Better sleep through dentistry

By Robin Goodman, Group Editor

When I was scouring the exhibit floor of the Yankee Dental Congress for new dental products, I had the pleasure of meeting Rani Ben-David, who is the president of Sleep Group Solutions and was featuring the company’s Dental Sleep Magazine during the event.

When I expressed an interest in publishing some content on dental sleep medicine, Ben-David kindly put me in touch with Dr. Gy Yatros, who is a diplomate of the American Academy of Sleep Medicine.

Yatros offers a practice that endeavors to be on the cutting edge of technology, but also emphasizes the importance of dental health.

Aside from the variety of services he offers, the practice motto piqued my interest: “Smile Better. Eat Better. Sleep Better… Live Better.”

How many dentists had I seen promote better sleep through dentistry? Well, none until Yatros.

What is dental sleep medicine?

Dental sleep medicine is a growing area of dentistry through which dentists can help their patients sleep better and snore less, which helps their bed-time partners sleep better too.

Obstructive sleep apnea [OSA] is one of the most prevalent and increasing medical problems in the United States, and dentists who are properly trained in dental sleep medicine can help control this life-threatening disease.

How can dentists help treat obstructive sleep apnea?

Obstructive sleep apnea is a condition that occurs when the airway collapses during sleep, primarily due to loss of muscle tone.

When the airway collapses, it prevents air from reaching the lungs, causing a myriad of serious and undesirable health consequences. The primary muscle that contributes to this collapsing airway is the tongue.

Dentists who are properly trained...
Survey shows Tooth Fairy is giving more per tooth

By Fred Michmershuizen, Online Editor

The Tooth Fairy is being more generous these days, according to a recent survey. In fact, some are even saying the increased amounts that children are receiving for their teeth points to signs of a recovering economy.

The 2010 Tooth Fairy Poll, conducted by Delta Dental of Minnesota, showed that in Minnesota, children are now receiving an average of $1.96 per tooth, which increased significantly from the previous year’s average of $1.62 — a 21 percent increase. Nationally, the average is $2.13, which is a 15 percent increase over last year’s average of $1.88.

“This year’s Tooth Fairy Poll average reflects improvements we’re seeing in other areas of the economy,” said Ann Johnson, director of community affairs for Delta Dental of Minnesota, in a press release announcing the poll results.

“For example, the Dow Jones Industrial Average increased 23 percent during the same time period. The Tooth Fairy may be another indicator that the economy is starting to recover.”

The annual Tooth Fairy poll results are derived from a national survey randomly distributed to Delta Dental of Minnesota members and their families across the United States who are served by Delta Dental of Minnesota.

The poll also revealed some other interesting results.

Nearly half of children’s first dental visits occur by age 2, which is a move in the right direction, according to Delta Dental of Minnesota.

“For the past few years, the poll revealed the child’s first dental visit was closer to age 5, so this is a positive shift,” Johnson said.

“The American Dental Association recommends that a child be seen by a dentist as soon as his or her first tooth erupts, but at least no later than the child’s first birthday.”

Approximately 90 percent of parents surveyed stated their children receive a dental exam every six months.

“The frequency of dental visits should be determined by the child’s dentist, based on an assessment of the child’s unique oral health needs,” Johnson said. “This process ensures that each child receives the most appropriate dental care.”

The poll continues to show children are consuming fewer sugary drinks and treats. More than half of parents surveyed indicated their children consume an average of one to two sugar drinks or treats per day.

“Encourage children to make healthy choices,” Johnson advised. “Teach them to eat a balanced diet and limit in-between meal snacks of foods containing high levels of sugar. This will help promote good dental health as well as overall health.”

The poll also shows most Minnesotans are working hard to keep their teeth clean. According to the poll, 78 percent of parents report that their children brush their teeth in the morning, and 80.5 percent of children brush at night, while only 3.1 percent brush at noon.

“Children should brush with a pea-sized amount of fluoride toothpaste after sugary or starchy meals or snacks to help reduce the incidence of tooth decay,” Johnson said.

“Children should also drink fluoridated water after meals to help cleanse the teeth.”

Approximately 56 percent did not know that tooth decay is contagious, transmissible and a bacterial infection. However, Delta Dental was pleased to learn that 60.8 percent of survey-takers changed their toothbrush after the cold or flu.

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ADA, other groups petition against FTC ‘red flags’ rule

By Fred Michmershuizen, Online Editor

Following a recent federal court decision, the American Dental Association (ADA) has joined with three other national organizations representing professional health care providers calling on the Federal Trade Commission (FTC) to exclude health professionals from controversial new regulations intended to combat identity theft.

A letter sent to FTC Chairman Jon Leibowitz by leaders of the ADA, the American Medical Association (AMA), the American Osteopathic Association (AOA) and the American Veterinary Medical Association (AVMA) is the latest challenge to the so-called “red flags” rule.

According to the associations, the FTC’s interpretation of the regulation imposes an unjustified, unfunded mandate on health professionals for detecting and responding to identity theft.

“Congress did not intend the original red flags legislation to apply to small businesses, but rather to intended to encourage large businesses like banks, credit firms and national retailers to implement best practices to protect customers’ identities,” said ADA President Ronald Tankersley, DDS.

In their petition, the organizations asked the FTC to make it clear that the rule will not apply to their members given the result of recent litigation brought by the American Bar Association against the FTC.

In that case, the U.S. District Court for the District of Columbia ruled that lawyers should be excluded from the requirements imposed by the red flags rule.

The court decision follows widespread criticism that the FTC’s overly broad interpretation of the Fair and Accurate Credit Transactions Act of 2003 (FACT) facted the commission to create a rule that oversteps its authority.

In response to these concerns, the FTC postponed the rule’s effective date to June 1, but it has never changed the position that the rule will apply to health professionals.

In its ruling against the FTC, the court said that the application of this rule to attorneys “is both plainly erroneous and inconsistent with the purpose underlying enactment of the FACT Act.”

The court also stated that the FTC “not only seeks to extend its regulatory power beyond that authorized by Congress,” but also “arbitrarily selects monthly invoice billing as the activity it seeks to regulate.”

“The court ruling sends a clear signal that the FTC needs to re-evaluate the broad application of the red flags rules,” said AMA President J. James Rohack, MD.

“Our four organizations firmly believe that applying the rule to health professionals, but not to lawyers, would be unfair.”

“Postponement of the rule’s effective date is inadequate,” said AVMA President Larry R. Wickless, DO. “Our four organizations need a commitment from the FTC that it will not apply the red flags rules to health professionals if it is not applied to lawyers.”

“The burdens of complying with this rule outweigh the benefits,” said AMA President Larry R. Corry, DVM. “The FTC’s interpretation of the FACT Act should be redefined to exclude health professionals.”

Eva’s Village: Paterson, N.J.-based dental clinic seeks volunteers

Eva’s Village, www.evasvillage.org, is a Paterson, N.J.-based comprehensive anti-poverty, social service agency with a mission to feed the hungry, shelter the homeless, treat the addicted and provide medical care to the poor with respect for the human dignity of each individual.

Eva’s Village serves a warm lunch 365 days a year, operates shelters for men, women and women with children, operates an inpatient recovery center for men and women, as well as an intensive outpatient recovery center, and has a free medical clinic.

Eva’s Village also gives residents much-needed free dental care thanks to a program established by Dr. Brian Ullmann, a prosthodontist in Ho-Ho-Kus, N.J. The free clinic operates each Wednesday, staffed by volunteer dentists and a dental assistant.

Funding from the Delta Dental of New Jersey Foundation helps pay the salary for the dental assistant and a recording assistant. It also helps pay for supplies and prosthodontic laboratory fees.

The clinic provides preventive and emergency dental care, including digital panoramic X-rays, cleanings, fillings, extractions, root canals, oral cancer screenings, stainless-steel crown restorations and dentures.

“Proper dental care is tremendously important for people trying to rehabilitate their lives,” said Ullmann. “It improves the way they look and the way they feel — and it can help give people more confidence and a positive attitude when looking for work.”

Other volunteers at the Eva’s Village dental clinic include Dr. Yvonne Callas and Dr. Ed Kim. The clinic is presently in need of more volunteer dentists.

If you are interested in volunteering, call Jennifer Doherty at (973) 525-6220, ext. 248, or e-mail her at Jennifer.Doherty@evasvillage.org.
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Jumpstart your production with ‘Stage III Customer Service’

By Roger P. Levin, DDS

What do patients remember most after visiting your practice? Mostly how you made them feel. If they walked away with a very positive attitude, patients perceive excellent customer service and they will return.

Any practice not exhibiting superior customer service puts itself at high risk for declining production.

In a tight economy, great customer service matters more than ever. Through the following Stage III Customer Service™ strategies, you can build better relationships with patients and increase production as a result.

No. 1: Schedule patients promptly

If a practice fails to schedule new patients quickly, runs late when the patient arrives or isn’t prepared for the appointment, patient confidence and trust decreases.

No. 2: Get to know patients

Learn their hobbies and occupations. Establish rapport with them. Patients are more likely to accept treatment from a dentist and a team they trust.

No. 3: Always have the answers

Often times, patients will seek a second opinion regarding recommended treatment, usually from a front desk staff member. Ensure that all team members understand the top three benefits of each treatment and are able to provide responses that reinforce your recommendation.

No. 4: Give patients options

Three of the most powerful ways to “WOW!” patients is by providing them options when it comes to treatment, scheduling and payment.

Treatment options. A strong service mix boosts production. Practices should offer a mix of need-based and elective services. In addition, offering at-home products is an excellent strategy for exceeding patient expectations and increasing production.

Scheduling options. Allow patients the freedom to choose between two different times rather than allowing them to determine the date and time themselves. This way, patients have choices while the practice maintains a productive schedule.

Payment options. Patients have different financial situations, especially today. Provide patients with as many financial options as possible. Levin Group recommends the following four financial options:

- Payment by credit card; half the payment upfront, half before treatment is completed; 5 percent off when paid upfront; outside financing.

No. 5: Be the educational resource for patients

Be a resource, not just an office that provides a service. Educate patients on proper oral hygiene. Show them how to use certain appliances, such as power toothbrushes or water jets. Provide them with fact sheets and brochures addressing dental health concerns.

Take the time to show your patients how much you care. This kind of above-and-beyond service shows patients you care and helps to instill trust in your team.

Conclusion

Increased production depends on effective customer service more than ever before. New patients, patient retention, recare appointments—all tie in with strong customer service.

Through the steps outlined above, your practice can exceed expectations and reach Stage III Customer Service.

About the author

Dr. Roger P. Levin is founder and chief executive officer of Levin Group, a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Since 1985, Levin Group has embraced one single mission—to improve the lives of dentists.

For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practicing dentistry.

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by Eugene Heller, DDS

For most dentists, ownership of their dental practice is the major focus of their energy expenditures, financial situation and professional lives. Years of blood, sweat and tears, coupled with the relationships formed with both staff and patients, have caused dentists to form a deep-seated emotional attachment with their practice. For many, the dollar value of that practice represents a significant portion of their financial assets.

For the new dentist, there is a definite value in acquiring the patient base that has taken the transitioning dentist years to develop and will provide an immediate and substantial cash flow.

All experience transition

Whether it is due to a change in career direction, a desire to cut back on the responsibilities of ownership while still enjoying the benefits of clinical dental practice or the desire to retire from dentistry, every practice owner faces an ownership transition.

Ownership transition can be a total sale or a partial sale, that is, the formation of a partnership. The level of success achieved as a result of this practice transition will be directly linked to the amount of detail given to, and the successful execution of, the “Transition Plan.”

A buyer’s market

Decreased dental school enrollments and other demographic factors have created an imbalance in the numbers of graduating versus retiring dentists. This trend, which will continue for at least the next 10 years, has contributed to falling dental practice sale prices, and has created a buyer’s market.

This dental work force shortage has made finding dentists to serve in more rural dental practices, which are difficult to market, almost impossible. These changes in the marketplace relative to practice transition have made advance, detailed transition planning mandatory.

Goals of a successful transition

Before discussing the development of a transition plan, a brief discussion of the goals of transition is required. In addition to identifying the actual goals, each dentist will need to assign an order of priority to these goals.

This prioritization will have a significant impact on certain aspects of the transition plan. The most common goals discussed by dentists include:

1. In accordance with their preferred timetable, a desire to transfer patient care responsibility.
2. Securing future employment for their staff and giving back to the profession by passing the baton to a new dentist.
3. Maximizing their practice equity (financial gain from the sale).
4. There is no right or wrong order to the priority emphasis. The economic health of the transitioning dentist will usually determine the order of the priorities.
5. If the practice sale proceeds are a significant portion of the dentist’s retirement assets, then maximizing the financial return will be at the top of the list.
6. If the clinician has a well-funded pension plan or other financial resources, and the sale proceeds will enhance the quality of retirement rather than providing the primary support for retirement, the order of importance will typically be the desire to provide continuity of patient care, ongoing employment and passing the baton, where maximizing the financial gain appears at the end of the list.

