An interview with Michael Miller, president/editor in chief of REALITY

By DT International Staff

Would you please tell our readers a little bit about yourself and how you got started in dentistry?

After graduating from dental school, I did a general practice hospital residency, which aroused my curiosity with research. Even though I decided to go into private practice instead of pursuing an academic career, I never lost that urge to participate in the scientific world in some way. About seven years after starting my practice, I decided I was guessing too much about patient care, and especially how to select and use all the new tooth-colored materials that were just beginning to explode in the marketplace. It was my contention that dentistry needed a publication that was a non-commercial product and technique guide. Because none existed, I asked another dentist here in Houston if he would like to help me get this publication off the ground. Our first book came out in October 1986 and I've been at it ever since.

You are the co-founder of REALITY Publishing Company. Could you explain, in brief, what REALITY is, which goals it is pursuing and how?

REALITY is a consensus report on products and techniques. Our mission is very simple: protect patients by informing dentists. We accomplish this by testing products and techniques using clinically relevant methods in our research laboratory as well as having our editorial team [ET], comprised of leading clinicians from around the world, use the products in their clinics and practices.

Some clinicians criticize the REALITY star system as being a commercial process that only supports the marketing of the manufacturers. How do you react to such statements?

Nothing could be farther from the truth. When a manufacturer submits a product, it has absolutely no control over the evaluation process. This is the reason some manufacturers do not submit products — they are wary about what we are going to find. In addition, because there is no fee involved for manufacturers when they submit products, we have no reason to try to please them. While we don’t believe in trashing products unprofessionally, we have warned our readers numerous times about products that don’t live up to their marketing propaganda. Any clinician who believes we are merely a marketing arm for manufacturers has never asked a manufacturer if it’s true.

How exactly does the product rating process work?

Products are listed on a password-protected section of our site for ET members’ eyes only. We then ask the ET members to select products that they are interested in evaluating. At least 10 members must volunteer to qualify for a complete evaluation. For more expensive equipment, the minimum is five. The manufacturers of these products are then invited to submit the product. If they agree, we provide them with the list of evaluators who have volunteered to evaluate the product.

Once the evaluators receive the product, they have 90 days to use it clinically and/or perform tests of it. Call toll-free 1-888-658-2584

Solving esthetic dilemmas

Dr. Bruce LeBlanc notes that direct composites have a longevity that qualifies them as a great value in terms of solving esthetic dilemmas. In addition, with conservative tooth preparations, the solution can often be realized in one visit.

Remember, nothing is perfect. All products evolve. We always encourage clinicians to try products and then make an informed decision about what works best for them.

Batam and braces?

Shirley Gutkowski, RDH, BSDH, FACE, answers how hygienists can intervene to cure the melted enamel under and around orthodontic brackets and bands. This may even mean suggesting that the braces be removed in the most extreme cases of unsatisfactory patients.

Dental Tribune launches Internet-based learning site with input from practitioners and opinion leaders

Online learning allows everyone to benefit from C.E. courses without incurring the same costs as traveling to training sites.

Now Dental Tribune takes that idea one step further by introducing the Dental Tribune Study Club (DTSC). The site not only creates higher expectations in online learning, but also delivers on its promise. Study clubs help increase interaction, providing practitioners with the opportunity to gain knowledge about products and techniques by easily tapping into their colleagues’ knowledge, including that from respected opinion leaders. Online dental study clubs provide an unpar-
alleged opportunity for practitioners to “meet with” colleagues in order to learn in a friendly, non-threatening environment that is as close as the nearest computer.

DTStudyClub.com offers dentists an exciting mix of possibilities, including:

- C.E. lectures that are live and interactive, as well as archived ones, bringing local events to national audiences;
- Focused discussion forums that allow practitioners to stay up to date;
- Product reviews with recordings of opinion leaders’ first impressions;
- A growing database of case studies and articles featuring topics important to today’s practitioners;
- Networking possibilities that go beyond borders to create a global dental village;
- Case studies with chances to win free tuition for ADA/CERP C.E. accredited Webinars; and much more!

Dental Tribune is very excited about launching this initiative and would like to invite you to join in breaking new ground in e-learning.

On March 14, from 9 a.m.–5 p.m., Dental Tribune will introduce the DTSC via a full-day online symposium. The DTSC C.E. Festival – V.I.P Launch Party will feature five Webinars in succession, made available by educational grants from PreXion Inc., Obtura Spartan, Voco and Discus Dental, Inc.

Each Webinar will include a one-hour presentation, followed by a 20-minute live Q&A session between the online audience and the speaker.

Participants will receive seven C.E. credits, and attendance is free for the first 100 registrants.

After the first 100 spaces are filled, the cost of the full-day symposium is only $49 (U.S.), a mere fraction of what one would pay if traveling to the nearest computer.

In an effort to make the most of practitioners’ time, www.DTStudyClub.com will feature “First Impressions” by Dr. George Freedman. These five-minute video vignettes will present various dental products with support by demo videos and will be archived in an online product library to be viewed at any time.

Please contact Julia for full details and the DTSC launch registration by phone at (416) 907-9856 or e-mail j.wehkamp@dtstudyclub.com.

Correction

Please note that the correct name of the book mentioned in Dr. Hoexter’s editorial on page 2 of the previous edition, Nos. 3 & 4, is “A Daughter’s Gift of Love.” Also, the very last paragraph that began with, “From Wall Street ...” should not have been included in the editorial. Dental Tribune regrets these errors.

The findings were reported in the Jan./Feb. issue of the The Journal of the American Dental Association. The lead researcher Dr. Ilia Volkov is a primary care physician in the Clalit Health Services and lecturer in Ben-Gurion University’s Department of Family Medicine in its Faculty of Health Sciences.

The researchers tested the effect of vitamin B12 on 58 randomly selected RAS patients who received either a dose of 1,000 mcg of B12 a month at bedtime or a placebo, and were tested monthly for six months. Approximately three quarters (74 percent) of the patients of the treated group and only a third (32 percent) of the control group achieved remission at the end of the study.

According to the research, “The average outbreak duration and the average number of ulcers per month decreased in both groups during the first four months of the trial. However, the duration of outbreaks, the number of ulcers, and the level of pain were reduced significantly at five and six months of treatment with vitamin B12, regardless of initial vitamin B12 levels in the blood. During the last month of treatment a significant number of participants in the intervention group reached ‘no aphthous ulcers status’ (74.1% vs. 52.0%; P < .01).”

The treated patients expressed greater comfort, reported less pain, fewer ulcers, and shorter outbreaks during the six months while among the control group the average pain level decreased during the first half of the period but increased during the second half.

(Source: Ben-Gurion University of the Negev and American Associates)
IF IT SOUNDS
From Page 1

depth of cure tests are done in real, human teeth. These tests show that the claims of composite and curing light manufacturers are greatly exaggerated. If any clinician follows a manufacturer’s advice in this area, there is a great probability that the restoration will be undercured.

