administration of Kovana™.

Intrasal Products: Oxymetazoline has been known to slow the rate, but not affect the extent of absorption of concurrently administered intranasal products. Do not administer other intranasal products with Kovana™.

USE IN SPECIFIC POPULATIONS
Pregnancy Risk Summary: Limited published data on tetracaine use in pregnant women are not sufficient to inform any risks. Published epidemiological studies of nasal oxymetazoline use as a decongestant during pregnancy do not identify a consistent association with any specific malformation or pattern of malformations. In animal reproduction and development studies, oxymetazoline given subcutaneously to rats during the period of organogenesis caused structural anomalies at a dose approximately 2.7 times the exposure of oxymetazoline HCl at the 0.3 mg maximum recommended human dose (MRHD) of Kovana™. In a pre- and post-natal development study in rabbits, nasal oxymetazoline given subcutaneously to rats caused embryo-fetal toxicity manifested by reduced implantation sites and live litter sizes at approximately 1.5 times the MRHD and increased pup mortality at 6 times the MRHD. No adverse developmental effects were observed following subcutaneous administration of tetracaine HCl only to rats and rabbits during organogenesis at 32 and 6 times, respectively, the estimated exposure of tetracaine HCl at the 18 mg MRHD of Kovana™. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

Lactation Risk Summary: There are no data on the presence of tetracaine, oxymetazoline, or their metabolites in human milk, the effects on the breastfed infant, or the effects on milk production.

Detectable levels of oxymetazoline, tetracaine and the major metabolite of tetracaine, p-butyramino -benzoic acid (PBBA), were found in the milk of lactating rats following subcutaneous administration of oxymetazoline HCl in combination with tetracaine HCl during the period of organogenesis through parturition and subsequent pup weaning. Due to species-specific differences in lactation physiology, animal data may not reliably predict drug levels in human milk.

The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for Kovana™ and any potential adverse effects on the breastfed infant from Kovana™ or from the underlying maternal condition.

Females and Males of Reproductive Potential: Infertility: No information is available on fertility effects in humans.

Females: Based on animal data, Kovana™ may reduce fertility in females of reproductive potential. In female rats, decreased fertility noted as a decrease in litter size occurred at 0.7 times the oxymetazoline AUC exposure at the MRHD of Kovana™. It is not known if the effects on fertility are reversible.

Males: Based on animal data, Kovana™ may reduce male fertility. In male rats, decreased sperm motility and sperm concentration occurred at approximately 2 times the oxymetazoline AUC exposure at the MRHD of Kovana™.

Pediatric Use: Kovana™ has not been studied in pediatric patients under 3 years of age and is not advised for use in pediatric patients weighing less than 40 kg because efficacy has not been demonstrated in these patients.

Geriatric Use: Clinical studies of Kovana™ did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. Other reported clinical experience with other concomitantly used agents has not identified that age to be a factor in the evaluation of efficacy or safety of Kovana™. One clinical trial was conducted in elderly patients (mean age = 60 years). However, it was not a controlled trial, and it is not possible to determine whether the characteristics of the elderly population are similar to those of the general population.

Overdosage: No adverse effects have been reported in the literature for either tetracaine or oxymetazoline, but there have been numerous case reports of unintentional overdoses for both compounds. Side effects in adults and children associated with oxymetazoline overdose include dizziness, chest pain, headaches, myocardial infarction, stroke, visual disturbances, arrhythmia, hypotension, or hypertension. Side effects of tetracaine overdose include rapid circulatory collapse, cardiac arrest, and cerebral events. Patients with poisoning from nasal concomitantly used nasal mucosa, and adverse systemic effects (particularly in children), including serious cardiac events, have been associated with overdose and/or prolonged or too frequent intranasal use of oxymetazoline containing agents. Accidental ingestion of irrigating solutions (i.e., oxymetazoline, naphazoline, tetrohydrocortisone) in children has resulted in serious adverse events requiring hospitalization (e.g., coma, bradycardia, decreased respiration, sedation, and somnolence). Patients should be instructed to avoid using oxymetazoline-containing products (such as Atroide®) and other adrenergic agonists within 24 hours prior to their scheduled dental procedure. Management of an overdose includes close monitoring, supportive care, and symptomatic treatment.