Factors affecting successful transitions

Prior to discussing the components of a transition plan, it will be useful to understand what is presently occurring in the transition marketplace. For a successful transfer of ownership, we must first have an interested new dentist.

Subsequently, location is at the top of the list relative to a new dentist’s interest in a specific practice opportunity.

As previously discussed, rural practices, although typically more profitable than big city practices, are having serious recruitment problems.

Ninety percent of all practice sales today are in communities with populations of 50,000 or more, and 80 percent of these sales are in cities where the metro population exceeds 500,000.

The second factor is the practice’s ability to meet the financial needs of the new dentist. As a result of current levels of dental school-related debt, the new dentist must meet specific levels of production to pay for the practice acquisition, school loans and basic living expenses.

Therefore, a practice needs to provide, on the average, $500,000 worth of production for an employed dentist, and $400,000 worth of production if the dentist is purchasing a practice.

It is for this reason that 85 percent of total practice sales involve practices with gross receipts of $550,000 to $500,000.

While the highly productive and profitable practices of today frequently exceed $500,000 in annual receipts, the average new dentist (five years or less since graduation) does not possess the clinical skills required to produce this level of dentistry, and subsequently, sales trend toward the lower grossing practices.

After finding a suitable location and determining that the practice will provide for the financial needs of the new dentist, the new dentist will consider a multitude of other factors in selecting one opportunity over another.

The major factors considered include:

1. the practice’s overhead to revenue percent,
2. number of active patients,
3. new patient flow,
4. recall system effectiveness.
5. quality and length of the staff’s prior employment,
6. practice history,
7. types of procedures previously offered and/or produced,
8. involvement in any discounted dental plans,
9. appearance of the physical space occupied by the practice, and
10. the age, type and appearance of the equipment and furnishings.

In addition:

1. the ability of the new dentist to cover the practice — obtain financing with all the school debt, the tax implications and subsequent net proceeds derived from the sale,
2. the personality and ability of the new dentist to relate to patients and staff,
3. the amount of post-sale relationship required between the seller and buyer, and of course,
4. the new dentists’ clinical competence.

With the exception of the final concern, the other factors can be readily determined and resolved.

Today, 100 percent owner financing is readily available, the tax implications can be calculated and, typically, several meetings with the new dentist will address the communication skills and personality of the new dentist.

About the author

Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Heller is the national director of transition services for Henry Schein Professional Practice Transitions. For additional information, please call (800) 750-8885 or send an e-mail to ppt@henryschein.com.
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It’s all about relationships. No doubt you’ve heard that line many times. No matter what the profession — business, government, education, health care — relationships are critical. And, of course, in dentistry, they will build or break the practice.

The relationships you establish with your patients as you are addressing their oral health care needs and wants can last a lifetime.

Most practitioners have many patients who have been with them for 10, 15 or more than 20 years. Once they are in the practice, these patients get to know you and your team. They appreciate what you have to offer.

But what about the new patients that you need to sustain growth in your practice?

What about the individuals who are considering your practice, but haven’t made their first appointment yet and have no established relationship?

They are looking at their dental options from a consumer’s point of view. Like it or not, they are analyzing, evaluating and judging your practice against others and basing that judgment on criteria you may not feel is fair.

As most of us in the business of providing a service know, consumers have very high expectations. If you had to step back and take a good hard look at your practice from the consumer’s point of view what would you discover?

Facing the facts

Conduct a “consumer analysis” of your practice and compare it to two other practices that you are competing with for patients. Develop a series of criteria and score your practice, or ask a friend or relative to score your practice, against the others.

Use a scale of 1 to 5, with 1 being the lowest and 5 being the highest. Then step back and honestly consider how you stack up in the consumers’ minds, starting with conveniences.

How conveniently located is your practice compared to your competitors? Is parking a problem? Is your practice difficult to find?

Are there stairs patients have to climb? Do you offer convenient appointment times to accommodate busy schedules?

Can new patients get an appointment within two weeks or is the business staff telling them they’ll have to wait months? New patients will not wait two, four or six months for an appointment.

If you don’t make room for them in your schedule promptly, you must not want them in your practice.

What kind of a first impression does your building make? Will prospective patients who are driving by say, “That looks like a nice office.” Or will they say, “I wouldn’t want my car parked in that lot.”

Don’t trip over the telephone

If a prospective patient calls your office, what impression does your practice make? Is the person answering the phone helpful or does the caller feel like she or he is just another interruption?

Does the business employee make the scheduling process easy and welcoming for the prospective patient? Or are the first few words, “Do you have insurance?” Does he or she often say, “No, we can’t do that.”

Is everyone who answers the phone prepared to answer key questions that prospective patients are likely to ask? Does the person answering the phone have a welcoming or annoyed tone to his or her voice?

Never forget that the person answering the phone in your office represents the entire team. In the first few seconds of a telephone contact, the caller is making judgments about the quality of your care and the helpfulness of your staff. It may not be fair, but it’s reality.

If you have even a glimmer of doubt about the impression your practice makes with callers, explore mystery patient services, which are now widely available to dental practices.

In addition, above all else, train your front line. Don’t assume that they know how to handle these essential practice-building skills. Find out!

Many business staff are very well intentioned and think they are handling prospective patient calls perfectly fine. They have no idea that in just a few short sentences they are driving patient after patient away, and that they need to learn the right way to handle these calls.

Follow-through or falling through the cracks?

How well would your team score on follow-through?

If a consumer calls and asks for information on a specific procedure such as implants or veneers, as well as information on the dentist or the office in general, do you have materials to send via post? How long will it take the busy front-desk staff to get the information in the mail?

Better yet, do you have a Web site prospective patients can visit to learn more about the dentist, team and the practice as a whole?

Today, having a Web site is just as important as having a telephone.

Dental teams routinely underestimate the value of prospective patient/consumer inquiries. If yours is among them, it’s costing you a fortune.

Pay attention to the seemingly insignificant details. They have a huge impact on whether the consumer/potential patient makes an appointment with you or the dentist down the street. And, while you’re at it, take a look at those significant issues as well.

Factor No. 1: service

Take time to closely evaluate the five most critical consumer factors, namely: service, reliability, stability, expertise and price.

Service is listed first because consumers expect excellent service, and it is one of the most essential, but often overlooked, factors that will instantly set your practice apart from others.

Excellent service begins with the first phone call and continues with every interaction thereafter.

Something as simple as welcoming all patients — new and existing — to the practice by name when they walk in the door conveys a sense of appreciation and good service.

Looking patients in the eye when you speak to them and when they speak to you tells them you are genuinely interested in what they have to say and you are sincere in what you have to tell them.

Keeping your cool — even though it may be one of those “full-moon days” — and treating each individual as though he or she is the only patient you have to take care of at that very moment, puts the patient at ease.

This is because he or she feels the practice has things well under control and takes his or her best interest to heart.

Knowing the answers to common questions and providing thorough and complete information tells patients you have your act together and are well trained/pre-
pared.

Similarly, getting back to patients when you say you will with the answer to a question indicates that you value their interest in your practice.

Factor No. 2: reliability

Patients expect the office to run reasonably on time. If the dentist or hygienist is behind schedule, telephone patients so they can make changes in their plans or reschedule if necessary.

If you can’t reach patients and they have to wait for more than 20 minutes, give them a letter signed by the dentist that:

• apologizes for the inconvenience,
• thanks them for their understanding,
• emphasizes that the practice makes every effort to remain on schedule,
• includes a $5 gift card to Starbucks (or something similar) in the envelope.

Patients may still be frustrated about the delay, but they will appreciate that the practice acknowledged the inconvenience.

Factor No. 3: stability

A solid team is the mark of a strong practice.

If Ann is at the front desk when the prospective patient calls, but has been replaced by Nicole when the patient comes in for the first appointment, who is later replaced by Joe when the patient returns for treatment ...

Well, you can bet that this new patient is going to develop concerns about the stability of your practice.

If the make-up of your team seemingly changes as often as the seasons, patients begin to wonder about things; in particular, the quality of your care and the competency of your staff. Often, such concerns are for good reason.

If yours is a revolving door practice, it’s a strong indicator of some serious shortfalls in your personnel systems, including hiring, training and employee evaluations, just to name a few.

Factor No. 4: expertise

Brag about each other. You simply cannot overemphasize the expertise of the dentist and the team.

Take every opportunity to convey the message of excellence and quality.

If a patient asks a team member if the dentist is good at a particular procedure, answer with an emphatic, “Yes, she (he) is the best.”

The new patient packet and the practice Web site should give information about the entire team’s training and experience, particularly the dentist’s.

Routinely inform patients about continuing education classes staff have participated in.

This is as simple as placing an 8 x 10 frame at the reception counter that highlights the staff member’s accomplishment.

For example, “Please join us in congratulating Dr. Jones for her recent certification from the American Academy of Cosmetic Dentistry.”

Factor No. 5: price

Make it easy for patients to accept treatment and pay for that treatment. Provide clear financing options that are both practice friendly and patient friendly.

Partner with a patient financing company, such as CareCredit. These types of firms provide excellent financing options that benefit both the practice and patient.

Conclusion

Make the most of what you have to offer today’s consumers and you will be far more likely to enjoy them as your patients for many years to come.

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist’s Network Newsletter at www.thedentistsnetwork.net; the e-Management Newsletter from www.mckenziegmt.com; and The New Dentist™ magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sallymckenzie@mckenziegmt.com.
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in dental sleep medicine make mouthpieces to hold the jaw and/or tongue forward, resulting in an increase in airway volume. There is, however, more to it than just making a mouthpiece. In our office, these dental sleep devices are custom made and adjustable.

Through our program we evaluate subjective findings and obtain objective testing with portable home sleep monitors. The results are evaluated and the devices are adjusted to obtain the maximum medical improvement for each individual.

It is more of a process than just handing someone a device. At Dental Sleep Solutions, we call the process Dental Sleep Therapy, and it generally takes us one to three months to achieve the desired results.

How well do dental sleep devices work?

They work very well at relieving symptoms and decreasing apnea for mild to moderate OSA. They can even work well in many severe cases, but with less predictability.

Other treatment options include various surgeries. Most of these surgeries are less predictable than treatment with dental sleep devices or CPAP and they are, of course, non-reversible, painful and have medical risks.

The American Academy of Sleep Medicine recommends dental sleep devices for patients with mild to moderate OSA who prefer them to CPAP, and for patients with severe cases of OSA who cannot tolerate CPAP. Surgery is recommended only after the non-surgical options.

What other treatments are available?

The “gold standard” for treatment of OSA has been CPAP, which stands for continuous positive airway pressure. It is the most predictable way to get air into the lungs and is a life-saving device for many people. The major problem is that many people can’t tolerate its use. There are numerous common complaints with the CPAP, the most common among them are claustrophobia, GI problems, skin irritation and inconvenient use.

In addition, one of the common reasons for seeking treatment for OSA is excessive daytime sleepiness [EDS]. CPAP can help, but sometimes the CPAP itself disrupts sleep so much that the positive effects on EDS are negated by this disruption.

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What are the sleep devices different from snore guards?

The real question here is: What is a snore guard, and how do we know it is just snoring? Has the patient had a sleep study?

I know there are several over-the-counter “boil and bite” products targeted at stopping snoring. In addition, I know there are dentists who claim to make “snore appliances,” but do not treat obstructive sleep apnea.

We, well, I have news for them: if you are treating snoring, you are likely treating OSA without a diagnosis! Snoring and OSA are caused from the same anatomic problem: a collapsing airway. Patients who snore also have an increased risk of having OSA and, furthermore, snoring is often the first sign of OSA.

Before making any type of device for snoring, I feel the patient should be evaluated for OSA with a sleep study. The majority of time we will find out it is more than snoring. Once the diagnosis is complete, then proper treatment decisions can be made. It really upsets me to see that some individuals and dentists are treating this very serious medical disorder without a proper diagnosis and follow through.

What does it take to be a dentist providing these services?

It really upsets me to see that some individuals and dentists are treating this very serious medical disorder without a proper diagnosis and follow through.

What specialized equipment is necessary for a dentist to become involved in this kind of treatment?

The equipment necessary to successfully treat these patients for OSA is not nearly as involved and costly as it is for other areas of dentistry.

I’ve often thought if I were just getting out of school, getting involved in this area would be a great way to get started. Due to the increasing
I feel our courses offer an excellent non-biased curriculum and they are geared toward getting the dentists started immediately. I treat sleep patients every day in my own office, and I am passionate about getting other dentists involved in this exciting area. There are other places to obtain education in this area, but some of these are sponsored by dental appliance companies.