Aside from checking the REALITY Web site, what clues should clinicians look for when choosing the right product?

It’s definitely a minefield out there, with clinicians and patients the ones to suffer when manufacturers overhype their products. But the old adage definitely applies — if it sounds too good to be true, it probably is. Reading the scientific research can also be helpful, but pretty boring and possibly outdated when it finally hits print. Listening to lectures from speakers who are honest about their commercial alliances is valuable, assuming the audience can separate the real information from the propaganda. And online chat groups can venture opinions on clinical factors such as whether a composite has nice handling characteristics, but can also be misleading if research is quoted incorrectly.

Are you familiar with the market in Asia and if so, how does it compare to the U.S. market?

I have lectured in Japan and Thailand, but I am not an expert in how dentistry differs between the two regions. My gut feeling, however, is that there is more dentistry in the U.S. focused on pure cosmetics compared to Asia.

How would you grade the quality of work done by Asian professionals?

I have seen some absolutely beautiful dentistry come from the offices of Asian clinicians. Definitely on par with the U.S. and Europe.

Do you have any suggestions for readers who have an interest in incorporating cosmetic dentistry into their practice?

First, it takes a lot of study. You cannot attend a weekend seminar and learn the nuances of really fine cosmetic dentistry. Read as much as possible, attend numerous and varied seminars, and watch as many masters as possible. Then start with easy cases and progress to more demanding ones.

Contact info

Dr. Michael B. Miller is a Fellow of the Academy of General Dentistry, a Founding and Accredited Member, and Fellow of the American Academy of Cosmetic Dentistry, and has memberships in the International Association of Dental Research, Academy of Dental Materials and Academy of Operative Dentistry. He is also a founding board member of the National Children’s Oral Health Foundation, which is dedicated to fostering the development of local dental health and education facilities for underserved children. In addition, Dr. Miller is the co-founder, president and editor in chief of REALITY and maintains a dental practice in Houston, Texas.

Reality Publishing Company
11757 Katy Frey., Ste. #210
Houston, Texas 77079
Tel.: (800) 544-4998; (281) 358-9101
E-mail: mm@realityesthetics.com
Web site: www.realityesthetics.com

DENTAL TRIBUNE | March 2009

News 3

© Copyright 2009 BeautiBond is a Trademark of SHOFU Inc. SNBB-0209

BeautiBond™
The dental adhesive for all indications!

- Unique dual adhesive monomers deliver equal bond strength to enamel and dentin
- Single coat for shorter working time
- Less than 5um film thickness

Providing convenience and efficacy in a single adhesive, BeautiBond has a distinct advantage over other seventh-generation adhesives. With bond strengths similar to leading sixth-generation alternatives, BeautiBond is the one-step, selfetch adhesive for all clinical indications. Its dual adhesive monomers enable predictable long-term bonding to both enamel AND dentin.

Visit www.shofu.com or call 800.327.4638

Shofu Dental Corporation • San Marcos, CA
SUCCESS IS EASY
Press Here

“I just got back from LVI and my world has changed. I can’t possibly look at dentistry the same way again!”
~ Dr. Balaji Srinivasan

“My LVI education has enabled me to not only survive, but to thrive.”
~ Dr. James R. Harold

“There is nothing out there that even comes close to the LVI experience. The amount of enthusiasm I am bringing home with me is unbelievable. What an experience and a treat!”
~ Dr. Robert S. Maupin

REGISTRATION IS JUST A CLICK AWAY!

www.lviglobal.com
888.584.3237
Dentistry State of the Union

By Lorne Lavine, DMD

Most of us tuned in to see President Obama’s de facto State of the Union address to the nation a number of weeks ago. These speeches are meant to give the public a sense of where things are at and where things are going. While we don’t have anything like that in the dental world, I think it is beneficial to take a step back each year and get an overview of what’s exciting in the industry and where I see things going. I travel to most of the major dental shows and have an opportunity to see what products are out there and which ones are generating the most “buzz.”

Digital impressions

Who would have thought that the age-old system of taking impressions would become passé in 2009, but the new systems from Cadent, called the iTero and the 3M Lava, aim to do just that. According to Cadent, the iTero is designed to replace the uncomfortable and imprecise method of conventional impression taking.

iTero, powered by proprietary imaging technology, enables the dentist to take a digital scan of the patient’s teeth and bite, make any necessary adjustments in real-time and then transmit the file via a wireless Internet connection to a Cadent-partnering laboratory for further processing. From there, the digital file is transmitted to Cadent where a model is milled. The physical model is then sent to the laboratory where a highly precise physical restoration is created.

There are significant benefits from these systems such as increased patient satisfaction, improved clinical outcomes and enhanced office efficiencies. I had the opportunity to see these systems in action at the Yankee Dental Congress and Chicago Midwinter meeting and they are everything they are cracked up to be.

Digital News 5

About the author

Dr. Lorne Lavine, founder and president of Dental Technology Consultants, has more than 20 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y. He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish DTC, a company that focuses on the specialized technological needs of the dental community.

Tel.: (866) 204-3398
E-mail: drlavine@thedigitaldentist.com
Web site: www.thedigitaldentist.com
Blog: thedigitaldentist.blogspot.com
Who do your patients believe?

By Louis Malcmacher, DDS

This is a common scenario: you present a treatment plan to a patient — whether it is something as simple as a tooth-colored restoration or an endo, post, core and crown — and the patient goes home to think about it. The patient then says, “My hairdresser thinks that a root canal is a bad idea and I would rather just take out the tooth.”

You think to yourself what an idiot this patient must be. Here I went to dental school, have many hours of advanced continuing education, treat patients every single day, and instead of believing me, the patient is listening to her hairdresser? How in the world could a patient compare my treatment recommendation to the dental information she receives from a cosmetologist? This scene will repeat itself many times over during your dental career. I’ll tell you exactly why it happens: There is an aura of believability that we as dental professionals sometimes don’t project. Think about it: this patient has come to your office, met your entire staff, you as the dentist did the examination and made a recommendation. It was all very clinical and confident, but was it believable? That connection is essential to forming a relationship where the patient will trust you and your team members more than she will trust the dental IQ of her hairdresser. I often say this in my lectures and I know this disturbs some dentists: Your patients have absolutely no way to judge your clinical skills. They don’t know if you are a better clinical dentist than the dentist down the street. They really don’t know what all of the diplomas on your wall mean. Truth be told, you go into many dental offices and they all have the same wall hangings of all the continuing education that they have taken. As a profession, people pretty much assume that most dentists know what they are doing, so how can your office be different from everyone else?

The answer is in the personal connection that you provide to patients. The easiest and fastest way to establish that connection is with the little chit-chat conversations that your team members have with your patients to get to know them a little better, find out about their families, hobbies, interests and what they do for a living. These are valuable pieces of information that you can incorporate into formulating how you are going to approach your treatment plan by making yourself believable and connecting with the patient.