How Supplied:
Kovana™ Nasal Spray is a pre-filled, single-use, intranasal spray containing a 0.2 mL, aqueous solution at pH 6.0 ± 1.0 containing 30 mg/mL of tetracaine hydrochloride and 0.5 mg/mL of oxymetazoline hydrochloride equivalent to 26.4 mg/mL tetracaine and 0.44 mg/mL oxymetazoline. Each nasal spray unit delivers approximately 0.2 mL spray. Each 0.2 mL spray contains 0.5 mg tetracaine hydrochloride (equivalent to 0.27 mg tetracaine) and 0.6 mg oxymetazoline hydrochloride (equivalent to 0.088 mg oxymetazoline). NDC: 0687-0100-100

Storage and Handling
Store between 2° and 8°C (36° and 46°F); excursions permitted between 0° and 30°C (32° and 86°F) [see USP Control of Cold Temperature]. Discard any unused solution. DO NOT use if drug is left out at room temperature for more than 5 days.

Patient Counseling Information
Inform patients of the likelihood of expected side effects (including runny nose, nasal congestion, mild nose bleeds, dizziness, and a sensation of difficulty in awakening that should resolve within the same day). Instruct patients to contact their dentist or health care professional if these symptoms persist.

Advise patients to inform the dental practitioner if they are taking monoamine oxidase inhibitors (MAOIs), selective beta adrenergic antagonists, or tricyclic antidepressants.

Advise patients to use oxymetazoline-containing products (such as Atroide® and other adrenergic agonists) within 24 hours prior to their scheduled dental procedure.

Advise patients of the signs and symptoms of hypersensitivity reactions and to seek immediate medical attention should they occur.

Manufactured for: St. Renatus, LLC, Fort Collins, CO 80526

Kovana™ is a trademark of St. Renatus, LLC.

Rev. 11/2016
Benefits of bonding combine with simplicity of traditional cementing

By Dr. Joseph Kim

BISCO’s next generation resin cement combines the benefits of bonding with the simplicity of a traditional cementing protocol. TheraCem is a dual-cured, calcium and fluoride-releasing, self-adhesive resin cement indicated for luting crowns, bridges, inlays, onlays and all types of posts. Delivering a strong bond to zirconia and most substrates, along with easy cleanup and high radiopacity, TheraCem offers clinicians reliable and durable cementation of indirect restorations.

The self-adhesive feature means no etching, and no priming or bonding of prepared dental surfaces. This means greater predictability in preparations with subgingival margins, where etchants or bonding agents may cause bleeding (Fig. 1).

With TheraCem, a clean, prepped dentin or enamel surface is all that is needed to achieve excellent bond strengths, with the added benefit of sustained calcium and fluoride release. TheraCem also forms a strong bond to most substrates, including zirconia restorations, without the need for separate chemical primers (Fig. 2).

Easy to clean up
TheraCem is easy to clean up with hand instruments and floss (Fig. 3). For deeper subgingival margins, TheraCem is kind to the gingiva, although the margins should be thoroughly inspected to ensure complete removal of excess cement (Fig. 4).

Due to innovative chemistry, TheraCem achieves a high degree of chemical conversion, which ensures long-term durability, without the need for refrigeration when it is not being used. For clinicians, this means that peace of mind can be nearby and ready to use in every operatory.

All of these time-saving features translate to decreased chair time and reduced frustration for both clinicians and patients. TheraCem is true simplicity and durability through cutting-edge chemistry.
Barrier protection critical with dental gloves

Gloves with inferior capability could expose patient/user to harmful infections

While caring for their patients, dental and health care professionals are constantly exposed to bodily fluids that may carry viruses and other infectious agents.

It is therefore critical that the gloves these professionals use provide the best possible barrier protection.

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural rubber latex gloves have long been acknowledged for their very effective barrier properties, while non-latex gloves, such as vinyl (polyvinyl chloride), have inferior barrier capability as shown by numerous studies.

Other synthetic gloves, such as nitrile and polyisoprene, perform much better than vinyl but are more costly, especially polyisoprene gloves. Using gloves with inferior capability could expose both the patient and user to harmful infections.

Quality, safety top priorities

Malaysia is the world’s largest medical gloves exporter (latex and nitrile). Both quality and users’ safety are of top priority to the nation’s glove industry. To this end, a quality certification program (the Standard Malaysian Glove, or the SMG) has currently been formulated for latex examination gloves.

All SMG-certified gloves must comply with stringent technical specifications to ensure the gloves are high in barrier effectiveness, low in protein and low in allergy risks, in addition to having excellent comfort, fit and durability — qualities that manufacturers of many synthetic gloves are trying to achieve.