At Sleep Group Solutions, we can give our students honest advice about dental sleep devices as well as practical and useful systems to get started.

Dental sleep medicine has become a large part of my practice, and I want to show other practitioners how to do it for themselves. Drs. can go to www.sleepminars.com/modules to see the upcoming schedule.

Is there a need for more dentists to become involved?

Are you kidding? Absolutely yes. Because of the lack of available dentists with knowledge of dental sleep medicine, I have been recruited by the neighboring medical community to provide care in the cities of Sarasota and Tampa.

In both of these areas, I was recruited by sleep physicians to help treat their patients because there was no other trained dentist in the area. We now have three offices of Dental Sleep Solutions to help with the demand. The prevalence of OSA and snoring is overwhelming and there are very few dentists available to help.

How did you get involved in providing this service?

Much like most of my life: a little luck and a little perseverance. Nine or so years ago, I had a patient of record who needed a dental sleep device, which was prescribed by her physician. I didn’t know much about it at the time, but I started learning.

The more I learned about and treated this life-threatening disorder, the more passionate I became. Now it is the primary focus of my practice, and I love it.

What do you like best about providing this service?

That could be a lengthy answer. There are many great things that I find enjoyable about treating OSA in my practice. I guess the most impressive is that I am now providing a service that is not only dramatically improving peoples lives, it is actually helping to save them. Not many dentists can say that.

In my restorative practice, I have composed some fairly comprehensive rehabilitative cases. After months and even years of work, I have received many gratifying thanks from happy patients.

The amazing thing about treating OSA patients is that in a matter of a few weeks, I commonly receive more than $2,000. If I do it for months or years of restorative treatment, I routinely receive tearful expressions from these desperate patients. Talk about going home at night feeling good!

In addition, I find treating sleep patients to be a welcome hiatus from the mental and physical challenges of restorative dentistry.

Moreover, I guess it wouldn’t be fair if I didn’t mention that this also gives the practice a nice financial boost in this down economy.

Which dental sleep device is the best?

This is often the first question that is asked at one of our Sleep Group Solutions seminars. I usually answer it by saying that it isn’t a matter of which device as much as it is about where the jaw is placed.

There are many FDA-approved devices for treatment of OSA, and they all have pros and cons and they all work. Although one may work better than another in some situations, it is mostly a question of comfort.

It isn’t so much about the particular device, but more about proper follow-through of their dental sleep therapy.

How much does the treatment cost and does insurance pay for it?

Of course, treatment costs can range depending on the practice and the particular patient. My estimated range for dental sleep therapy would be from $2,000 to $5,000. At Dental Sleep Solutions, we are experienced at medical insurance billing.

Of course, it depends on an individual’s coverage, but we are finding that medical insurance is helping to cover the costs in most situations. [Editor’s note: See Dental Tribune Vol. 3 No. 2 for an article on medical coding by Marianne Harper in the pages of Hygiene Tribune.]

What is the first step for a dentist to become involved?

Take a course at Sleep Group Solutions. They offer a two-day course that will get them off and running.

How does Sleep Group Solutions service help a new dentist?

Of course, the first step is through the educational courses we previously mentioned. Also, as previously stated, Sleep Group Solutions offers the two pieces of essential equipment needed to treat patients with breathing disorders.

Finally, Sleep Group Solutions is a great resource. It is one of the largest companies in the sleep field and they have many contacts throughout the country. I have had great experiences working with this company.

The representatives at Sleep Group Solutions are always willing to help and will continue to support dentists new to this field with advice as well as helping with relationship building with other sleep professionals.

What is something you know now after nine years of practice that you wish someone had told you before you began practicing?

I assume you have been practicing dental sleep medicine because you’ve been practicing dentistry for 20 years.

I wish someone would have told me or influenced me to get involved in treating dental sleep patients earlier. I never knew how much I could enjoy this field.

Do you have any other pearls of dental practice wisdom you would like to share with our readers?

I have many “pearls” for dentists who are becoming involved in the treatment of sleep apnea, but my “pearl” for those who aren’t is — consider doing it. I think you’ll be happy that you did.

Your practice’s Web site is very inviting. Do you happen to know how many new patients have found you via your Web site alone?

Yes, we are tracking one or two cases per month from the Internet, but we are completely revamping our Web site along with search engine optimization. We expect those numbers to explode in 2010 for Dental Sleep Solutions.

About the dentist

Dr. GY Yatros has been practicing since 1992 and is a diplomat of the American Academy of Dental Sleep Medicine. He is also a member in good standing of the ADA, AGD, Florida Academy of Cosmetic Dentistry, Computerized Dentistry, Florida Dental Association and West Coast Dental Association.

Yatros also teaches courses and is available for practice consultation with dentists interested in becoming involved in dental sleep medicine.

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need for dentists in this area and the minimal equipment costs, it can be a great profit center for little investment.

A home sleep recorder, by Embletta, and the pharyngometer/rhinometer by Ecovision are the two pieces of equipment that I feel are necessary in treating OSA with dental sleep devices. Our Embletta home recorder is a way of completing a home sleep study.

This precise piece of equipment can be used for diagnosis if utilized with the help of a board-certified sleep physician, and is essential to determine if our dental device is adjusted properly.

The Embletta is a little computer about the size of an iPod that is attached to the patient while he or she sleeps at night. It records many channels of information including airflow, pulse oximetry and respiratory effort. The Embletta is then returned in the morning and we download its information into the specialized software.

This software will help us analyze the data that was obtained to see if our sleep device is adequately alleviating the apnea. Without this piece of equipment, we would not be able to tell if our devices are working properly.

The Ecovision is an apparatus that sends sound waves through the airway, giving us a volumetric reading of the airway in a graphic format on our computer screen. We can use it to measure the nasal airway, the rhinometer, or the oral airway, the pharyngometer.

It is great for screening patients for airway problems, and for helping to determine the optimal jaw position for dental devices. By manipulation of the jaw while using the Ecovision, we can more adequately predict treatment outcomes and more desirable jaw position. Both the Embletta and Rhinometer can be purchased solely through Sleep Group Solutions.

What special training does a dentist need to provide these services?

Dentists wanting to get involved should take an introductory course on dental sleep medicine.

There are many good places to obtain education, but I recommend that they take one of our courses at Sleep Group Solutions.

Drs. Gy Yatros has been practicing since 1992 and is a diplomate of the American Academy of Dental Sleep Medicine. He is also a member in good standing of the ADA, AGD, Florida Academy of Cosmetic Dentistry, Computerized Dentistry, Florida Dental Association and West Coast Dental Association.

Yatros also teaches courses and is available for practice consultation with dentists interested in becoming involved in dental sleep medicine.
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Minimally invasive cosmetic dentistry

A concept and treatment protocol for general practice

By Dr. Sushil Koirala, Nepal

Increased media coverage and the availability of free Web-based information has lead to heightened public awareness and, thus, to a dramatic increase in patients’ aesthetic expectations, desires and demands. Today, a glowing, healthy and vibrant smile is no longer the exclusive domain of the rich and famous, and most general practitioners are forced to incorporate various aesthetic treatment modalities in their daily practices to meet this growing demand.

The treatment modalities of any healthcare service are aimed at the establishment of health and the conservation of the human body with its natural function and aesthetics. The concept of minimally invasive (MI) treatment was initially introduced in the medical field and was adapted in dentistry in the early 1970s with the application of diamine silver fluoride. This was followed by the development of preventive resin restorations (PRR) in the 1980s and the atraumatic restorative treatment (ART) approach and Carisolv in the 1990s.

The major components of MI dentistry are the risk assessment of the disease with a focus on early detection and prevention; external and internal re-mineralisation; use of a range of restorations; bio-compatible dental materials and equipment; and surgical intervention only when required and only after any existing disease has been controlled.

Current basic treatment protocols (TPs) and approaches in MI dentistry are the use of air abrasion, laser treatment or sonic abrasion to gain cavity access and excavate infected carious tooth tissue through selective caries removal or laser treatment; cavity restoration by applying ART, PRR or sandwich restoration; and the use of computer-controlled local anaesthesia delivery systems with emphasis on the repair of a failed restoration rather than its replacement.

Thus far, the focus of MI dentistry has been on caries-related topics and has not been comprehensively adopted in other fields of dentistry. Dr. Miles Markley, one of the great leaders of preventive dentistry, advocated that the loss of even a part of a human tooth should be considered a serious injury and that dentistry’s goal should be to preserve healthy and natural tooth structure.

His words are much more relevant in today’s cosmetic dental practice, in which the demand for cosmetic procedures is rapidly increasing. With the treatment approach trend toward the more invasive protocols, millions of healthy teeth are aggressively prepared each year in the name of smile makeovers and instant orthodontics, neglecting the long-term health, function and aesthetics of the oral tissues.

The need for a new concept

Contemporary aesthetic dentistry demands well-considered concepts and TPs that provide a simple, comprehensive, patient-friendly and MI approach with an emphasis on psychology, health, function and aesthetics (PHFA) (Fig. 1). The need for a holistic concept and basic treatment guidelines was expressed by concerned practitioners, aesthetic dentistry associations and academics around the world for the following basic reasons:

- Owing to an increased aesthetic demand, aesthetic dentistry is becoming an integral part of general dentistry. The aesthetic outcome of any dental treatment plays a vital role in the patient’s treatment satisfaction criteria.
- MI dentistry currently focuses on prevention, re-mineralisation and minimal dental intervention in the management of dental carious lesions. It has failed to give the necessary attention to the problems that negatively affect smile aesthetics, such as non-carious dental lesions or developmental defects and malocclusion.

The treatment modalities of contemporary cosmetic dentistry are trending toward more invasive procedures with an over-utilisation of crowns, bridges, thick full veneers and invasive periodontal aesthetic surgeries, while neglecting long-term oral health, actual aesthetic needs and the characteristics of the patient.
- Social trust in dentistry is degrading, owing to the trend of fulfilling the cosmetic demands of patients without ethical consideration and sufficient scientific background (the more you replace, the more you earn; a “more is more” mentality).

In this article, I introduce a concept and TP for minimally invasive cosmetic dentistry (MICD), in order to address these facts properly and integrate the evidence-based MI philosophy and its application into aesthetic dentistry.

Defining MICD

As the perception of aesthetics and beauty is extremely subjective and largely influenced by personal beliefs, trends, fashion and input from the media, a universally applicable definition is not available.

Hence, smile aesthetics is a multifactorial issue that needs to be adequately addressed during aesthetic treatment. MICD deals both with subjective and objective issues.

Therefore, in this article I define MICD as "a holistic approach that explores the smile defects and aesthetic desires of a patient at an early stage and treats them using the least invasive intervention options in diagnosis and treatment technology by considering the psycholo-
The core MICD principles are:

- application of the “sooner-the-better” approach and exploration of the patient’s smile defects and aesthetic desires at an early stage in order to minimise invasive treatments in the future;
- smile design in consideration of the psychology, health, functional and aesthetic needs (Smile Design Wheel) of the patient;
- adoption of the “do no harm” strategy in the selection of treatment procedures and the maximum possible preservation of healthy oral tissues;
- selection of dental materials and equipment that support MI treatment options in an evidence-based approach;
- encouragement of the “keep in touch” relationship with the patient to facilitate regular maintenance, timely repair and strict evaluation of the aesthetic work performed.

The main MICD benefits include:

- promotion of health, functional and aesthetic oral issues and a positive impact on the patient’s quality of life;
- preservation of sound tooth structures (banking the tooth structure), while achieving the desired aesthetic result;
- reduction of treatment fear and increased patient confidence;
- promotion of trust and enhancement of professional image.

The MICD treatment protocol

In my experience, the TPs that are currently in use in aesthetic dentistry are mostly based on more invasive techniques and procedures. With the use of such protocols, cosmetic dentists are knowingly, or unknowingly, heading toward the over-utilisation of invasive technologies in their practices, which is becoming a professional and ethical concern.

The basic aim of the MICD TP is to guide practitioners in achieving optimum results with as little intervention as possible.

The MICD treatment protocol (MICD TP) is illustrated in Figures 2 and 3. It is to be noted that the TP in medical and dental sciences must be dynamic in nature and should be flexible to incorporate evidence-based facts.

Therefore, I have outlined the MICD core principles that are required to achieve the optimum result in terms of health, function and aesthetics with minimum intervention and optimal patient satisfaction.

However, it is the practitioner’s duty to incorporate all the necessary guidelines, protocols and regulations of the authority concerned (state or affiliated professional organisations) into the MICD TP.

Phase I: understand

In the first step of Phase I, the perception, lifestyle, personality and desires of the patient are explored. The primary goal of this first step is a better patient–dentist understanding. As the aesthetic perceptions of the dentist and the patient may differ, it is imperative to understand the subjective aesthetic perception of the patient.