It’s funny when a dentist tells me that his team talks too much to patients and they waste too much time in the office in conversations about what seems to be nothing. I point out that this can be the basis for building a great patient relationship, which then leads to a loyal, long-lasting patient.

The other very important piece of information that I believe adds value to a patient appointment is by pointing out some of the unique things that you do in your office that he or she may never have done before. The most valuable words that come from a patient’s mouth that I love to hear are, “Nobody has ever done that for me before.”

A couple of quick examples to illustrate what I mean. When patients come in, I tell them that I am using a Waterlase MD laser so that they won’t have to get a shot before their restorative treatment. Another patient comes in and has a periodontal abscess. I clean out the pocket and place Arestin by OraPharma. In both cases if I say nothing to the patient, the patient will not think that anything special has occurred. However, if I point out that I am using these patient-friendly technologies to make the patient’s visit easier, I am different from every other dentist out there and I am unique and uniquely believable.

Learn the valuable art of connecting with people. It takes only a few moments to be friendly and believable. Then, instead of choosing whom to believe, your patients will start referring their cosmetologists to you!

About the author

Dr. Louis Malcmacher is a practicing general and cosmetic 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 a consultant to the Council on Dental Practice of the ADA. You may contact him at (440) 892-1810 or e-mail dryozza@mail.com. You can also see his botox and dermal filler hands-on training for dentists and general lecture schedule at www.commonsensedentistry.com where you can find information about building the best dental team ever, big case acceptance success and sign up for his affordable monthly consulting programs, teleconferences, audio CDs and free monthly e-newsletter.
Minimally invasive and biomimetic endodontics: The final evolution?

By David J. Clark, DDS

Traditional endodontics has been based on feel, not sight. Tactile proprioception was the only guide as burs and files were blindly inserted into pulp chambers and root canal systems. Together with radiographs and electronic apex locators, this blind approach has produced surprising success, that, in the words of Dr. Eric Herbsansen, “the endodontics succeeds often in spite of us.”

There is, however, a significant failure rate, especially long-term failure, to the driving mainstream dentistry to aggressively extract natural teeth in favor of implants. The sting of clinical failure is a powerful motivator for change. In this article, I will describe the rationale and techniques involved in minimally traumatic endodontic access and shaping (Part I). In my upcoming Webinar I will discuss obturation techniques for smaller and non-round endodontic shapes, which will also appear as a follow-up article in this publication (Part II).

Ribbons, sheets & banners

One of the most distressing “hangovers” of the era of blind endodontics and endo-restorative is the belief that canal systems are straight, exit at the radiographic apex and are round in cross section. In reality, most canal systems curve and exit short of the radiographic apex and viewed from the apical aspect. Figure 1: An immature maxillary molar is sectioned and viewed from the apical aspect.

The evolution of endodontic shaping

The original endodontic shape was established based on mostly hand filling and filled with either silver points or cold lateral condensation of gutta-percha. Sargent later introduced a more rapid approach that involved machine-driven instruments (rotary files) creating larger shapes with significantly more dentin removal. As of late, a crown-down approach is now popular. The roots are rapidly and blindly machined. This can result in better obturation of the apical half because of improved penetration of irrigation during instrumentation and improved hydraulics during obturation. But at what cost (Fig. 2)?

Is crown-down endo actually better than lateral condensation?

The outcome studies are inconclusive, but what we do know is that the success rate today is no better than it was 40 years ago (Fig. 3). The advantages of crown down are on the other hand. Residual space that was present when the tooth was young. From that point, it can be argued that any secondary dentin that is deposited adds little additional strength because of the amorphous and irregular deposition pattern. This point is supported by the robust strength of young teeth with large pulp chambers and large radicular pulp spaces.

In contrast, the supposed strengthening of the root from a “monoblock” of bonded resin obturation, bonded core and fiber post is proving to be inconsistent. Another startling revelation is that the dentin in an endodontically treated tooth is not more brittle than in a vital tooth. In short, preservation of peri-cervical dentin and ferrule girth trump all other factors.

Ovoid canal systems & roots are non-round for a reason

Rotary instruments and obturating points of gutta-percha are round because of the limitations of their mechanical nature. They create anatomically appropriate shapes in round roots, but fail in ovoid roots. Over the ages, the dynamics of occlusion and arch form has guided the development of human tooth roots such that at least half have ovoid roots.

Smaller and/or ovoid shaping: Why and how?

Why? Biomimetics is a treatment approach that has, as its ultimate goal, to retain as much of the natural tissue as practical, and to mimic the physics and structures of the human body. There is nothing biomimetic about a stiff, round rod (prefabricated post) running through the center of an ovoid root.

The natural ovoid root is essentially a semi-rigid pipe deriving its strength from without, not within. The endodontic and endo-restorative goal should be to mimic the pulp space that was present when the tooth was young. From that point, it can be argued that any secondary dentin that is deposited adds little additional strength because of the amorphous and irregular deposition pattern. This point is supported by the robust strength of young teeth with large pulp chambers and large radicular pulp spaces.

If a small round access that does not disturb primary dentin can allow instruments to engage potentially significant complex anatomy (e.g., a second or third major system and corresponding portals of exit), then the round access is acceptable. The See ENDODONTICS, Page 8

medicaments.com/curious

Supplies • High Speeds • Low Speeds • Laboratory Units • Surgical High Speeds • Division • Ortho • General Practitioner • Oral Surgeons • Endodontics • Scalers • Quality Customer Service • Experienced Repair • Supplies • High Speeds • Low Speeds • Laboratory Units • Division • Endo • Ortho • General Practitioner • Oral • Surgical High Speeds • Scalers • Quality Customer Service

...are you curious?
ENDODONTICS

From Page 7

Fig. 7, 8a, 8b: Several renderings contrast current endodontic shapes versus new biomimetic shapes. Figure 7 shows the presurgical pulpal space of the root, sectioned at the orifice, then shows lateral condensation shape that does not weaken the root but also does not address the potential complex anatomy. The third image shows the new aggressive crown-down shape that weakens non-round roots. Figure 8a shows two potential shapes that are anatomic and address the complex anatomy, yet do not weaken the tooth. Figure 8b shows the obliterated anatomic shapes in the second axis.

Anatomic, biomimetic shaping cannot occur safely “by feel” (Figs. 7, 8a, 8b).

Summary

Although no two roots are the same, general anatomic patterns allow the microscope-equipped clinician to search for major pulpal regions that will yield a high probability of cleaning and shaping the clinically available pulpal zones. Shapes that were introduced during the Schilder era have served as a transitional technique to allow the first real three-dimensional compaction of gutta-percha. Endodontics is, in reality, a restoratively driven procedure; and to be minimally invasive and to apply biomimetic principles will require different skills and materials to shape, pack and restore these non-round canal systems.