Natural, sustainable resource

Latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly. (You can learn more online by visiting www.smgonline.biz or www.latesgloves.info).

The use of low-protein, powder-free gloves has been demonstrated by many independent hospital studies to markedly reduce the incidence of latex sensitization and allergic reactions in workplaces.

More important, latex-allergic individuals donning non-latex gloves can now work alongside their coworkers wearing the improved low-protein gloves without any heightened allergy concern.

However, for latex-allergic individuals, it is still important they use appropriate non-latex gloves, such as quality nitrile and polyisoprene gloves, which provide them with effective barrier protection.

Extensive array of brand, prices

Selecting the right gloves should be an educated consideration to enhance safety for both patients and users. For decades, gloves made in Malaysia have been synonymous with quality and excellence, and they are widely available in an extensive array of brands, features and prices.

They can be sourced either factory direct (www.mrepc.com/marketplace) or from established dental products distributors in the United States and Canada.

(Source: Malaysian Rubber Export Promotion Council)
Malaysia:
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Protection and Performance You Can Feel

Malaysia is the largest source for U.S. imports of natural and synthetic rubber gloves as reported in tariff and trade data by the U.S. Department of Commerce and the U.S. International Trade Commission.
‘The Last Flossing’

Divine provenance meets divine providence as the mouth/body health connection gains more converts

By Patricia Walsh, RDH
Editor in Chief, Hygiene Tribune

I came across Ed Sorel’s illustration “The Last Flossing” in a round-about way. Sorel is one of those artists whose work might be immediately familiar to you from popular magazines, but his name likely isn’t. Such is the fate of illustrators. Their hand-colored drawings are usually just an adjunct to a nationally syndicated story — unless, of course, the artist has been at it for about six decades and is considered an institution.

Best known for his political cartoons and caricatures in The New Yorker and Vanity Fair, Sorel has iconic murals adorning the walls of the landmark Waverly Inn in Greenwich Village. The Waverly has been dubbed one of the worst restaurants in New York City by the newly elected U.S. president, so you can easily guess on which end of the political spectrum the establishment’s owner lands.

The last time I had heard the Waverly mentioned was when a childhood friend of mine was married to a Standard Oil heir, and caricatures in The New Yorker and Vanity Fair, Sorel himself, who is now pushing 90.

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“Traveling Pasta” by Shirley Gutkowski, RDH, whose book I also highly recommend (Shirley’s book, a lovely stroll through the realities of the dental hygiene profession, is ideal for the newly minted registered dental hygienist). But back to Sorel. Apparently, when this then-relatively-unknown illustrator was pulling up the linoleum in his Upper East Side kitchen in 1965, he came across some yellowed newspapers from 1936. The rest of us would have found bits of blue kitty litter, coffee grounds and a coupon for Cheerios. But Sorel found the basis for an obsession that five decades later manifested itself as a book. All of the old newspapers’ headlines were about Astor’s scandalous divorce and custody trial. The unfolding details were so sensational, Astor had knocked Hitler and Franco off the front pages.

I thought of this recently when I was interviewed by The New York Times after our profession’s dear Esther Wilkins, DMD, RDH, passed away. It took a few days longer than I expected for the newspaper’s thoughtful obituary to appear in print. Perhaps the piece was bumped by Zsa Zsa and her nine husbands. The more things change with mass media, the more they stay the same.

Just before the holidays, my boss handed me four pages of information about the new ADA code for hygiene. I glanced at the information, didn’t immediately understand its relevance, and promptly tucked it into a drawer. My mind was on shopping, wrapping, cleaning, cooking, clothing and hair. ADA dental terminology wasn’t at the top of my list.

When I casually mentioned the code update to another hygienist, who seemed equally unaware, I had an “aha” moment: I would check with Patti DiGangi, RDH. She wrote the book on codes. Literally. Before I even got the shipping boxes out with the trash and the last Christmas package wrapped, there was already an article online by DiGangi explaining D4346. She seems to know what we need to know before we conclude we need to know it. I’m not sure if Dr. Wilkins had 12 apostles or not, but she certainly has two good disciples in Gutkowski and DiGangi.

They work diligently to make our profession better even when the rest of us are thinking about shopping, wrapping, baking — and decades-old sex scandals.