Various types of questions, personal interviews and visual aids can be used as supporting tools. In this step, the practitioner should ask the patient to complete the MICD self-smile evaluation form. The information obtained will help estimate the perceived smile aesthetic score (a-score) and will be used as the baseline data in the evaluation step.

Next, diseases, force elements and aesthetic defects of smile are explored. Information on the medical and dental history, general health and specific health (oral-facial) of the patient is collected and complete dental and periodontal charting is performed.

In order to understand the force elements, the existing occlusion, comfort and muscular activity, speech and phonetics are thoroughly examined with the evaluation of para-functional and other oral habits, comfort during mastication and deglutition and temporomandibular joints (TMJ) movements.

The necessary diagnostic tests, photographic documentation and the diagnostic study models are prepared during this step for the further exploration of existing diseases, force elements and aesthetic defects.

In the following step, the data collected is analysed in relation to the accepted normal values of a patient’s sex, race and age (SRA) factors.

The aesthetic components of the smile are analysed in detail and grouped into macro-(facial and dental midline relation, profile, symmetry of the facial thirds and hemi-faces), mini-(visibility of upper anterior teeth, smile arc, smile symmetry, buccal corridor, display zone, smile index and lip line) and micro-aesthetics (dental: central dominance, teeth proportion, axial inclination, incisal edges, visibility, symmetry and occlusion, embrasure and zenith height).

The practitioner can now grade the smile in terms of the patient’s health, function and aesthetics as follows:

- Grade A: The established parameters of oral health, function and aesthetics are:

  - Grade A: The established parameters of oral health, function and aesthetics are:
tion and aesthetics are within normal limits and aesthetic enhancement is required only to fulfill the patient’s cosmetic desires.

- Grade B: The established parameters of oral health and function are within normal limits; however, the aesthetic parameters are below the accepted level. Aesthetic enhancement can further improve the aesthetic parameters.

- Grade C: The established parameters of oral health or function or both are below the normal limits. An establishment treatment is mandatory prior to aesthetic enhancement.

From the above, the practitioner will obtain a smile aesthetic grading in terms of the patient’s health, function and aesthetics, as well as a complete overview over the smile aesthetic problems and the macro-, mini- and micro-smile defects.

The patient’s PHFA factors are the four fundamental components of aesthetic dentistry and must be respected to achieve healthy, harmonious and beautiful smiles. The design step depends on the information obtained from exploration and analysis. The information on psychology is subjective in nature; however, health, function and aesthetic analysis provide the objective information that will guide the design with the various established and basic principles of smile aesthetics and also the feasible and practical extent of the aesthetic desires of the patient.

The aesthetic mock-up, manual tracing, digital makeover and smile catalogues are some of the popular tools used in this step. A new smile, alternative designs, types of treatments involved, complexity, possible risk factors and complications, treatment limitations and tentative costs should be established during this step. For easy application, the aesthetic treatments in MICD are categorised as follows:

• Type I: micro-aesthetic components:

• Type II: mini-aesthetic components;

• Type III: macro-aesthetic components: facial and dental midline relation, facial profile, symmetry of facial thirds and hemi-faces.

As the treatment modality depends on the professional capability and experience of the practitioner, simple and practical methods are used to categorise the MICD treatment complexity:

- Grade I: Treatment that may require consultation with a specialist (preventive, simple oral surgery/endodontics/periodontics/implants, short orthodontics);

- Grade II: Treatment that requires the procedural involvement of other dental specialists (complex endodontics/periodontics/orthodontics), but not oral and maxillofacial surgery or plastic surgery; and

- Grade III: Treatment that requires the procedural involvement of oral and maxillofacial surgery or plastic surgery.

With the aid of this simple grading system, any practitioner can determine the complexity of the treatment involved for the accomplishment of a new smile design for an individual patient and can plan for the necessary multidisciplinary support.

The last step of this phase is the most important in MICD TP because in this step the patient is presented with an image of his or her future smile. Visual aids, such as a smile catalogue, aesthetic mock-ups, manual sketches, modified digital pictures, computer-designed makeovers or animations can be used as presentation tools.

The results of the design step are systematically presented to the patient with professional honesty and ethics. All pertinent queries of the patient related to the proposed smile need to be addressed during presentation.

The treatment complexity, its limitations, the risks involved, possible complications, treatment cost estimation and maintenance responsibility must properly be explained to the patient.

The patient is thus involved in finalising the treatment plan and will sign the written informed consent form before proceeding to Phase II.

Phase II: achieve

As per the TP, which is finalised during the presentation step, all necessary preventive interceptive and restorative (curative) dental treatments are conducted in order to establish the proper health and function of the oral tissues.

Owing to the complexity of the treatment, a multidisciplinary approach may be necessary for a good result.

Once the case is stable in terms of health (controlled disease) and function (balanced force elements) with good oral habits, the patient is requested to re-evaluate his or her smile in terms of aesthetics with the help of the MICD self-smile re-evaluation form.

This is important because in some cases the patient is fully
Fig. 4a: Gummy smile with lack of upper central dominance.

Fig. 4b: Harmonised smile with proper central dominance. Treated with MI approach.

Fig. 5a: Smile after establishment treatment.

Fig. 5b: Smile aesthetic enhancement with non-invasive veneers treatment.

**AD**

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satisfied with the results of the establishment step alone and may modify his or her idea of further aesthetic enhancement. In MICD TP it is considered unethical should the practitioner not collect self-smile re-evaluation information from the patient.

The enhancement step of MICD is focused on the fulfilment of the patient’s aesthetic desires, which can be grouped into two categories based on the patient’s needs and wants. Even though it is sometimes difficult to draw a clear line between the two and their related treatment, in MICD they are categorised as follows:

- ** Wants — subjective desires of the patient, which may not be in harmony with the SRA factors (cosmetic smile enhancement)**

  During any want-based aesthetic treatment, where healthy oral tissues are treated with no direct benefit to health or function, the treatment modalities should be within the scope of non-invasive (NI) or MI procedures.19

  The patient’s cosmetic desires alone should not be the rational for the treatment.19 *Do no harm* should always be the credo pertinent to all dental treatment procedures.

**Phase III: keep in touch**

Regular maintenance, compliance and timely repair play a crucial role in the long-term success of aesthetic enhancement procedures.

Hence, MICD emphasises the keep-in-touch concept and encourages patients to go for regular follow-up visits. Responsibility for maintenance is grouped into two categories:

- **Self-care** Patients are advised to continue their normal oral hygiene procedures. If necessary, special care and precautionary methods are given, as well as protective devices.

  Self-care should focus on regular tooth brushing, flossing, the use of prescribed protective devices and other pertinent professional advice for maintaining general health.

- **Professional care — The oral habits, health of the oral tissues, and the functional and aesthetic status of the work preformed are well documented during each follow-up visit, and necessary maintenance repair jobs are carried out.**

  Evaluation is the final step of MICD TP. Any “completed” treatment without a proper evaluation is considered incomplete in MICD protocol. The following components need to be evaluated:

  - **Global patient satisfaction:** After receiving aesthetic dental treatment, the patient is requested to complete the MICD exit form, in which the patient evaluates his or her new smile, gives a second perceived smile aesthetic score (b-score), and indicates his or her global satisfaction score.

  The b-score is compared with the previous a-score. This process helps determine the patient’s actual satisfaction status. In MICD, this is the main parameter for evaluating a patient’s aesthetic satisfaction.

  - **Clinical success:** Clinical success is a multifactorial issue. Selection of proper cases (the patient), restorative materials, TP and their correct and skillful application are the key factors for clinical success. Therefore, MICD TP suggests self-evaluation of the following four factors (4Fs) using the MICD clinical evaluation form:

    - **Patient factors —** regular maintenance status, compliance issues and attitude of the patient towards aesthetic treatment;

    - **Product factors —** bio-compatibility, mechanical and aesthetic quality of the products used for the treatment;

    - **Protocol factors —** TP used in terms of its simplicity, predictability and its evidence-based nature;

    - **Professional factors —** existing knowledge and skills, and attitude toward developing these.

  Detailed clinical documentation of the case during maintenance and evaluation can provide various cues to the practitioner in the evaluation of his or her clinical success in terms of case planning, material and protocol selection, as well as his or her existing restorative skills.

I believe that a thorough evaluation can support any practitioner in initiating practice-based research and keeping up-to-date with the recent trend of evidence-based dentistry (Figs. 4a–5b).

**MICD treatment modalities**

Various types of treatment modalities are available in MICD. Their effective use depends on the level of smile defects, type of smile design, proposed treatment type and the treatment complexity grade.

There is only one principle in selecting treatment modalities in MICD: always select the least invasive procedure as the choice of treatment.

The two categories of MICD treatment are NI and MI treatment (Table 1). However, conventional invasive treatment modalities may also be required, depending on the complexity of the case.

**Conclusion**

MI dentistry was developed more than a decade ago by restorative experts and founded on sound evidence-based principles.23–30 In dentistry, it has focused mainly on prevention, re-mineralisation and minimal dental intervention in caries management and not given sufficient attention to other oral health problems.

I believe that the MI philosophy should be the mantra adopted comprehensively in every field of dentistry.

For this reason, I have explained the MICD concept and its TP, which integrates the evidence-based MI philosophy into aesthetic dentistry, in the hope that it will help practitioners achieve optimum results in terms of health, function and aesthetics with minimum treatment intervention and optimum patient satisfaction.

**Acknowledgements**

In formulating the MICD TP, I discussed the concept with several national and international colleagues in order to ensure that it is simple, practical and comprehensive.

I would like to extend my gratitude to Drs. Akira Senda (Japan), Didier Dietschi (Switzerland), Hisashi Hisamitsu (Japan), Oliver Henndige (Singapore), Dinos Kountouras (Greece), Mahi L. Singh (USA), Ryuichi Kondo (Japan), So-Ran Kwon (Korea), Dr. Prafulla Thumati (India), Dr. Vijayaratnam Vijayakumaran (Sri Lanka), as well as Suhiit R. Adhikari, Rabindra Man Shrestha, Binod Acharya and Dinesh Bhulsal of Nepal, for their valuable comments, advice and feedback.

**Table 1: MICD treatment options**

<table>
<thead>
<tr>
<th>NI treatment options</th>
<th>MI treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smile training</td>
<td>Micro- and macro-abrasion</td>
</tr>
<tr>
<td>Tooth whitening</td>
<td>Selective contouring (gums/teeth)</td>
</tr>
<tr>
<td>Re-mineralisation of white spots</td>
<td>Direct restorations with minimal tooth preparation</td>
</tr>
<tr>
<td>Short orthodontics (sectional)</td>
<td>Adhesive bridges</td>
</tr>
<tr>
<td>Non-preparation veneers</td>
<td>Veneers, inlays and onlays</td>
</tr>
<tr>
<td>Enamel augmentation</td>
<td>MI implants</td>
</tr>
<tr>
<td>Adhesive pontic (long-term temporary restoration)</td>
<td></td>
</tr>
<tr>
<td>Oral appliance</td>
<td></td>
</tr>
</tbody>
</table>

**About the author**

Dr. Sushil Koirala is the founding president of the Vedic Institute of Smile Aesthetics and maintains a private practice focusing primarily on MI cosmetic dentistry (MICD).

He can be contacted at skoirala@wlink.com.np.
More than 30,000 dentists and dental professionals will get a first look at the latest innovations in dentistry at the Chicago Dental Society’s 145th Midwinter Meeting to be held Feb. 25–27.

The meeting will feature nearly 600 exhibiting companies from around the world. This year, the Midwinter Meeting will consolidate to three days, Sunday being eliminated. The exhibits will shift to a Thursday through Saturday schedule, concurrent with the academic portion of the meeting.

This year’s meeting, referred to as “Go West CDS,” will be held at McCormick Place for the 18th year in a row — this time in the new West Building.

The Chicago Midwinter Meeting is one of the largest exhibits of dental products in North America and one of Chicago’s top conventions. The 2009 conference generated more than $50 million for the local economy, according to the Chicago Convention and Tourism Bureau.

According to organizers of the event, more than 25,000 professionals have already registered for this year’s meeting, and the space to exhibit on the trade show floor is sold out.

“Our long-standing partnership with McCormick Place remains strong as we welcome dental professionals from the United States and around the world to Chicago,” said Chicago Dental Society President Dr. Michael Stablein, DDS, PhD.

“This year’s Chicago Midwinter Meeting will provide the dental community with the information and tools it needs to better serve its patients during the current economic downturn. We also look forward to continued growth and innovation in the field of dentistry.”