References


ATTEND DR. DAVID CLARK’S WEBINAR!

On March 14 at 1:45 p.m. E.S.T., Dr. Clark will present a one-hour Webinar, “World Class Obturation for General Dentists,” followed by a live question-and-answer session with the online audience.

Can endodontics be minimally invasive? Biomimetic? Last as long as implants?

The implant era has raised the bar for endodontics serendipitously as new tools and techniques allow for the next level of endodontic excellence. Instead of “blindly poking around” the pulp chamber and “machining” the delicate root with Gates-Glidden and large rotary files, there are other options! Once we have created the new shapes, then how can we perform ideal obturation? Join us to find out!

This is one Webinar in a five part Webinar series that will be running over the course of the entire day to launch the brand new Dental Tribune Study Club. Participants will receive C.E. credits and attendance is free for the first 100 registrants. After the first 100 spaces are filled, the cost of attendance is $49. Live attendees have 50-day access to the recorded Webinars to review at their convenience. Attendees require an online computer with audio capabilities. Please register at www.DTStudyClub.com. Upon registration, you will be provided with a pass code. However, if you cannot attend the live Webinar, you may access the archived version for $49 by signing up on the site.
Table 1: New microscope-enhanced protocol

1. Initial access with round-ended carbide or diamond burs. For incisors and canines, the new CK endo access burs provide optimum safety and dentin preservation (Fig. 5).
2. Gross de-roofing with tapered diamond burs, retaining a small "soft fit."
3. Provide straight-line access sweeping away from high-risk anatomy with the CPR-2D.
4. Sweep the coronal 5% of the ovoid system with the CPR-2.
5. Sweep the next 5% with the CPR-2D (Fig. 10b).
6. Irrigate, dry with the Swagelok syringe and then evaluate at 18-24x for multiple systems that branch in the apical half.

Dr. David Clark founded the Academy of Microscope Enhanced Dentistry and is a course director at the Newport Coast Oral Facial Institute.

He lectured for Clinical Research Associates in the “Update Series.” In addition, Clark authored the first comprehensive guide to enamel and dentinal cracks based on 16 power magnification, and numerous articles relating to minimal invasive dentistry, biomimetic endodontic shaping, diastema closure and advanced magnification. Clark helped pioneer the concept of “biomimetic micro-endodontics.” He serves as an opinion leader for restorative dentistry and endodontics, introduced the “Clark Class II” for posterior composites and developed the BioClear Matrix System.

700 S. 5th St
Tacoma, Wash. 98409
Tel.: (253) 472-4292
Fax: (253) 474-2708
drclark@bioclearmatrix.com


**Table 1: New microscope-enhanced protocol**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Initial access with round-ended carbide or diamond burs. For incisors and canines, the new CK endo access burs provide optimum safety and dentin preservation (Fig. 5).</td>
</tr>
<tr>
<td>2</td>
<td>Gross de-roofing with tapered diamond burs, retaining a small &quot;soft fit.&quot;</td>
</tr>
<tr>
<td>3</td>
<td>Provide straight-line access sweeping away from high-risk anatomy with the CPR-2D.</td>
</tr>
<tr>
<td>4</td>
<td>Sweep the coronal 5% of the ovoid system with the CPR-2.</td>
</tr>
<tr>
<td>5</td>
<td>Sweep the next 5% with the CPR-2D (Fig. 10b).</td>
</tr>
<tr>
<td>6</td>
<td>Irrigate, dry with the Swagelok syringe and then evaluate at 18-24x for multiple systems that branch in the apical half.</td>
</tr>
<tr>
<td>7</td>
<td>Begin filing.</td>
</tr>
</tbody>
</table>

**Patient scheduling**

Of all the duties and responsibilities of your staff, we hear more complaints about needing to fill the schedule than any other. The truth is that using the phone and paper-based systems is time-consuming, expensive and doesn’t allow for much interaction from our patients. Wouldn’t it be nice if there were some newer systems that could handle these chores with minimal input and time from us and, at the same time, involve the patient in the process? (You already know the answer to this!)

There are two basic types of systems out there: electronic and phone-based. The electronic systems all work in the same manner: once a patient is entered into the practice management software’s scheduler, it automatically generates an e-mail to the patient (you are collecting e-mail addresses… aren’t you?) that he or she can click to confirm the appointment. Reminders can then be sent at intervals you designate, such as two weeks and four days before the appointment.

The companies that use these systems include DemandForce, Lappoin and Smile Reminder. Smile Reminder also has a feature where you can send text message reminders to patients on their cell phones, such as reminding them to premedicate before appointments.

The other option is to use a phone-based system like the one used by Elexity. If you’ve used phone systems in the past, these are nowhere near as advanced as Elexity, which uses central software to track the calls and uses the hygienist’s or doctor’s voice. All of these systems run a couple of hundred dollars per month, but when you think about how much time and money is typically spent on phone calls, postcards and postage, etc., they are a real bargain.

**Patient activation**

In the same vein, don’t you find it annoying when a patient shows up for the first appointment and has not filled out the forms that the practice sent weeks ago? That can really play havoc with a 45-minute hygiene visit. That’s why I love a program like Dentforms. Not only does it allow you to have the patient sign forms in the office that normally require signatures (HIPAA, informed consent, etc.), but you can also direct patients to an online site where they can fill in all of their medical and dental information. That information is then automatically sent to the practice’s computer server so that the information is in your system long before the patient arrives.

Dentistry is evolving rapidly and being aware of the latest technologies will always put you one step ahead!
Receivables at risk

By Keith D. Drayer

Does your practice extend open credits to your patients?

This is an important question as veteran dental practice owners know that their practice’s fiscal health, profitability and success requires balancing, a prudent patient financing policy.

Balance allows the flexibility to accommodate your patients, and it needs to be enough to avoid cash flow/collection problems that may have material consequences for both the doctors and staff. Even a temporary cash flow problem is stressful for a practice owner, creating the potential for uncertainty in making the payroll.

What is a dental practice’s uncollectible percentage? While this number will vary substantially (due to many factors ranging from service mix, use of practice management software, aggressive or lax payment policy compliance), when averaged it shows the nationwide number of approximately 2.5 percent. Many practice owners think they can live with 2.5 percent. However, further inspection reveals a more in-depth appreciation of collection effectiveness on a practice.

Let’s suppose a practice grosses $1,000,000 annually. If the practice has had debt or “uncollectible receivables” of $25,000, that is 2.5 percent, then that write-off number would be correct. (See Table 1)

Accounts Receivable trends for any business, from a FORTUNE 500® company to a dental practice, are almost identical. Receivables are like gravity. You can’t resist gravity and you can’t resist receivables’ falling value over time. Table 2 shows the effects of time on receivables. Each $1.00 of Accounts Receivable at 90 days is statistically only worth $0.72.