Most likely 2017 will bring along with it a bumper crop of patients ready to use newly acquired dental benefits. There will be plenty of people who have taken a vacation from the dentist for years who will suddenly appear on our doorsills. They may not have any bone loss, but they sure as heck aren’t traditional re-care appoint- ments either.

Hence the need for D4346. Prior to this code, we would be looking at a wall of calculus but no bone loss to back up

See FLOSSING, page A18
We talk Implantology

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Is the future now?

By David L. Hoexter, DMD, FaCD, FICD
Editor in Chief

A greater number of dentists may soon be ready to start using hard-tissue lasers in the preparation of teeth and reshaping of bone. The technology promises to be more precise, lead to more esthetic results and, hopefully, be more economical as well.

Restoring the natural dentition has been one of the cornerstones of dentistry. Historically, GV Black was the first to use hand chisels to shape his design preparations. A foot-pedaled drill with special burrs followed. Belt-driven handpieces with drilling apparatus came next, along with a high-pitched whirring sound. Although the belt helped the practitioner achieve the desired results, the irritating and annoying sound hurt the dentist’s ear and escalated patient fear and anxiety.

The high-speed handpiece helped ease strain on the practitioner’s hand and seemed to make things better for patients, but the whirring sound simply evoked a variation in the fear lasers have made remarkable strides to eliminate the annoying sounds, but initially the technology was limited primarily to soft-tissue work. Different power sources are utilized for different fields.

Today, hard-tissue lasers are becoming more accessible and practical. Recently, in an exhibitor booth at a major dental meeting, I was amazed by a laser system used for hard-tissue procedures. Early on, hard-tissue lasers used in dentistry would typically cause bone or dentin to become dry or desiccated and then crumble. Pulpal reactions were also reported. Use could result in patient discomfort and pain. Many practitioners avoided the technology.

Also with the early generations of the technology, some questionable claims were made about some hard-tissue achievements. I tried some of those earlier products and found the ones I used to be expensive and ineffective. Their pounding, pulsating, loud noises — along with streams of water — seemed to achieve little if anything for the patient.

Application seemed limited to Class V restorations. The disappointment of some of these early products dulled many practitioners’ hope and expectations for the use of lasers with hard-tissue procedures. But things are far different now!

Testing in the exhibit hall

One example I recently learned about is Light Instruments’ LiteTouch Er:YAG laser system, which was launched in the U.S. last year by AMD Lasers. It is a water-cooled laser that enables clinicians to shape one-to-one structure as well as the tooth as desired, without causing pathology, while achieving desired goals.

Once the practitioner acquires the ability to use the tip’s apex rather than the side of the filament, as many are accustomed to do with a burr, the artistic abilities of the practitioner promise to soar with this technology’s possibilities.

Using a hard-tissue laser, the resulting margins of a tooth preparation in restorative dentistry are sharp and might prevent micro-leakage. The resulting longer-lasting restorations further justify the technology as economical and practical.

I encourage you to try one at a dental meeting where physical booths are present, and let me know if you agree that the future is now.
### 6-Year Independent Clinical Study Results

**Translucent Zirconias: Tooth Reduction and Chairside Adjustment Issues (Continued from page 1)**

**1. What we have learned about zirconia over the past 11 years (Continued)**

**B. Full-strength BruxZir zirconia formulation in molar crowns at 6 years of clinical service**

1. Fracture at 6 years of full-strength BruxZir zirconia = 0%. The BruxZir cases received minimal tooth preparation (<1.0mm occlusal reduction with a slight chamfer margin), RMGI cementation, and subjects with bruxing/clenching habits.

2. Full-strength BruxZir zirconia molar crowns at 6 years show:
   - Most durable of 118 white materials in clinical trials performed by this lab in the past 40 years
   - Transformation toughening that stops cracks as demonstrated by scanning electron microscopy
   - Tolerates minimal tooth preparation
   - Tolerates bruxing/clenching
   - No negative influence on occlusion over 6 years
   - Low biofilm retention
   - Zero debonds at 6 years with simple wash/dry after try-in and RMGI cementation (RelyX Luting Plus 3M)
   - Esthetics adequate, but not excellent
   - Excellent biocompatibility
   - Receives some wear from all types of dental materials and from enamel; receives more wear than it delivers on opposing dentition (per measurements and monitoring of wear facets over 3 years, Christensen, RP et al. J Dent Res Vol 93(A): #186275, 2014.)