Visitors to the Chicago Midwinter Meeting will not only have the first peek at an array of new dental products, but will also have the opportunity to attend more than 200 scientific programs, including approximately 50 hands-on programs covering topics like forensic odontology, cosmetic dentistry, infection control during dental care and how clinical hypnosis can help relax nervous patients.

Scientific program
Dr. George Zehak, general chair; Dr. Cheryl Watson-Lowry, program chair; and Dr. Al Kleszynski, CDS director of scientific programs, have assembled a scientific program that rivals any program of continuing education.

“We are pleased to showcase a virtual smorgasbord of 142 speakers, 175 courses and 40 participation courses — 50 percent of the courses are free to attendees,” Stablein said.

“All areas of interest are featured. All disciplines and specialties of the dental profession are covered. You will also find featured speakers of special interest to female attendees, as well as courses in Spanish for the second consecutive year,” Stablein said.

Exhibit hall
The Chicago Midwinter Meeting has been the venue for exhibitors to debut new products and services each and every year. This year will be no different.

More than 600 exhibitors will display their products in the West Building, Level 3, Hall F. Meeting organizers say the meeting is one of North America’s largest exhibitions of dental products that will bring companies from 45 countries to showcase new innovations and technologies aimed at dentists and consumers.

The hours of the exhibition are Thursday through Saturday, Feb. 25–27, from 9 a.m. to 5:30 p.m.

Free health screening
For the first time, Chicago Midwinter Meeting attendees can have a health screening featuring 10 tests. The Midwinter Meeting Wellness Center Health Screening, presented...
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by BlueApple Health, will be located at the rear of the exhibit hall.

You must pre-register for exams, administered by appointment only. Appointments are available each day of the meeting, so take advantage of this opportunity.

Opening Session with Rita Rudner
Comedian, actor, best-selling author, playwright and screenwriter Rita Rudner will bring her Las Vegas headliner act to Chicago for the Opening Session at the 145th Midwinter Meeting. For the past five years, Rudner was selected as the “Best Comedian in Las Vegas” by the Las Vegas Review-Journal.

In addition to performing regularly in Las Vegas, Rudner has appeared in several television shows and recorded several award-winning comedy specials, including “Rita Rudner: Born to Be Mild” and “Rita Rudner: Married Without Children” for HBO and “Rita Rudner: Live From Las Vegas” for PBS in 2008. She is contracted to appear at Harrah’s in Las Vegas through 2012.

The Opening Session will be held Thursday, Feb. 25, at McCormick Place West: Skyline Ballroom E (W375E). The reception is from 4:30 to 5:30 p.m., and the program will be from 5:30 to 7 p.m. and will include opening remarks, award presentations, entertainment and closing remarks. The cost is $10 per person (ticket required for admission).

An evening of pop hits
Blood, Sweat & Tears — the band that fused horns, jazz and rock — will light up the stage during the Chicago Midwinter Meeting with its greatest hits, including “Spinning Wheel,” “Hi-De-Ho,” “When I Die,” “Sometimes in Winter,” “God Bless the Child,” “Lucretia McEvil” and “You’ve Made Me So Very Happy.”

Later, Chuck Negron, formerly of Three Dog Night, will take charge of the band to finish the evening with his hits songs that defined a generation, including “One,” “Pieces of April,” “One Man Band,” “Easy to Be Hard,” “Joy to the World,” “The Show Must Go On” and “Old Fashioned Love Song.”

The show will be held Friday, Feb. 26. Doors open at 8 p.m., and the performance starts at 9 p.m. The cost is $35 per person.

President’s Dinner-Dance
Meeting attendees can complete their 145th Midwinter Meeting by attending the President’s Dinner-Dance honoring Dr. Michael Stabilein and his wife, Dr. Caroline Scholtz. Organizers say it will be an evening of fine dining and dancing to remember. The Chicago Hilton & Towers will provide cuisine, and the Don Cagen Orchestra will provide the music.

The event will be held Saturday, Feb. 27 at the Chicago Hilton & Towers, Grand Ballroom. The reception will be from 7 to 7:30 p.m., followed by dinner seating at 7:30 p.m. The dress code is black tie optional. The cost to attend is $85 per ticket, and tables of 10 are available.

About the CDS
Incorporated in 1878, the Chicago Dental Society represents more than 4,000 dentists in the metropolitan Chicago area.

Its mission is to represent the interests of dentists, promote the art and science of dentistry and advocate for improving oral health for all. The society is the largest local affiliate of the Illinois State Dental Society and the American Dental Association.
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OHA Gala to feature plenty of ‘bling’

The stunning $8,000 3-carat red ruby ring to be raffled off is not the only gem being offered to attendees of the Oral Health America (OHA) Gala on Wednesday, Feb. 24.

This year’s auction features a sparkling array of tempting treats, including:

• two tickets to see the Oprah Winfrey Show (includes plane tickets and three-night stay in the Hyatt Regency Chicago),
• two tickets in the faculty section of a Florida Gators game with a gourmet breakfast prepared by OHA Board Member Dr. Frank Catalanotto,
• dinner with Henry Sehein CEO Stan Bergman and his wife Marion at the Grand Tier Restaurant in New York, followed by a performance at the Metropolitan Opera or the American Ballet Theater,
• a stay at The Allison Inn & Spa in Oregon wine country donated by A-dec.

Sure to be a popular item, The Allison Inn & Spa is the first full-service resort in Oregon Wine Country. It is surrounded by rolling hillsides, working vineyards and farms, yet is only 45 minutes from Portland.

Each room has a gas fireplace, original artwork showcasing Oregon artists, spa-like bathrooms with soaking tub, custom-crafted furnishings, bay window seats and views from a terrace or balcony.

JORY, the resort’s restaurant, pays tribute to Oregon’s agricultural bounty, worldwide acclaimed wines, microbrews, handcrafted distilled spirits and designer cocktails.

The lavish spa offers 12 treatment rooms, co-ed lounge with outdoor patio, a fitness studio, swimming pool and Jacuzzi.

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The lavish spa offers 12 treatment rooms, co-ed lounge with outdoor patio, a fitness studio, swimming pool and Jacuzzi.

This year’s silent auction will also feature a way to support local communities. Oral Health America’s Smiles Across America® program will be in 15 states by the end of 2010.

Attendees will be able to contribute to programs in communities throughout the country.

The 10 highest bidders will qualify for unique frameable “dental” drawings created by Chinese children and contributed by DNTLworks Equipment Corporation.

The gala also has a dazzling new location: Chicago’s historic Union Station. The site is considered to be one of the greatest indoor spaces in the United States.

The black-tie-optional evening features dinner and dancing in addition to the auction. Tickets are $300 after Feb. 1, if still available. A table for 10 can be purchased for $2,750 after Feb. 1, if still available.

Reservations can be made by visiting www.oralhealthamerica.org, by calling (312) 836-9900, or by e-mailing joe@oralhealthamerica.org.

Oral Health America is the nation’s leading independent non-profit organization dedicated to connecting communities with resources to increase access to care, education and advocacy for all Americans, especially those most vulnerable.®

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* vs. a standard manual toothbrush and antiseptic toothpaste.
Who would dentists dream to see in their chair? The world’s best known personalities have dental needs too. But what could modern dental treatments do for some of history’s famous figures? What fictional characters could use some real time with a modern dentist? The Chicago Dental Society surveyed more than 250 members to find out which patients — real, fake, alive or dead — they’d most like to see in their chair.

Imagine this eclectic list of patients together in a waiting room:

10) Dracula. Twilight fever has left our dentists wondering about those pointy teeth. Are they hollow like drinking straws? Can drinking blood cause cavities?

9) Elvis Presley. A visit with the King might finally put to rest those rumors about his death, but dentists are also curious about what cosmetic dental work was like in the 1960s.

8) Mona Lisa. Was a poor smile the reason the subject of the famous painting stayed tightlipped?

7) President Barack Obama. Bragging rights aside, dentists are generally concerned with our presidents’ oral health — from the effects of his smoking to jaw clenching.

6) Julia Child. How was the oral health of one of America’s greatest cooking legends? Our dentists would like to know, and maybe also swap recipes.

5) Tiger Woods. Some dentists admit they want the scoop on his “transgressions” first hand. Others are just seeking a great golf partner. One wants to fix Tiger’s “pesky” discolored tooth.

4) Albert Einstein. Access to one of the greatest minds ever would certainly make for great conversation.

3) Jesus. Self-explanatory!

2) G.V. Black (known as the “Founding Father of Modern Dentistry”). Quite unanimously, dentists agreed treating him would be an honor.

And the No. 1 patient dentists would like to see in their practice:

1) George Washington. Two words: wooden teeth.

The Chicago Dental Society conducted its seventh annual member poll to learn more about their opinions on current trends, dental topics and more. From the more than 250 members who answered the fall 2009 survey, the society learned:

- The effects of the recession on the local dental industry have worsened since last year.
  More than 90 percent of dentists surveyed said their clients are putting off cosmetic procedures, up from 60 percent. More than 75 percent of dentists say their patients are putting off needed dental work — in 2008 more than half of dentists noted the same. And visits for preventative dental care are also on the decline according to more than half of dentists, up from more than 40 percent last year.

- Nearly 75 percent of dentists surveyed said their patients are reporting increased stress in their lives.
  And 65 percent of dentists are seeing an increase in jaw clenching and teeth grinding among their patients, signs that stress may be taking its toll on the mouth.

- Interesting food flavors continue to make their way into dental products.
  Nearly 40 percent of those surveyed are intrigued by mango toothpaste, and more than a quarter of dentists wouldn’t mind trying chocolate toothpaste. Some dentists are also curious about cupcake or coffee dental floss and corn dog mint.
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A new solution for dentin hypersensitivity

By Fred Michmershuizen, Online Editor

In an interview with Dental Tribune, Dr. Fotinos S. Panagakos, director of clinical research and strategy within the Research and Development division of Colgate-Palmolive, discusses dentin hypersensitivity, its effect on patients and the dentists who treat them — and a new product that can help alleviate the condition.

How did you get interested in the area of dentin hypersensitivity?

The Colgate-Palmolive company has been very interested in the area of dentin hypersensitivity for many years. We have had a potassium-based sensitivity toothpaste available in most countries for consumers to alleviate the pain associated with dentin hypersensitivity. Recently, Colgate launched a new dentin sensitivity product, Colgate Sensitive Pro-Relief Paste, based on the Pro-Argin technology. The Pro-Argin technology consists of arginine, a naturally occurring amino acid, and insoluble calcium in the form of calcium carbonate.

These ingredients are delivered in a prophylaxis cup or a cotton-tipped applicator to teeth that exhibit dentin hypersensitivity. Mechanism of action studies have shown that this technology physically seals dentin tubules with a plug that contains arginine, calcium carbonate and phosphate. This plug, which is resistant to normal pulp pressures and to acid challenge, effectively reduces dentin fluid flow and, thereby, reduces sensitivity.

Recently, a number of studies have been published supporting the launch of this new product. Laboratory tests demonstrating the product’s mode of action, as well as clinical trials demonstrating instant and long-lasting relief of dentin hypersensitivity, have been presented to the dental profession as evidence that the Pro-Argin technology provides instant and lasting relief of dentin hypersensitivity.

The reader can access the full range of research studies on the Colgate dental professional Web site, located at www.colgateprofessional.com.

Can you please explain what causes dentin hypersensitivity and, specifically, what is going on with a patient biologically?

Dentin is normally covered by enamel or cementum. Due to any number of factors, including abrasion or periodontal disease causing gingival recession or erosion removing the enamel, the underlying dentin and dentin tubules can become exposed.

An external stimulus — such as a change in external temperature or air movement — or a physical stimulus can cause discomfort for the patient. The external stimulus is usually transitory and the discomfort subsides shortly after the stimulus is removed.

The accepted theory of how dentin hypersensitivity pain is transmitted suggests that pressure or ionic changes in the fluid that exists in the dentin tubules stimulates the pain experienced by the patient. This is often referred to as the “hydrodynamic theory.”

Inside the dentin tubule, a change in osmotic pressure causes fluid movement, which is transmitted as a stimulus to the odontoblastic process and fires the afferent nerve ending in the dentin tubule.

Please describe how this condition affects patients — and how it affects the dentists who treat them.

Dentin hypersensitivity is growing in incidence and is often a chief concern among patients. Dentin hypersensitivity’s main effect on individuals is the impact on quality of life. Patients have to avoid certain foods and drinks that may trigger a painful response, thus reducing the type of foods and drinks one can enjoy.

In the dental office, what is normally a routine visit may end up being a very uncomfortable appointment for a patient with dentin hypersensitivity. Simple procedures, such as scaling and a prophylaxis, may be painful. And, at times, the pain associ-

Attend a C.E.-accredited Webinar

On Tuesday, March 30 at 7 p.m. EST, Dr. Fotinos S. Panagakos will offer a free one-hour Webinar, “Dentin Hypersensitivity — New Management Approaches,” followed by a live question-and-answer session with the online audience.