Thus, the case can be made for dental practices to devote more focus to their “payment is due upon service” policy so the practice is not acting as a bank to patients. Offering patients (monthly, more affordable) financing options makes optimal treatment acceptance more likely, as well as removes a practice that offers selective financing from appearing as credit officers and lenders to patients.

Today, a good patient financing plan will accept from 50 to 60 percent of the patients who apply. There are patient financing companies that indicate an approval rate of 90 percent based on the total patient base being considered. That may be a misleading number as not every patient wants to be approved. Your patient-financing candidates can automatically be any who might remark:

> “I forgot my checkbook.”
> “Just bill me.”
> “I can pay you $100 a month until we’re done.”
> “I want to have the treatment, but can’t afford it now.”
> “Let me know the balance after the insurance pay-in.”

It is prudent to offer patient financing when you examine what consumers are advised to pay on a graded scale. Data reveals the recommended consumer order of payments is as follows:

1) Child Support By law, credit bureaus must report any information received about overdue child support, as long as it’s verified by the proper agency and is not more than seven years old. Consumers are told this should be the No. 1 payment priority. Penalties, considered quite serious, include garnished wages, liens on property and a suspended driver’s license. Dentists should be aware that finance companies might consider an open child support lien on a credit bureau report as very negative.

2) Mortgage After more than 90 days, late mortgage payments can end up on a credit record. Mortgages also tend to have hefty late payment fees, and if a mortgage holder misses two or more, a lender may start foreclosure proceedings.

3) Car Loans Repossession laws vary — in some states repossession happens after only one missed payment. Mass transit isn’t applicable where a vehicle probably impedes a person’s ability to work.

4) Taxes The Internal Revenue Service (IRS) is tough when taxpayers don’t pay on time. Penalties accrue with time and the clock keeps going from the time of the infraction.

5) Bank Credit Cards Credit cards are important. Paying them on time is more important than ever today as late payments give all credit card issuers the right to reprice a cardholder because of economic risk status. Recent legislation was passed about sudden rate increases from credit card companies; though the effective date isn’t until 2010.

6) Department Store Cards Many will negotiate and or accept lower payments for various periods of time.

7) Utilities (electric, gas, water) Utility companies may work out payment schedules for consumers (though security deposits for future services will be a factor). Nationwide, rules vary as regional regulators have rules protecting homeowners from losing vital services and keeping consumers safe.

8) Student Loans Federal student loans may be deferred during times of financial challenge. When loans are deferred payments aren’t required, but you can’t qualify for deferment once the loan is in default, so don’t wait until you are behind in payments to apply. Continue making payments until your request is approved.

9) Health-Care Bills Most medical bills aren’t reported to credit bureaus until they are sent to collection agencies. Doctor’s will rarely initiate a patient credit check before starting a major treatment case.

With health care bills ranked in order at number No. 9 and a new era with a tough economy, can your practice benefit from a proactive approach to patient financing?

Keith D. Drayer is vice president of Henry Schein Financial Services. Henry Schein Financial Services represents the only 2.5 percent same-as-cash patient financing and no dedicated terminal program. Drayer can be reached at hsfs@henryschein.com or (800) 443-2756. Henry Schein is the leading distributor of services and products to office-based health care practitioners.

Table 1

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Receivables</td>
<td>$850,000</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Cash Payments</td>
<td>$150,000</td>
</tr>
<tr>
<td>Less: Credit Cards</td>
<td>$250,000</td>
</tr>
<tr>
<td>Eligible Receivables</td>
<td>$600,000</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Table 2: Value of Aged Accounts Receivable

$1.00 is worth the following amounts over time

<table>
<thead>
<tr>
<th>Days</th>
<th>31 Days</th>
<th>61 Days</th>
<th>61 Days</th>
<th>181 Days</th>
<th>365 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>1.00</td>
<td>0.90</td>
<td>0.81</td>
<td>0.69</td>
<td>0.62</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Cash Payments</td>
<td>$150,000</td>
</tr>
<tr>
<td>Less: Credit Cards</td>
<td>$250,000</td>
</tr>
<tr>
<td>Eligible Receivables</td>
<td>$600,000</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Cash Payments</td>
<td>$150,000</td>
</tr>
<tr>
<td>Less: Credit Cards</td>
<td>$250,000</td>
</tr>
<tr>
<td>Eligible Receivables</td>
<td>$600,000</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Cash Payments</td>
<td>$150,000</td>
</tr>
<tr>
<td>Less: Credit Cards</td>
<td>$250,000</td>
</tr>
<tr>
<td>Eligible Receivables</td>
<td>$600,000</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Cash Payments</td>
<td>$150,000</td>
</tr>
<tr>
<td>Less: Credit Cards</td>
<td>$250,000</td>
</tr>
<tr>
<td>Eligible Receivables</td>
<td>$600,000</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
When It's Time to Buy, Sell or Merge Your Practice
You Need A Partner On Your Side

ALABAMA
Birmingham- 5 Ops, GR $750K, #10105

AZARNA
Shaw Low- 2 Ops, 2 Hygiene Rms, GR in 2007 $645,995

CALIFORNIA
Alta- 3 Ops, GR $251K, 3 1/2 day work week #21279
Central Valley- 4 Ops, 2,000 sq ft, 2007 GR $500K #14266
Dixon- 1, 1,200 sq ft, 2005 GR $312K #14265
Fresno- 3 Ops, 1,700 sq ft, GR $415,181 #21250
Littlera- 2 practices, Combined GR $1.4 Million #21420
Madera- 1,200 sq ft, 3 Ops, GR $449/K #14269
Madera- 1,060 sq ft, fully plumbed building for sale #14270
Onoille- 3 ops 3 days of hygiene 2005 GR $338K #14178
Red Bluff- 8 ops, GR over $1Mill, Hygiene 10 days a wk. #1122
Red Bluff- 3 Ops, 990 sq ft, 2007 GR $201K #14282
Redding- 1s Ops, 1950 sq ft #14229
South Lake Tahoe- 2 Ops, 1,000 sq ft, 2007 GR $534K #14277

CONNECTICUT
#14287

WYOMING
Laramie- 1 Op, GR $100K #11102

FLORIDA
Orlando- Associate buy-in #18113
Penacula- 4 Ops, GR approx $550K, large lot #18116
Port Charlotte- General practice for sale #18109
Port Charlotte- 1 Hygiene Room, GR $295K #18115
Seminole- General practice for sale #18102