3. Indications for full-strength BruxZir zirconia:
   - Posterior tooth restoration
   - When minimal tooth preparation is desired
   - Bruxing/clenching patients
   - Those engaged in accident prone activities, ie: athletes
   - When maximum longevity is preferred over optimal esthetics
   - Multi-unit all-ceramic restorations

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AO Orlando preview: The sinus floor bone graft

By Ole Jensen, DDS, MS

Twenty years after the watershed Sinus Consensus Conference of 1996, co-chaired by Leonard Shulman, Michael Bloch, Vincent Lacorno and myself, we editorialized in “The International Journal of Oral & Maxillofacial Implants,” highlighting five areas of significant change that have occurred since that time. These five areas will be the topic of a session, titled “Sinus Consensus Update Session,” that I will moderate on March 17 as part of the Academy of Osseointegration 2017 Annual Meeting.

The state of the science of the sinus floor bone graft is not settled. There remains significant controversy, and therefore ongoing innovation, as it relates to augmentation procedures to enhance osseointegration. The goal of this course will be to present key topics that have improved our understanding of when and how and if to do the sinus floor procedure.

One could say that the profession does not yet know what to do about aeration of the posterior maxilla with regard to tooth replacement, which is why every specialty must contribute to making treatment planning a success.

Here are five key developments that have informed our thinking:

• Technical advances since 1996 have been involved in terms of performing the sinus graft surgery and improving success rates.
• The sinus floor bone graft is not settled. There remains significant controversy, and therefore ongoing innovation, as it relates to augmentation procedures to enhance osseointegration. The goal of this course will be to present key topics that have improved our understanding of when and how and if to do the sinus floor procedure.
• Increased reports of combined alveolar and sinus-floor grafting suggest that orthoalveolar form, that is, the formation of ideal shape and size of the alveolus for emergence profile restoration is favored by clinicians even in the back of the mouth. Combined alveolar procedures done in conjunction with the addition of bone to the sinus floor gains bone mass for osseointegration as well as helping to establish long-term gingival-alveolar health.
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Research: Implant treatment plan should be adapted for smokers

By Dental Tribune International

Chinese study comparing implant stability and peri-implant tissue response in heavy smokers and non-smokers has found that smoking did not affect the overall success of implant surgery, as all implants achieved osseointegration without complications at least by the end of the 12th week after placement. However, smoking did cause the bone around the implants to heal more slowly; thus, implants began to osseointegrate considerably later than in the non-smoking group.

Research has demonstrated that smoking can negatively affect implant and bone integration. In order to improve treatment outcomes and avoid implant failure, surgeons need to have a precise understanding of how the habit will affect the healing process.

In the current study, 45 ITI (Straumann) implants were placed in the partially edentulous posterior mandibles of 32 male patients, including 16 who were heavy smokers and 16 who did not smoke at all. Implant stability and peri-implant tissue response were assessed at three, four, six, eight and 12 months after implant placement. The overarching theme of the symposium is that ongoing clinical and basic science developments continue to strike a balance between biological efficacy and simplicity of treatment.

To view the full program guide and register to attend, visit http://meetings.oseo.org.

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See RESEARCH, page B2
Belgian researchers develop implant that releases antimicrobial drugs to prevent, fight infections

By Dental Tribune International

Bacterial and fungal pathogens can form a biofilm on dental implants that is resistant to antimicrobial drugs, including antibiotics. As a result, these implants pose a significant risk of infection. A multidisciplinary team of researchers at KU Leuven in Belgium has developed a dental implant that gradually releases such drugs from an integrated reservoir. The antimicrobial liquid could help prevent and fight infections.

“Our implant has a built-in reservoir underneath the crown of the tooth,” explained lead author Dr. Kaat De Cremer. “A cover screw makes it easy to fill this reservoir with antimicrobial drugs. The implant is made of a porous composite material, so that the drugs gradually diffuse from the reservoir to the outside of the implant, which is in direct contact with the bone cells. As a result, the bacteria can no longer form a biofilm.”

In the laboratory, the implant was subjected to various tests for use with chlorhexidine, a universal mouthwash with a powerful antimicrobial effect.

The study, titled “Controlled release of chlorhexidine from a mesoporous silica-containing macroporous titanium dental implant prevents microbial biofilm formation,” was published online in January in Volume 33 of the European Cells and Materials journal.

weeks post-surgery.