Dentin hypersensitivity continues to be a problem for patients and practitioners alike. The increase in erosion, patient aging and recessions and periodontal disease have all resulted in an increased occurrence of dentin hypersensitivity.

Correct diagnosis and effective treatment are critical to relieving a problem, which can seriously impact a patient’s quality of life.

At the conclusion of this course, the participant will know and understand the following:

• The biology of dentin hypersensitivity.

• The current methods of treating dentin hypersensitivity.

• Learn about new approaches to treating dentin hypersensitivity.

Attend the Webinar to find out about new management approaches in dentin hypersensitivity.

Participants will receive one ADA-CERP C.E. credit. Attendance is free for the live broadcast on March 30. After that, the recorded archive will be available for $95.

Attendees only require an online computer with audio capabilities. To register, visit www.DTStudyClub.com and click on Online Courses.
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associated with dentin hypersensitivity may cause a patient to skip dental appointments.

The diagnosis of dentin hypersensitivity often poses a challenge for the dental professional. The cause and description of the pain reported by the patient can vary and is often not adequate to make a definitive diagnosis.

The dental professional often needs to perform a thorough exam, as well as additional tests, to determine why the pain is occurring.

The exam and test can help develop a definitive diagnosis, which allows the dental professional to rule out other possible causes of the pain — such as periodontal disease, caries, etc. — and then implement an appropriate treatment plan for addressing the problem.

Once the diagnosis is made, treating the problem can also be a challenge. Many products today do not work instantly or last following application, or may take time, sometimes up to weeks, for an effect to be felt by the patient.

**What are some of the ways that dentists can diagnose and treat dentin hypersensitivity today?**

**How is this different from, say, five or 10 years ago?**

The treatment and prevention of dentin hypersensitivity, for many years, has focused on eliminating the ability of the causative agent to stimulate discomfort. This has resulted in the development of two major classes of products — agents that occlude dentinal tubules and desensitizing agents that interfere with transmission of nerve impulses.

Occluding agents act by physically covering or “plugging” the open, exposed dentinal tubules, thus preventing the effect of thermal changes or physical stimuli caused by the movement of dentinal fluid due to osmotic pressure changes.

These agents can be applied professionally in the dental office or by the patient through the use of home care products.

The second approach recommended by dental professionals to help prevent and/or treat dentinal hypersensitivity is through the use of over-the-counter desensitizing agents. Desensitizing agents work by altering the levels of charged molecules in the dentinal tubule fluid.

**Dentin Hypersensitivity — New Management Approaches**

**TUESDAY, MARCH 30, 2010**

**7:00PM (EST)**

**1 CE CREDIT**

**Featured speaker:**

Fotinos S. Panagakos, DMD, PhD
Director of Clinical Research Relations and Strategy
Colgate-Palmolive Company

Dentin hypersensitivity continues to be a problem for patients and practitioners alike. The increase in erosion, patient aging and receding, and periodontal disease all have resulted in an increased occurrence of dentin hypersensitivity. Correct diagnosis and effective treatment are critical to relieving a problem, which can seriously impact a patient’s quality of life.

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The most commonly used agent is potassium nitrate, usually delivered in a dentifrice that is applied twice daily by the patient during regular tooth brushing.

The potassium ions enter the dentinal tubule fluid, reducing the excitation caused by the movement of fluid in the dentinal tubules, and blocking the transmission of the stimulus from the odontoblastic process to the nerve in the pulp chamber.

Most products require continued use over a four- to eight-week period before relief may be realized by the patient. In addition, the product often needs to be continued in order to maintain the relief afforded by the potassium nitrate.

For those patients who do not positively respond to the use of occluding agents or desensitizing agents, the dental professional may turn to covering the exposed dentin using direct or indirect restorations. Finally, periodontal surgery, involving the grafting of gingival tissue to cover the exposed dentin, may be performed.

Colgate Sensitive Pro-Relief paste seeks to address some of the deficiencies seen in the currently available occluding and desensitizing products. Treatment is simple. The paste is gentle to gingival tissues, does not elicit pain when applied and has a pleasant mint flavor.

The dental professional applies a small amount of paste to sensitive tooth surfaces with a slowly rotating soft prophy cup. It can also be spot applied using a cotton-tipped applicator. Paste can also be applied to furcations and other hard-to-reach areas with a microbrush.

The dental professional should carefully burnish the Colgate Sensitive Pro-Relief paste into all sensitive areas, focusing on the CEJ and exposed cementum and dentin.

And, as mentioned previously, clinical research has demonstrated both an instant and long-lasting relief of dentin hypersensitivity in patients who have had the product applied versus a placebo prophy paste.

**Is there anything you would like to add?**

Dentin hypersensitivity is a common and growing problem among patients. Effective diagnosis is key in the management of this problem. Use of an in-office product such as Colgate Sensitive Pro Relief paste provides instant and long-lasting relief for the patient and a comfortable, productive dental appointment for both patient and dental professional.

As with most things in dentistry, trying a product first before committing to it is essential. I encourage my dental professional colleagues to try a sample of this new product to see for themselves how truly effective it is in managing dentin hypersensitivity, and to consider incorporating it into the office’s patient management process.
Cetacaine Topical Anesthetic Liquid Kit

Cetylite’s new Cetacaine® Topical Anesthetic Liquid Kit is ideal for scaling and root planing, providing patients with effective, non-injectable, cost-effective anesthesia. Only $2 for a full-mouth application, the included 14-gram bottle yields up to 34 full-mouth applications.

The new unique dispenser cap for Luer-lock syringes allows the clinician to use only what he or she needs, not exceeding a 0.4 ml maximum dose.

Cetacaine’s triple-active formula (14 percent benzocaine, 2 percent butamben, 2 percent tetracaine hydrochloride) has onset within 30 seconds and duration typically lasts 30 to 60 minutes.

The kit contains a 14-gram bottle of Cetacaine Topical Anesthetic Liquid with dispenser cap, 20 Vista™ 1.2 mL Luer-lock syringes and 20 Vista-Probe™ 27 ga tips.

Cetylite now offers a 14-gram or 30-gram replacement bottle of Cetacaine Liquid with the Luer-lock dispenser cap.

The cap fits all Luer-lock syringes. This unique design also allows for the single dip of a microbrush, which is ideal for pre-injection or other procedures requiring site-specific topical anesthesia.

During the Chicago Midwinter Meeting, the company will offer as a show special: a free 14-gram bottle of Cetacaine Liquid to anyone who purchases three 14-gram bottles or one Cetacaine Liquid Kit, as well as a free 30-gram bottle with purchase of three 30-gram bottles.

For more information about Cetacaine, visit www.cetylite.com. You may also stop by the Cetylite booth, No. 4623, during the Chicago Midwinter Meeting.

ApexNRG Blue is the world’s first and only Bluetooth-enabled apex locator. It can be used with or without a handpiece. This locator can be used as a conventional apex finder with audible and visual indicators. The user will find it to be extremely accurate and easy to use.

When the Bluetooth feature is activated, a large image will appear on the user’s computer screen showing the file advancing to the apex. This feature allows the patient to follow along and gives the practitioner three ways to measure progress: audibly, visually and computer assisted.

Pricing of the ApexNRG Blue is similar to a standard apex locator. It is easy to use with your current apex location procedures and no calibration is required.

The ApexNRG Blue can be used with or without the companion patient treatment software that comes with the unit. Progress of the apex location procedure can be shown on one or more computer monitors.

The unique digital signal processing (DSP) of the unit provides precision of 0.1 mm in all canal fluids. The ApexNRG Blue is the only apex locator in the world that comes with a 50-month warranty.

See the ApexNRG Blue in action at the Chicago Midwinter Meeting at booth No. 4728. Or, visit www.medicnr.com or call (888) 429-0240 for additional information.

PreXion 3D Dental CBCT Scanner has the highest resolution of any Cone Beam System. Additional benefits include:

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Pentron’s new core material offers high depth of cure

By Fred Michmershuizen, Online Editor

Pentron Clinical, a leader in post and core technology, is proud to introduce new Build-It® Light Cure Core Material.

Build-It Light Cure Core Material is specifically designed for clinicians that favor the on-command cure afforded by light-cure only core materials.

The light-cure only formula produces outstanding physical properties and is compatible with 4th through 7th generation bonding agents, ensuring compatibility with your preferred bonding agent.

The Build-It Light Cure addition to Pentron Clinical’s award-winning line of Build-It Core Materials cures to a depth of 10 mm with only 20 seconds of curing time per surface without the need for time consuming layering.

Pentron Clinical Technologies product manager Jeremy Grondzik said, “Ideal handling characteristics together with the ability to instantly light cure to a depth of 10 mm puts the clinician in complete control of the core build-up procedure from start to finish.”

Once cured, Build-It Light Cure performs just like the original Build-It FR™, meaning it sets to a rock-hard consistency that cuts like dentin. Non-sticky, sculptable handling that enables quick and easy adaption to tooth structure and the post are made possible by way of a proprietary new BisGMA-free resin.

To satisfy individual dispensing preferences, Build-It Light Cure Core Material is available in both a syringe and single dose delivery option.

Build-It Light Cure Core Material is one of the latest innovations from Pentron Clinical, an established leader in the dental consumables industry, offering a wide variety of affordable products to suit your restorative needs. As one of the pioneers of fiber post and nano-hybrid composite technologies, Pentron Clinical continues to demonstrate its commitment to the technological advancement of dentistry.

The company’s portfolio of innovative and award-winning dental products includes: Fusio™ Liquid Dentin, Bond-1™ SF Solvent Free SE Adhesive, Mojo™ Light Cure Veneer Cement and FibreKleen® Posts.

For more information, call (800) 551-0283 or visit www.pentron.com. You may also visit booth No. 3413 at the Chicago Midwinter Meeting.
Implants begin at the moment of extraction

Directa’s Luxator instrument is a specially designed periodontal ligament knife with a fine tapering blade that compresses the alveolar, cuts the membrane and gently eases the tooth from the socket. It was invented and designed by Dr. Lars Rundquist, a Swedish dentist and specialist in maxillofacial surgery.

Here is what Rundquist wrote about this instrument:

The requirement for an atraumatic method of tooth extraction has been emphasized much recently in the field of dentistry.

Prior to treatment for implants, it is essential that there is as little bone loss as possible during extraction to obtain an optimal prognosis.

The increased number of patients under medication with anticoagulants, who often are not allowed to interrupt their medication when a tooth is to be extracted, requires extreme care to avoid postoperative bleeding. It is also necessary to endeavour to strive for as little damage to the tissues as possible to receive the optimal possibility for local haemostasis.

Patients treated with irradiation or cytostatics must be treated with minimal trauma to diminish the risk of postoperative infections.

The possibilities of avoiding unnecessary trauma when extracting teeth are considerably increased if the operation is initiated or accomplished by employing a Directa Luxator to widen the alveolus and loosen the periodontal ligaments. The delicate tip of Luxator Original can be inserted to a deep level on the root, thus allowing the final loosening and removal of the tooth to be performed with a minimal amount force.

During my many years as an oral surgeon, I have found that the use of Luxator instruments is indispensable to meet the demands for an atraumatic method of tooth extraction.

Dr. Lars Rundquist is a former member of the Department of Oral Surgery and Oral Medicine, Faculty of Odontology, University of Lund, Malmo and the Department of Maxillofacial Surgery, Institute of Odontology, Karolinska Institutet, Huddinge, Sweden.

Enhancing dentistry with the dental-video procedure scope

The MagnaVu dental-video procedure scope by Magnified Video Dentistry

By William Domb, DMD

Every once in a while a dental product comes along with the ability to change our lives for the better, such as the high-speed handpiece.

The Dental Procedure Scope is also one of those powerful tools.

We originally saw the MagnaVu by Magnified Video Dentistry at a trade show and immediately saw the potential to improve close-up vision, even beyond our 4.5x loupes.

Our dental supply dealer simply removed our current exam light and replaced it with the MagnaVu.

The MagnaVu provides us better lighting — up to 24x magnification — and allows us to sit up in a more comfortable, upright and ergonomic position while working from a hi-res LCD display similar to what medical surgeons have been doing for years.

The MagnaVu provides the same images and orientation as I see with my eyes, so after a short training session, it only took me about a week to transition from looking directly at the patient to working from the screen with a natural tactile sense and depth perception.

The nice thing is that the MagnaVu doesn’t change the way I perform procedures, it just enhances what I have always been doing.

In the past, I used to sit like a pretzel, bent over my patient in all sorts of back-contorting and straining angles.

Eventually, nearly every dental staff member will experience some degree of back, neck or eye strain, and many of us are forced to retire earlier than we had planned.