GEORGIA
Atlanta Area- 2 Ops, 2 Hygiene Rms, GR $480K #19114
Atlanta Suburbs- 3 Ops, 2 Hygiene Rms, GR $861K #19125
Atlanta Suburbs- 2 Ops, 2 Hygiene Rms, GR $631K #19128
Dublin- Busy Pediatric practice seeking associate #19107
Mableton- 3 Ops, GR $460K, Office shared with Ortho #19111
Macon- 1 Op, 1,125 sq ft, State of the art equipment #19103
Near Atlanta- 2 Ops, 2 Hygiene Rms, GR $700K #19109
North Atlanta - Spacious Oral Surg. Office, GR $518K #19125
North Georgia- 1 Op, 1 Hygiene, Est. for 43 years #19110
NW Atlanta Suburban GR $780K, Upgraded Equip #19113
Savannah (Skidaway Island)- 4 Ops, GR $500K #19116
Savannah- Group practice seeking associate #19108
South Georgia- 4 Ops, 1 1/4 acres #19121
South Georgia- GR $520K #19119
South Georgia- 1,800 sq ft, GR #19124

HAWAII
Honolulu- Dr. looking to purchase a general dental practice #21102

IDAHO
Boise- Dr. looking to purchase a general dental practice #21102

ILLINOIS
Chicago-3 Ops, Condo available for purchase #22108
Chicago-8 Ops - 3 Equipped #22114
Chicago-3 Op practice for sale #22108
Chicago-1 Op, 3,2 Mill specialty office, On site lab #22121
Chicago- Established Practice looking for Dentist #22121
1 Hw of Chicago- 3 Ops, 2007 GR $440K, 28 years old #22123
Kane County- 4 Ops, building also available for purchase #22122
Naperville- 5 ops, 4,000 sq ft, GR over 1 million #22120
Rockford Area- 5 Ops solid practice. Very good net #22118
Western Cook County- 4 ops producing $725K annually. #22117

CONTACT: Al Brown @ 800-608-0669

INDI.A
Indiana- GR $150K #21310
Southern Indiana- 4 Ops, GR $325K, 3-day work week. #21305
St. Joseph County- GR $700K on a 3 2/1 work week. #21308

CONTACT: Al Brown @ 800-608-0669

KENTUCKY
Eastern Kentucky-3 Ops, Good Hyg. Program, Growth Potential. #25101

CONTACT: George Lane @ 865-414-1527

MAINE
Auburn- Looking for Assoc. GR $2 Million #28111
Wiscasset- GP Plus real estate, state-of-the-art office #28107

CONTACT: Dr. Peter Goldberg @ 617-680-2930

MARYLAND
Southern- 11 Ops, 3,500 sq ft, GR $1,840,628 #29101
Leawston- GP Plus real estate, state-of-the-art office #28107

CONTACT: Dr. Peter Goldberg @ 617-680-2930

MASSACHUSETTS
Boston- 2 Ops, Hygiene GR $650K. #30113
Lowell- GR $400K #30106
Somerville- GR $700K
Sturbridge- 5 Ops, GR $1,187,926 #30105

CONTACT: Dr. Peter Goldberg @ 617-680-2930

MINNESOTA
Kane County- 4 Ops, building also available for purchase #22117
South Shore Area- 3 Ops, GR $500K #30114

CONTACT: Alex Listy @ 617-240-2582

MICHIGAN
Suburban Detroit- 3 Ops, 1 Hygiene, GR $325K #31105
Grand Rapids Kentwood Area- 3 Ops, Building available #31102

CONTACT: Dr. Jim Daval @ 734-560-0800

MINNESOTA
Crow Wing County- 4 Ops #31204
Hastings- Nice suburban practice with 5 Ops #32103
Minneapolis- Looking for associate #32105

CONTACT: Mike Minar @ 612-961-2132

NEVADA
Carson City- 5 Ops, 2 Hygiene, 2,200 sq ft, GR $1 Mill #37119

CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW HAMPSHIRE
Rockingham County- 2 Ops, Home/Office #58102

CONTACT: Dr. Thomas Keller @ 603-661-7325

NEW JERSEY
Jersey City- 2 Ops, GR $216K, 2 days a week #39107

CONTACT: Dr. Don Cohen @ 848-460-5034

NEW YORK
Bronx- GR $1 Million, Net over $500K #41105
Brooklyn- 3 Ops, 2 Hygiene rooms, GR $1 Million, Net #41106
Dutchess County- 80% Insurance, GR $200K #41106

CONTACT: Dr. Don Cohen @ 848-460-5034

New York- 3 Ops, Approx. 1,200 sq ft #41101

CONTACT: Dr. Wright @ 800-730-8883

TENNESSEE
Charleston Area- 3 Ops fully equipped #42124
Charleston- 7 Ops equipped #42142
Fort Hill- 3 Ops #42122

CONTACT: Dr. Peter Goldberg @ 617-680-2930

SOUTH CAROLINA
Charleston Area- 8 Ops fully equipped #49101
Columbia- 7 Ops, 2,200 sq ft, GR $687K #49102

CONTACT: Dr. John Fusco @ 803-405-1573

SOUTH DAKOTA
Huron- 6 Ops, GR $1 Million #41103

CONTACT: Dr. John Fusco @ 803-405-1573

TENNESSEE
Chattanooga- For sale #41106
Memphis- 4 Ops, GR $700K #41104
Spring Hill- 4 Ops #41114

CONTACT: Dr. Peter Goldberg @ 617-680-2930

RHODE ISLAND
Southern Rhode Island- 2 Ops, Hygiene, GR $750K #48102

CONTACT: Dr. Peter Goldberg @ 617-680-2930

SOUTHERN WASHINGTON
Mon Valley Area- Practice and building for sale #44112
Pittsburgh- 4 Ops, GR over $500K #44114
70 Miles Outside Pittsburgh- 4 Ops, GR $1 Million #44137
Robinson Township Area- GR $300K #44108
Somerset County- 3 Ops, 2006 GR $275K #47122
Southside & Downtown Pittsburgh- 2 practices for sale. #44112

CONTACT: Dan Slain @ 412-855-4037
Dauphin County- 6 Ops, GR over $1,100K, Sale price $178K #44110
Harrisburg- 3 Ops, GR $383K, Listed at $230K #47120
Lackawanna County- 4 Ops, Hygiene GR $515K #47158
Lancaster County- Associate positions available #47156
West Chester- 3 Ops, 10 years old, asking $225K. #47134

CONTACT: Sharron Mascetti @ 484-788-4071

WISCONSIN
Charleston Area- 8 Ops fully equipped #49101
Columbia- 7 Ops, 2,200 sq ft, GR $687K #49102

CONTACT: Dr. John Fusco @ 803-405-1573

WISCONSIN
Southern Western - 12 miles from Debuque, IA. #58115

CONTACT: Dr. Wright @ 800-730-8883
Come one, come all!

The 97th Thomas P. Hinman Dental Meeting, March 19-21

I t’s not too late to plan your time at the meeting (even if you’ve already landed in Atlanta!), which is a good idea because last year saw some 22,676 attendees. You only need to visit the Hinman Web site, www.Hinman.org, where you can:

• search the course schedule;
• download course handouts;
• search the exhibitor booths via the interactive floor plan and use the My Agenda Tools to create a list of the booths you want to visit. The list can then be printed or e-mailed;
• redeem Continuing Education Credits without a fee for six months after the meeting. Beyond the time limit, however, there is a $10 fee.