Although implants in both groups achieved osseointegration by the end of the 12th week, the healing process differed significantly between non-smokers and heavy smokers. In non-smokers, stability improved and implants began to better integrate into the bone after the second week. In the smoking group, however, implants only began to osseointegrate and become more stable after the third week. Despite successful short-term outcomes in both groups, smokers experienced more problems, including greater bone loss around the implants and deeper soft-tissue pockets. However, smoking had no significant effect on plaque build-up or supraperiosteal bleeding in the study group.

In light of the findings, the researchers suggested that surgeons might need to change their standard implant loading schedule for patients who smoke heavily. In addition, smokers should be aware that their habit promotes the loss of marginal bone and the further development of dental pockets and could thereby lead to complications even after osseointegration, the researchers concluded.

The report, titled “Effect of heavy smoking on dental implants placed in male patients posterior mandibles: A prospective clinical study,” was conducted by researchers at the First Affiliated Hospital of Xi’an Jiaotong University in Xi’an in China. The results were published in the December 2016 issue of the Journal of Oral Implantology.
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Speakers announced for educational festival Dentsply Sirona World 2017

By Dentply Sirona Staff

Dentply Sirona, The Dental Solutions Company®, re-launched the initial lineup of speakers confirmed to lead groundbreaking breakout sessions at Dentsply Sirona World in Las Vegas from Sept. 14-16.

This year’s educational festival will offer 11 educational tracks. Attendees, as they did for SIROWORLD 2016, will be able to create their own schedule and attend breakout sessions all within one track or mix and match sessions from a variety of tracks for a more comprehensive experience.

The current confirmed speakers and their respective tracks are listed below:

**Business:**
- Dr. Joshua Austin
- Dr. Uche Odiatu

**CEREC:**
- Dr. Sameer Puri
- Dr. Mike Skramstad

**Endodontics:**
- Dr. David Landwehr
- Dr. Cliff Ruddle

**Implantology:**
- Dr. Lyndon Cooper
- Dr. Jay Reznick

**Periodontics and hygiene**
- Dr. Scott Benjamin
- Kim Miller

**Practice management**
- Shannon Richkowski
- Dr. Uche Odiatu

**Prosthetics and lab**
- Thomas Blanchette
- Dr. Javier Vasquez

**Restorative**
- Dr. Alan Atlas
- Dr. Tim Bizga

Additional speakers and sessions will be announced as they become available.

“The roster of talented speakers scheduled to engage and educate our attendees is sensational, and we’re just getting started!” said Director of Clinical Affairs and Dentsply Sirona World Dr. Mike DiTella.

We’re inviting a new generation of speakers, along with our veteran speakers, to 2017’s event to further diversify the education offered and continue to provide the ultimate experience for attendees.” Dentsply Sirona World is the second annual Ultimate Dental Meeting hosted by Dentsply Sirona. At The Venetian and The Palazzo in Las Vegas, this year’s event is expected to attract an even greater number of dental professionals than SIROWORLD or CEREC 30.

From now through March 31, “Super Early Bird” pricing is available for all dental professionals who would like to save on registration to the meeting. Doctor registration is available for $1,495 (regularly $1,995). Staff, spouse, guest, technician registration is just $895 (regularly $1,395), plus attendees can buy two registrations and get one free. Visit www.dentsplysironaworld.com to learn about additional registration types and specials.

VIP registration is available for all registration types for an additional $500. VIP includes reserved seating and upgraded dining options as well as special admission to Dentsply Sirona World entertainment events. For any questions, contact the help desk at events@dentsplysironaworld.com or by phone at (844) 492-2476.

Geistlich Biomaterials to offer ‘Multidisciplinary Treatment Solutions for Peri-Implantitis Symposium’

By Geistlich Biomaterials Staff

Geistlich Pharma North America Inc. is proud to announce, with its symposium sponsors, an interactive and didactic program covering topics around peri-implantitis.

“Multidisciplinary Treatment Solutions for Peri-Implantitis,” a three-day event taking place June 9–11 in Chicago, will feature a surgical and non-surgical hands-on workshop as well as general sessions from world-class presenters.

This multidisciplinary symposium is for all dental professionals who are responsible for or interested in the placement, maintenance, restoration and preservation of dental implants.

“Peri-implantitis is not a regional problem, it’s a worldwide problem, so coming together at this symposium for hands-on training and an honest discussion about what we know and what we still need to learn is what this conference will be all about,” said Dr. Stuart Froum, co-organizing chairman. “It will stress a multidisciplinary approach with both surgeons and restorative dentists learning how collaboration on diagnosis and treatment can increase successful outcomes.”