Before I began using the MagnaVu scope, by every afternoon I’d start to feel a burning sensation around the region of the right scapula, sometimes radiating up into the shoulder.

Now, however, even though I am working out of several operatories and only have the MagnaVu in two of them, I am consistently making it through the afternoons with little or no squawking from my back and shoulder.

I now have increased magnification, better lighting, improved patient understanding and I end up feeling less fatigued during the day and after work.

Using the MagnaVu Dental Procedure Scope is just a great way to spend your day.
In January, AMD LASERS announced the introduction of the Picasso Lite soft-tissue dental laser. Priced at $2,495, offering 2.5 watts of power and three customizable presets, Picasso Lite is the most affordable and easy-to-operate dental laser in the world, according to AMD LASERS.

It was designed specifically to replace the archaic use of scalpels and electro-surge in the treatment of soft tissue.

“With Picasso Lite, we accelerated the paradigm shift in dentistry that began with the introduction of the Picasso soft-tissue laser in 2009,” said Alan Miller, president/CEO of AMD LASERS.

“We have ‘One Vision, One Goal’ — equipping every operatory with a laser. Record numbers of dentists are purchasing Picasso, and I’m sure Picasso Lite’s more attractive price and ease of use will quickly make it the most popular laser in the world.

“Picasso Lite was designed specifically for first-time laser dentists and hygienists, and at one-fifth the cost of other lasers, it’s truly affordable. We’ve shipped Picassos to more than 50 countries, and the number of dentists and distributors interested in Picasso is truly amazing. I think the real winners are the patients.”

Picasso Lite cuts and coagulates tissue with reduced trauma, bleeding and necrosis of tissue and is used for soft-tissue surgery, including troughing, gingivectomies, frenectomies, exposing implants/teeth/ortho brackets and treating aphthous ulcers and herpetic lesions.

Featuring an ultra-compact, lightweight and sleek design, Picasso Lite comes with an easy-to-learn set-up DVD, online laser certification, accessories, world power adapter and a two-year warranty.

Another first for the laser industry is Picasso Lite’s ability to use convenient disposable tips or a low-cost strippable fiber.

“We are proud to offer Picassos and now Picasso Lites free of charge to universities and dental schools, globally illustrating our commitment to education and charity,” said Miller.

About AMD LASERS
AMD LASERS is a global leader at providing ultra-affordable laser technology for dental professionals preparing to take their practice to the next level.

The integration of the Picasso line of soft-tissue dental lasers enables every dental practice to provide treatment for soft-tissue surgery, periodontal/endodontic treatment and laser whitening.

AMD LASERS is ISO 15485 and C.E.-certified for worldwide distribution. For more information about AMD LASERS, please call (86) 999-2635, (317) 202-9530 (for overseas dialers) or visit www.AMDLASERS.com. You may also visit booth No. 415 at the Chicago Midwinter Meeting.

AMD LASERS: one of the most affordable soft-tissue dental lasers

AD

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Mydent introduces DEFEND prophy paste

Mydent International has introduced DEFEND® Prophy Paste, a new prophy paste that contains balanced ingredients for maximum stain removal with minimal enamel loss.

Available in two formulas, DEFEND+PLUS and DEFEND, these prophy pastes are smooth, pliable and contain 1.23 percent active fluoride ions to strengthen tooth enamel.

DEFEND Prophy Paste tastes great and both formulas are available in four flavors: mint, cherry, vanilla/orange and bubble gum. All are gluten-free to assure against allergic reaction and easily rinse clean with water.

DEFEND+PLUS Prophy Paste offers an easy-to-use, splatter-free formula that provides superior stain removal and polishing properties. Both DEFEND+PLUS and DEFEND prophy pastes are available in unit dose cups with 200 per package of assorted or individual flavors.

Mydent International, home to DEFEND infection control products, disposables and impression material systems, provides dependable solutions for defensive health care.

Mydent urges health care professionals to: DEFEND. Be smart. Be safe.

For more information on Mydent International and its products, call (800) 275-0020, or go to www.defend.com. You may also visit the company at booth No. 1541 at the Chicago Midwinter Meeting.

PhotoMed G11 digital camera

The PhotoMed G11 digital dental camera is specifically designed to allow you take all of the standard clinical views with “frame and focus” simplicity. The built-in color monitor allows you to precisely frame your subject; focus and shoot. It’s that easy.

Proper exposure and balanced, even lighting are assured. By using the camera’s built-in flash, the amount of light necessary for a proper exposure is guaranteed, and PhotoMed’s custom close-up lighting attachment redirects the light from the camera’s flash to create a balanced, even lighting across the field.

More information is available at www.photomed.net, or call (800) 998-7765.

Plak Smacker: Splash toothbrush

Plak Smacker has announced the latest addition to its line of toothbrushes: the Splash Brush. The Splash toothbrush is available in four bright colors: orange, blue, pink and green.

This toothbrush has a comfortable, contoured handle for easy grip while brushing. The soft bristles add to the comfort of the Splash Brush and provide gentle massage to the teeth and gums. Patients are sure to rave about this brush.

For more than 20 years, Plak Smacker has been focused on introducing new, innovative products to help patients feel good about a trip to the dental office.

For more information or to place an order, please call (800) 558-6684 or visit www.plaksmacker.com.

Vision’s digital communicator

Vision USA’s digital “communicator” is another priority product for the company going forward in 2010.

This camera/video is mounted on an adjustable stand, allowing the user to capture and transmit images of impressions, implant parts, etc., at 10x to 20x magnification with LED lighting.

The system automatically attaches the photo/video to your e-mail server, making it a very user-friendly tool. The cost ranges from $329 to $449.

Also available are microscope eyepiece adaptors to convert your existing microscope into a digital camera for a cost of $269.

For more information or to view a video software demo, please visit www.visionusa.com or call (800) 257-5782 or (856) 795-6199.
Two independent studies have confirmed the effectiveness of the VibraJect® Dental Needle Attachment to block the pain of dental injections.

The first study, by Fred Quarnstrom, DDS, et al., dealt with pain level comparisons resulting from usage of the Wand with those compared to usage of the VibraJect dental needle attachment.

The second study, by Queens University, statistically measured and compared the amount of pain reduction experienced by patients given block injections of local anesthesia using the VibraJect dental needle attachment with block injections given to subjects using conventional injection methods.

The following excerpt is from the first of these two studies by Fred Quarnstrom, DDS.

Ruth Woldemicael, DMD, and David Chen, DDS, compared the VibraJect to a computer-controlled injection device to control pain for injection of local anesthesia. Nineteen injections were done with the Wand handpiece of the CompuDent™ system by Milestone Scientific and 17 with the VibraJect by VibraJect LLC.

Twenty-four were maxillary infiltrations, 12 were mandibular blocks. Patients reported the level of pain for the needle piercing their tissue, the injection of solution and their overall evaluation of the injection. No difference was seen for piercing the tissue, injecting the solution or overall report of pain.

This study’s conclusion stated: “This study tends to indicate there is little difference in the pain perceived by a dental patient when injected using the Vibraject as opposed to injecting with the Wand.”

The second study is from Queens University, Belfast, Ireland, and reveals the following findings.

A Queens University study on 400 patients showed that VibraJect statistically reduced the amount of “pain from 4.6 to 1.7, which has never been statistically achieved before VibraJect.”

According to the Queen’s University study...

Results: “Subjects receiving the conventional injection methods had a mean pain score of 4.6 (± 0.414). The VibraJect group had a mean pain score of 1.71 (±0.255) (P<0.05). Certain sites had larger decreases in the mean pain score using the VibraJect. These included the upper anterior segment infiltrations and lower right IDB injections.

Conclusions: The vibrating syringe attachment resulted in reduced pain levels on receiving intraoral injections.”

Advantages of VibraJect

Beyond the obvious pain and stress reductions; ease of use; low equipment expenditures and associated cost savings, an additional advantage of the VibraJect dental needle accessory is that it will “build dental practices through patient referrals.”

The news of stress-free and virtually painless injections travels rather quickly and will result in greater patient satisfaction and an ever-increasing patient base.

Dental clinicians around the globe are interested in eliminating appointment cancellations; minimizing no-shows for dental procedures; reducing patient complaints about injection pain with its associated stress; and eradicating the number of squirming, wiggling and screaming children in their dental chairs.

VibraJect implementation has been shown to virtually eliminate these problems.

For more information on VibraJect, visit ITL Dental online at www.itldental.com.
DCapalooza '10: ‘The biggest show in dentistry!’

June 17–19, Cowboys Stadium, Dallas, Texas

D4D Technologies and Henry Schein Dental are proud to unveil CAdapalooza '10 – The Biggest Show in Dentistry! See dentistry like never before — bigger and better than ever on the world’s largest high-definition screen.

Join an incredible lineup of speakers in what will be the event of the year in CAD/CAM dentistry as you sit in comfort at the all-new colossal Cowboys Stadium and see top innovators in business and dentistry present current innovations and future applications in CAD/CAM dentistry.

CAdapalooza '10 is guaranteed to provide new insight into dentistry as a team sport with valuable information for all — dentists, dental assistants and dental technicians. Whether you are considering CAD/CAM for the first time or are an experienced operator, there’s something for everyone.

CAdapalooza '10 begins with a Millin’ Around Welcome Reception on the evening of Thursday, June 17, for all registered attendees at the stunning Gaylord Texan Resort. On Friday, June 18, participants will enjoy watching the future of dentistry unfold at the largest domed venue in the world.

Take in the valuable lectures from the industry’s top visionaries in the comfortable leather seats or relax in the 53,000 square foot Club Level for breaks, lunch and interaction with leading manufacturers. All participants will have the opportunity to tour the stadium and end the evening with a cocktail reception at the Star Bar, which sits seven stories high overlooking the field for a whole new view of dentistry.

Saturday is a special day for all participants, who are invited to visit D4D Technologies’ global headquarters for Build-a-Crown™ Workshops and facility tours. Be there as CAD/CAMassadors guide you through the scan, design and milling of your own restoration, and work with ceramic experts to impart the ideal color and strength.

If you already own a chairside CAD/CAM system, you can elect to participate in advanced design workshops from experienced designers to maximize your productivity in design and material handling. Don’t miss this one-of-a-kind event!

See and experience the future of CAD/CAM dentistry at CAdapalooza ‘10. Space is limited, so register yourself and your team today. Registration is $295/person (can be charged by credit card or Henry Schein Dental account) before June 1, and $395 on-site or after June 1. Up to 9 C.E. hours available. To register, visit www.CADapalooza.com.

To reserve your hotel room at the Gaylord Texan Resort through a special CAdapalooza room block, call the Gaylord Texan at (817) 778-2000 or visit, www.gaylord texan.com. Transportation to and from the Gaylord Texan to Friday’s CAdapalooza full-day program and Saturday’s Build-a-Crown Workshops is included, as well as up to 9 C.E. hours.

CAdapalooza ‘10 is sponsored by D4D Technologies, Henry Schein Dental, Ivoclar Vivadent, 3M ESPE and Premier Dental. Go to www.CADapalooza.com to register or for more information.

About CAdapalooza
CAdapalooza is an annual conference designed to provide attendees with the most recent information and a vision of the capabilities of chairside and laboratory dentistry using products and technologies offered by D4D Technologies and Henry Schein Dental.

The interactive venue will also feature the latest applications and techniques utilizing materials designed especially for digital dentistry today and in the future.
Vibringe Corp., headquartered in Amsterdam, Holland, announces the U.S. launch of its new irrigation device for root canal treatments, called Vibringe®, which debuted at the International Dental Show in Cologne Germany in March 2009.

This new endodontic irrigation system uses sonic technology to activate the manual flow of irrigation solution in order to realize a faster and more effective outcome with increased predictability.

Vibringe heralds the next level of endodontic irrigation and is the winner of the 2009 iF Product Design Award (Germany), the 2009 Red Dot Design Award (Germany) and the 2009 Good Design Award (USA). iF and Red Dot are two of the most important international product design awards, with iF garnering more than 2,000 entries from approximately 37 countries.

“We strongly believe that a product’s design plays an important part in the acceptance of new technologies in the dental industry. In addition, our research has shown that a more user-friendly design also has a positive effect on the patient’s comfort. Vibringe is a very effective ‘gotta have it’ piece of equipment,” said Vibringe Managing Director Mart Sips.

Founded in November 2007, Vibringe Corp. is an innovator in endodontic devices that allow dentists to realize their full potential by developing easy-to-use products that allow dentists to realize their full potential by developing easy-to-use products that help to improve the effectiveness of existing dental procedures.

The Vibringe device and its disposable syringes are already available for dentists in most EU-countries, Turkey, Canada, Japan, Australia and New Zealand.