Last year’s meeting had the unfortunate distinction of closing one day early due to a tornado that hit Atlanta on March 14. The Georgia World Congress Center (GWCC) sustained serious damage, thus attendees received refunds for prepaid events that were scheduled on March 15. This was the first tornado to touch the downtown Atlanta area since the 1880s, which is when weather record keeping first began. At the 1880s, which is when weather

This was the first tornado to touch the downtown Atlanta area since the 1880s, which is when weather record keeping first began. At the 1880s, which is when weather

The 11th Thomas P. Hinman Dental Meeting, March 19-21

enned. You can purchase tickets in advance or at the Ticket Sales Desk. (Site: GWCC; entry is at corner of Spring Street and Harris Street. There will be signs near the escalator to the left of the Apparel Mart Exhibit Hall entrance.)

Georgia Aquarium ($819.10-589)
March 19-21; Sunday-Friday: 10 a.m.-5 p.m., Saturday: 9 a.m.-6 p.m.

Would you like to witness first hand what eight million gallons of fresh water and marine water actually look like? Well, then head over to the world’s largest aquarium! There are a variety of activities to choose from, and fees vary accordingly and depend on one’s age. Please visit www.georgiaaquarium.org for more detailed information. (Site: 227 Baker St.)

Uptown Entertaining Demonstration Cooking Class ($865)
March 19, 11 a.m.-1 p.m.

Chef Peter Rubin, a master of French cooking and an Atlanta-based caterer, will prepare: roasted vegetable and horseradish cheese canapés; eggplant caviar with garlic pita chips; spice-crusted strip steaks with roasted red pepper cream; sweet potato, corn and red pepper hash browns; romaine salad with blue cheese, bacon and pears; blueberry bread pudding. Attendees will enjoy wine as they taste this menu. Rubin is also the director of the Viking Cooking School, where this demonstration will take place. (Site: Viking Cooking School, 1745 Peachtree St.)

Keynote Session
March 19, 5:30-7:30 p.m.

The doors to the official Hinman opening ceremony open at 5 p.m. (as does the cash bar), and attendees will enjoy musical accompaniment until 5:30 p.m. Featured clinicians will be introduced during the session. The Keynote Speaker is Neil Boortz, who is a veteran of talk radio. (Site: GWCC Auditorium)

Atlanta Hawks Basketball Game
March 19, 7 p.m.

Hinman attendees may purchase discounted tickets for the Atlanta Hawks game against the Dallas Mavericks. Games will take place at the Philips Arena, which is next to the Omni Hotel. To see if tickets are still available, please contact Karin Beckman at (404) 878-3781. (Site: Philips Arena, 1 Philips Dr.)

CNN Studio Tours ($89 for a 55-minute tour)
March 20, tours begin at 9:30, 9:40, 9:50 a.m. and 1:20, 1:30, 1:40 p.m.

Want a behind-the-scenes look at CNN Studios and Turner Broadcasting System? This detailed tour includes climbing stairs, so if you need assistance please let the Hinman Office know in advance. The tour is open to those 5 years old and above and tickets must be purchased in advance or at the CNN Ticket Sales desk found in the CNN Atium. Please arrive 10 minutes before the scheduled start time.

Hinman Luncheon ($59)
March 20, 11:45 a.m.-12 p.m. Coasts, 1:30 p.m. Luncheon

Enjoy lunch with Jamie Deen, who is the son of Food Network host Paula Deen. Jamie and his younger brother Bobby hosted their own food show, called “Road Tasted,” on the Food Network, the reruns of which are still playing. The brothers have also authored two cookbooks, and their third will be published in September. (Site: Ritz-Carlton, Atlanta Downtown, 181 Peachtree St.)

Wine Seminar & Tasting ($45)
March 20, 3-5 p.m.

Educate your palate with some savory wine from the Rhone Valley, France. You’ll also get the opportunity to taste a few spicy wines and some sweet ones. Tickets need to be purchased in advance of the event at the Ticket Sales desk in the Registration Hall. (Site: Omni Hotel at CNN Center, South Tower, Atium Terrace)

Auxiliary Reception
March 20, 7-11 p.m.

The Omni Hotel will host a night of dancing under the auspices of Spectrum Entertainment. Two complimentary drink tickets for those 21 years and older are valid for use between 7 and 9 p.m. for either beer or wine. The cash bar has other drink options and will be open until 11 p.m. (Site: Omni Hotel at CNN Center, North Tower, Grand Ballroom)

Atlanta Thrashers Hockey
March 20, 7:30 p.m.

Watch the Atlanta Thrashers take the ice with the Detroit Red Wings, who were last year’s Stanley Cup champions. Discounted tickets are available but likely to sell out, so please call Karin Beckman at (404) 878-3781 to see if any are left. (Site: Philips Arena, 1 Philips Dr.)

Southern Style Cooking Demonstration ($860)
March 21, 11:00 a.m.-1:00 p.m.

Virginia Willis — author, cook, teacher, television producer — will prepare a specialty Southern menu sure to get mouths watering: pecan-crusted, oven-fried chicken breasts; goat cheese grits and herb toasts; cheese grits with Vidalia onions and spring greens; chocolate bread pudding and vanilla cream. (Site: The Cook’s Warehouse, 349 4 Amsterdam Ave.)

King Tut Exhibit (Adults, $15; Ages 6-17, $8; Age 5 and under are free)
March 21, 1:15-4:00 p.m.

Only in town until May of this year, Atlanta is the North American debut for this new exhibit that includes some 50 objects from Tutankhamun’s tomb. There are also artifacts from King Khufu and Hatshepsut, an Egyptian queen who actually became king. Visit www.kingtut.org for more information. Hinman attendees can get a discounted rate at www.ticketmaster.com/promo/neoXaed, and will need to pick up their tickets at the Atlantic Civic Center’s Will Call box. (Site: Atlanta Civic Center, 395 Piedmont Ave.)

Dentist Reception 7:30-11 p.m.
(Site: Omni Hotel at CNN Center, International Ballroom)

Banks & Shane is the high-octane band performing at the official closing ceremony and party for this year’s meeting. Buffet reception complete with dessert and coffee, as well as a cash bar, will keep you fueled for the dancing ahead of you. Please note that there is a dress code: coat and tie for the gents and cocktail attire for the ladies.

Why would you do it any other way? Call 888-758-0584 or visit www.dentalbanc.com to learn more.
New Esthet-X HD
High Definition Micro Matrix Restorative

THE SCIENCE OF HIGH DEFINITION

NEW precise filler particle distribution gives you optimal clinical results.

- Faster and easier to achieve a brilliant, long-lasting polish
- Outstanding physical properties
- Ideal for all cavity classes

97% of evaluators say that the polish of Esthet-X HD is superior or comparable to their current composite!