Global exchange of high-level ideas and information will be carried throughout the event. The hands-on workshops, on June 9, will be limited in attendance and are sure to sell out quickly.

These interactive programs will review “Non-Surgical Periodontal Therapy,” presented by Dr. Marisa Roncati of Italy, and “Corrections for the Prevention and Management of Peri-Implant Diseases,” presented by Prof. Dr. Frank Schwarz of Germany.

General sessions will take place on June 10 and June 11 and will include topics such as:
- “Identifying Factors Associated with Peri-Implant Bone Loss,” presented by Dr. Paul Rosen, U.S.
- “Surgical Regenerative Therapy of Peri-Implantitis,” presented by Prof. Dr. Frank Schwarz, Germany
- “Managing Peri-Implant Disease From a Laser Perspective,” presented by Dr. Sam Low, U.S.
- “Peri-Implant Diseases: Understanding Etiology and Risk,” presented by Dr. Joseph Fiorellini, U.S.

A “Regenerative Algorithm for the Treatment of Peri-Implantitis,” presented by Dr. Feuam, U.S.
- “Peri-Implantitis Associated With Machined or Rough Surfaces,” presented by Dr. Massimo Simion, Italy
- “Peri-Implant Disease and the Restorative Dentist,” presented by Dr. Chandur Wadhwani, U.S.
- “It is Possible to Restore the Complete Health Around Implants Affected from Peri-Implant Disease?” presented by Dr. Marco Ronda, Italy
- “What Role Does the Restoration of Implants Play in Peri-Implantitis?” Dr. Stephen Chu, U.S.

More details on the symposium can be found at http://www.geistlich-na.com/ena/events/symposium/peri-implantitis-symposium/.

About Geistlich Pharma North America Inc.

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Price reduced for BruxZir Milling Blanks

Glidewell Dental, provider of high-quality clinical and dental laboratory products, announced recently a price decrease for BruxZir® Milling Blanks, the material used to fabricate authentic BruxZir® Solid Zirconia crowns and bridges. The entire line of BruxZir® Milling Blanks, including BruxZir® Anterior, BruxZir® Shaded, BruxZir® Shaded 16 and BruxZir® HT, will receive a significant price decrease across all milling blank thicknesses (12 mm, 15 mm, 20 mm and 25 mm) to enable dental laboratories of any size to provide the most trusted and prescribed zirconia material the industry has to offer, according to Glidewell.

In addition to the price reduction, a 10-mm-thick milling blank will join the BruxZir® Shaded 16 line. This new blank size aims to empower dental labs with even more versatility and access to the monolithic revolution by creating less material waste during the fabrication of copings and frameworks, the company asserts.

Dental laboratories that take advantage of this competitive price decrease, along with the new BruxZir® blank size, will be able to offer unmatched zirconia quality to their dentists, Glidewell states. The BruxZir® material is backed by extensive clinical testing and validation — in contrast to clinically unvalidated zirconia and the potential risks associated with generic discount zirconia.

Furthermore, dental laboratories that offer authentic BruxZir® restorations can bolster their zirconia business by joining the Authorized BruxZir® Laboratory program. As part of this program, labs benefit from far-reaching marketing efforts at no cost, including nationwide mailers, quarterly ads, and email campaigns. These results-driven marketing initiatives are crafted on member labs’ behalf, with the mission to build brand awareness and help customers find labs that offer BruxZir® zirconia.

For more information on the line of BruxZir® Milling Blanks and the Authorized BruxZir® Lab program, call (888) 303-9975 or visit bruxzir.com.

BruxZir® Milling Blanks are manufactured by Prismatik Dentalcraft, Inc., the medical device manufacturing division of Glidewell Dental, in Irvine, Calif., in an ISO-certified facility that operates under FDA Current Good Manufacturing Practices (CGMPs). Featuring a diverse team of dentists, scientists, material researchers and other experienced professionals, Prismatik Dentalcraft strives to develop the industry’s most innovative products to bring comprehensive treatment to patients across the economic spectrum, according to the company.

About Glidewell Dental
Glidewell Dental, based in Newport Beach, Calif., is an industry-leading provider of high-quality dental lab products and services to dental professionals in select markets around the world for a low cost. Established in January 1970 by Jim Glidewell, CDT, the company has a decades-long heritage of technological innovation.
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