The Vibringe irrigation system is the result of an unprecedented collaboration between Vibringe Corp., designers, engineers and dental professionals. Real-life scenarios guided product development through feedback from dentists who volunteered to let Vibringe Corp. watch them work. During testing, dentists from around the world provided valuable feedback and suggestions.

“This is a game-changing product. It’s an incredible step forward in the field of endodontics. We expect that the number of endodontic failures will be significantly decreased because one of the major causes of failure in endo is the irrigation procedure. Vibringe embraces the actual irrigation procedure. Dentists will save time due to the all-in-one-feature, but will realize much better results due to the simultaneous delivery and activation of the solution,” Sips explained.

Industry insiders recognize Vibringe

“When I first saw this unique product, I knew it would create a new mindset in endodontics regarding irrigation. As we all know, irrigation is the most important step in endodontic treatment, but still one of the most old-fashioned procedures in dentistry that uses the conventional syringe,” Marketing Manager of Henry Schein in Holland Willem Kortland said.

“Vibringe introduces no additional steps but will improve the irrigation procedure by irrigating and activating at the same time. Since we have introduced Vibringe in Holland to our dentists, we’ve received an overwhelming level of response, interest and inquiries on this neat device. The demand for it has exceeded our wildest dreams,” Kortland added.

What do Vibringe users say?

One of the first to use Vibringe was Dr. Julian Webber from the United Kingdom, who is a well-known and respected endodontist. When he first used Vibringe Webber summed up his perspective with:

“It’s brilliant, simply brilliant!” After using the Vibringe daily for a few months, Webber commented that Vibringe is “a wonderful new advance in endodontic irriga-
ERA Mini™ Dental Implant System

Zimmer Dental – the worldwide exclusive distributor of the ERA Mini Dental Implant System and related products.

The ERA Mini Dental Implant System offers the life-improving benefits of denture stabilization with the capability to correct implant misalignment.

To learn more about the ERA Mini Dental Implant System visit a Zimmer representative at the Chicago Dental Society Midwinter Meeting, February 25–27, 2010. Stemgold Booth #4200.

For more information, call us toll-free at 800 854 7019.


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Grow your dental practice

Three ways to start doubling your growth right now, even if you’ve hit a plateau

By Jay Geier

How would you like to double your practice growth? How would you like to double your net income? Of course you would! But what we want and what actually happens are two different things.

When you first started your dental practice, you felt the excitement. You experienced large percentages of growth for the first few years. Then your dental practice became stagnant.

You’re not seeing growth in your dental practice now. Your “adjusted gross income” and “net income” decreased to the point where it depresses you to look at the numbers on your tax return.

You have hit a plateau, and it is commonplace for all businesses, including dental practices, to hit a plateau at some point in their life. Many will hit multiple plateaus.

I completely understand why hitting a plateau or even a decline in business would depress you. It’s because you’re seriously feeling the squeeze. You discovered that your expenses don’t plateau just because your income has flattened or declined.

• Your staff wants more money.
• You need more space.
• You need to purchase updated and emerging technologies and equipment.
• It takes more money to run your practice.

Not only do your expenses rise at the office, but they rise at home too. You’ve got kids, private schools, bigger houses, insurance, higher taxes.

So how can you as a dental practice owner get off the plateau, take your business to the next level and make more money?

Get the right training, skills and resources you need to build your business

Look, you’re either on plan, off plan or you don’t even have a plan. How would you like to double your practice growth? How would you like to double your net income? Of course you would! But what we want and what actually happens are two different things.

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Get the right training, skills and resources you need to build your business

Look, you’re either on plan, off plan or you don’t even have a plan. If you have been in practice for any significant amount of time and you are not investing heavily in your practice, I wouldn’t be surprised if you’re experiencing a plateau in your business right now.

You see, if you’re not learning better ways to build your practice then you are just doing the same thing over and over again. How is that going to solve your problem and take your practice to the next level? It isn’t.

Get the right employees: implement a ‘no mediocre employee’ tolerance policy

With so many people unemployed today, you can find top talent. There is no reason why you have to accept mediocre performance.

Remember, you get what you deserve. If you hire mediocre employees or if you keep mediocre employees, then you deserve to get mediocre or sub-par results along with the gray hair you’ll get for dealing with these people.

Get a ‘no excuse’ mindset

If you want to shorten the lifespan of your plateau, then you need to stop being your own worst competitor. I mean this in the most caring, loving way. You make and accept too many excuses for why you can’t get new patients.

For example, you blame the recession. Yes, many small and large businesses are failing. However, we’ve doubled our business in this economy. I have clients who’ve been practicing dentistry for 35 years and they had their best year ever in 2009.

A few of these top performers are in the state of Michigan — one of the hardest hit states during the recession. If they can get new clients and double their practices, so can you.

In addition, it doesn’t take much effort to hire the right staff. In fact, I have a hiring system that allows you to hire new staff with less than 60 minutes of your time.

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A few of these top performers are in the state of Michigan — one of the hardest hit states during the recession. If they can get new clients and double their practices, so can you.
Yet, you have to adopt what I call the “two-economy system” mindset that accepts no excuses.

I define the two-economy system as putting yourself in a bubble where the economy is good, and keeping everything out of the bubble that you don’t have control over.

Thus, unlike most dentists who let all of the negative energy ooze into their office and into their existence, I reject it like the plague.

I adopted the policy that you get what you deserve; there are no excuses. I haven’t made an excuse in 20 years.

If I get a bad result, I probably deserved a bad result. It’s that simple. So, I don’t make excuses. I just say, “I got what I deserved, and I need to figure out why and how I’m going to fix it so I get a better result next time.”

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If I get a bad result, I probably deserved a bad result. It’s that simple. So, I don’t make excuses. I just say, “I got what I deserved, and I need to figure out why and how I’m going to fix it so I get a better result next time.”

If you can figure out what actions and efforts it takes to deserve more, then “Bingo!” you can get it.

If you make excuses about your ability to generate new patients, such as your town or the economy or whatever other pathetic, whiny excuse you might have made in the past, you literally cannot do anything. It immobilizes you.

Want to start growing your dental practice?

Here are your next steps:

• Get the training you need.
• Adopt a “no mediocrity” tolerance policy.
• Don’t make or accept excuses.

When you complain, whine and moan, you take all the power out of your dental practice and completely destroy the mindset of your staff. Remember, it starts with you.

Are you ready to grow your dental practice?
Just because the economy is unstable does not mean that your practice has to be.

LVI will steer you in the right direction!

Now is the time to take the driver's seat and invest in yourself and your future.

Recession-proof your practice with an education from LVI.

Bring a new enthusiasm to yourself, your practice, your team, and your patients!

You can have the practice of your dreams, and we can show you how.

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Botox and dermal fillers for every dental practice

The next big thing in dentistry may be expanding into the peri-oral and maxillofacial tissues

By Louis Malemacher, DDS, MAGD

Esthetic dentistry has been an absolute boom over the last 30 years, especially when it comes to such innovative techniques as teeth whitening and minimally-invasive veneers like Cristal Veneers by Aurum Ceramics.

Now that the teeth look great, what about the perioral and maxillofacial areas around the mouth and on the face? If the teeth look good but we ignore the rest of the face, we have severely limited what we have done in esthetic dentistry.

It is time to give serious consideration to extending the oral-systemic connection to the esthetic realms and facial pain areas of the face, which dentists are more familiar with than any other health-care practitioner. As dentists, we can do a magnificent job of making teeth look great and also give people a healthy and beautiful smile.

How does Botox work?

Botox is a trade name for botulinum toxin, which comes in the form of a purified protein. The mechanism of action for Botox is really quite simple. Botox is injected into the facial muscles, but really doesn’t affect the muscle at all. Botulinum toxin affects and blocks the transmitting synapses between the motor nerves that innervate the muscle.

There is no loss of sensory feeling in the muscles.

Once the motor nerve endings are interrupted, the muscle cannot contract. When that muscle does not contract, the dynamic motion that causes wrinkles in the skin will stop.

The skin then starts to smooth out, and in approximately three to four months, at which time the patient needs retreatment.

When is Botox used?

The areas that Botox is commonly used for smoothing of facial wrinkles are the forehead, between the eyes (glabellar region), and around the eyes (periorbital region).

Dental professionals help survivors of domestic violence

More than 5 million people in the United States are affected by domestic violence each year. In response, the American Academy of Cosmetic Dentistry Charitable Foundation (AACDCF) created the Give Back a Smile (GBAS) program.

The program provides free cosmetic dental care to survivors of domestic violence.

More than 800 cases have been completed by AACD dental professionals, who have volunteered their time and expertise pro bono. There are currently 400 applicants being treated throughout the United States.

“After suffering abuse, it is difficult for survivors to find something to smile about and even more difficult when they don’t have a smile to show,” said AACD Foundation Program Manager Lisa Fitch.

“AACDCF volunteers assist survivors of domestic violence by treating their dental injuries, restoring their smiles, self-esteem and, ultimately, their lives,” she said.

As the national economy entered its deepest recession in almost 100 years, many across the country felt the increased stress, which resulted in a sharp rise in domestic violence.

According to the National Coalition of Domestic Violence, 75 percent of battering occurs to the head and face. This means the dental office is in an extremely influential position to intervene and help stop the violence.

In addition to the GBAS program, the AACDCF offers the Domestic Violence Intervention & Prevention (DVIP) program.

This program offers a free video to dental professionals interested in learning from an expert how to approach difficult situations in the dental practice when domestic violence is suspected.

Domestic violence survivors who have suffered dental injuries from abuse by a former intimate partner or spouse can contact GRAS toll-free at (800) 773-4227, visit www.givebackasmile.com, or e-mail givebackasmile@aacd.com.

Survivors must make an appointment with a counselor, domestic violence advocate, social worker or therapist to complete the advocate section of the GRAS application.

GBAS conducts the initial review of the application; however, the dentist has the final say as to the eligibility of the applicant.

If eligible, the Aacd connects the survivor with a local GRAS volunteer who provides treatment at no charge to the recipient.

For dental professionals, more information is available from the AACD online www.aacd.com or via phone (800) 543-9220.

(Source: AACD Foundation)
the corners of the eyes (crow’s feet) (Figs. 1, 2) and around the lips. Botox has important clinical uses as an adjunct in TMJ and bruxism cases, and for patients with chronic TMD symptoms.

Botox is also used to complement esthetic dentistry cases; as a minimally-invasive alternative to surgically treating high lip line cases; for denture patients who have trouble adjusting to new dentures; for lip augmentation; and has uses in orthodontic and periodontic cases where facial muscle retraining is necessary.

No other health-care provider has the capability to help patients in so many areas as do dentists with Botox and dermal fillers.

What about dermal fillers?

Dermal fillers, such as hyaluronic acid (Juvederm Ultra and Restylane) are commonly used to add volume to the face in the nasolabial folds, oral commissures, lips and marionette lines (Figs. 3, 4).

As we age, collagen is lost in these facial areas and these lines start to deepen. These dermal fillers are injected right under the skin to plump up these areas so that you know and what we can accomplish.

Do patients want this?

Is there a market for these services? In 2008, close to $5 billion was spent on botulinum toxin and dermal filler therapy in the U.S.

Think about this: that was money spent on non-surgical, elective, esthetic procedures that could have been spent on esthetic dentistry, but the patient made a distinct choice. Interestingly, these procedures become more popular in an uncertain economy because patients want to do something to look better that is more affordable than surgical esthetic options.

How do you get there?

Like anything else you do, offering this type of service requires training. The learning curve is short because you already know how to give comfortable injections. I often give training sessions in Botox and dermal fillers and dentists are amazed how easy these procedures are to learn and accomplish compared to everything else we do.

Finding practice models is easy: start asking family and friends who will fight to have you practice on them.

If you want even more proof, ask women in your practice if they have had or would like Botox or dermal filler therapy.

You will be overwhelmed at the positive response and shocked at the number of people you know already receiving these treatments.

Conclusion

What’s the next big thing in dentistry? It may come as we start expanding outside of the teeth and gums into the peri-oral and maxillofacial tissues, which is within every dentist’s skill set.

All you need is knowledge and practice. Then, you will be able to deliver these new services to your patients and truly complement the rest of your dental practice.

About the author

Dr. Louis Malcmacher is a practicing general dentist in Bay Village, Ohio, and an internationally recognized lecturer, author and dental consultant known for his comprehensive and entertaining style.

An evaluator for Clinicians Reports (formerly Clinical Research Associates), Malcmacher has served as a spokesman for the AGD and is president of the American Academy of Facial Esthetics.

You may contact him at (440) 892-1810 or dryozx@yahoo.com. Go to his Web site, www.commonseddentistry.com, where you can find information about Botox and dermal filler live patient hands-on training, building the best dental team ever, big case acceptance success and sign up for his free monthly e-newsletter.
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