For more information contact DENTSPLY Caulk
Customer Service at 1-800-LD-CAULK or visit www.caulk.com or www.dentsply.com
Dental Tribune recently caught up with Dr. Roger P. Levin, chairman and CEO of Levin Group, a leading practice management and marketing consulting firm, to find out more about the company’s new training division. Levin spoke enthusiastically about 1Day Training™ — innovative, highly effective training courses delivered in-office over the course of a workday.

As a third-generation dentist, Levin knows first-hand the challenges faced by dentists and dental teams. For more than 24 years, Dr. Levin and Levin Group have been at the forefront of practice management and marketing consulting. Levin Group’s leading-edge programs have resulted in more productive and less stressful practices for thousands of dentists.

Why did Levin Group recently launch 1Day Training?

We created 1Day Training for dentists who are looking for solutions to practice challenges in a highly focused and effective one-day experience. This is a powerful training experience that occurs right in the practice at a time of the doctor’s convenience.

As dentistry continues to evolve, the need for training is greater than ever before. Compared to even 10 years ago, operating a dental practice is much more complex. Management systems require regular updating to remain effective. Employee turnover is an issue for many dental practices. Having a well-trained team ensures practice stability, increases efficiency and productivity, and results in a far less stressful environment.

Why is training critical to practice success?

The best practices have high-performance systems and well-trained teams. The dentist’s team is one of the practice’s greatest assets. Keeping their skills up to date improves productivity, boosts employee morale and lowers practice stress. A well-trained team provides a high level of customer service, generates more patient referrals and increases case acceptance. Of course, targeted training that addresses specific issues will lead to marked improvement in those areas.

Is there a need for 1Day Training?

Absolutely. We have found that most dentists would love to have one-day training as an option for their teams. Outside-the-office training can be extremely beneficial, but it is not always convenient, especially for most GPs who are open on average four and a half days a week.

Has the need for training changed over the years?

The need has grown more critical during the last 10 years. The pace of innovation and technology in dentistry has increased exponentially in the last decade. That puts a heavier burden on dentists and their teams to stay abreast of all these changes — software, digital equipment, new services, etc. Some dentists even have difficulty staying on top of everything, so you can imagine the difficulty faced by staff members. 1Day Training is our way of making things easier for dentists and dental teams. An experienced trainer comes to their office and conducts targeted, leading-edge training in areas that matter the most to each dentist.

What training courses are being offered?

Our 1Day Training offerings include 1Day Case Acceptance™, 1Day Marketing: That Matters™, 1Day Immediate Collections™, 1Day Hygiene Maximizer™ and 1Day New Patient Experience™. We want to provide dentists with opportunities to learn, update and enhance their practices in numerous areas.

Is 1Day Training for the entire team or select employees?

It’s for the entire team because most management systems impact the whole team. 1Day Training is designed to get the entire team on the same page. When everyone has the same information, everything runs more efficiently with far less stress. Levin Group has seen too many practices plagued by dysfunctional teams. Team building requires team training and shared communication; these are the hallmarks of 1Day Training.

Why is team training so critical?

Team training is key to positive growth, improved efficiency and greater success.

Most dentists want to give their teams tools they need to succeed, but it can be difficult finding the right training. Time, location and cost are all factors. With 1Day Training, Levin Group comes to the practice. We make it easy and convenient for the doctor and team.

What are some of the differences between consulting and 1Day Training?

Our Total Practice Success™ Management consulting programs are comprehensive, customized programs that last a year or longer. We provide support and guidance throughout the entire consulting experience. With 1Day Training, our experienced trainers deliver targeted training on a specific subject over the course of eight hours. 1Day Training focuses on one of the practice’s systems while our Total Practice Success Management programs address a practice’s entire operations, including all major and minor systems, for an entire year or longer.

What are the benefits of 1Day Training?

Again, it’s extremely convenient. No travel is involved. It’s targeted and highly focused. It’s conducted by Levin Group’s experienced trainers who are subject matter experts in their chosen fields. There’s no long-term commitment. You pick the course or courses that fit the needs of your practice. This is a cost-effective way to enhance a team’s ability to do its job better than ever before. For more information, I advise Dental Tribune readers to go to www.levingrouptraining.com. The Web site has in-depth information on each course.

New I.V. Sedation Course for Dentistry by DOCS

There are less than 100 continuing education slots per year available for dentists to acquire licensure that allows them to perform I.V. sedation in the U.S. Now, thanks to DOCS Education, that number has increased by another 50 due to their new course, I.V. Sedation for Dentistry. Specifically planned to minimize time away from office, the didactic portion of the course takes place over three weekends (Friday to Sunday) in Pittsburgh. The 2009 inaugural course will occur on the following weekends: March 20–22, May 29–31 and June 12–14. The Fall 2009 program will be in October and November.

In comparison to the I.V. sedation courses already available, DOCS Education has created a program that is more convenient and easier to complete for busy dentists.
Direct or Indirect...

...Artiste® Nano Composite answers the question!

Artiste® Nano Composite puts the power to restore and improve your patients’ smiles entirely in your hands. With intuitively named shades and a simple layering technique, you can now complete a direct veneer in as little as 20 minutes. Without the lab fee, you get to keep more money in your pocket and your patients can get a complete smile makeover in only one day.

And, because it is from Pentron Clinical, one of the first companies to introduce nanotechnology to dentistry, you can rest assured that your restorations will meet the demanding expectations of your patients.

Artiste Nano Composite…smiles on your patients—profits in your pocket!

FREE Offer!

Buy any 5 Refills, Get 2 FREE!* ALL Artiste® Nano-Composite Syringe and Single-Dose Refills!

Order Today!

800.551.0283  |  203.265.7397  |  www.pentron.com

*Offer expires March 31, 2009. Additional shipping charges may apply. Subject to change or cancellation without notice. Orders subject to credit approval. Copyright © 2009 Pentron Clinical Technologies, LLC. All rights reserved.
that surpasses them all. The reasoning behind this approach was that DOCS Education wanted to ensure that every student in the I.V. sedation course would be extremely confident in performing the procedures upon graduation. Knowing that DOCS Education has been around since 1999, whom else would you trust for an I.V. course that not only meets but also exceeds the American Dental Association’s minimum requirements for such courses?

The didactic portion is taught at Duquesne University by university faculty and DOCS Education faculty members, and comprises a total of 60 hours. The clinical rotations include 45 to 60 cases in a one-on-one student/teacher ratio. Thus, there is no sharing of patients as found in other I.V. programs, and the ADA’s requirement of a three-to-one student/teacher ratio, along with its 20 total cases, are exceeded as well.

The DOCS I.V. sedation program tally to an impressive 84 hours of education, and this translates into only two days away from the practice during the didactic portion if a clinician schedules office hours from Monday to Thursday.

DOCS Education faculty member Michael E. Mermigas, DDS, who is also a pharmacologist, is the course director. In addition, DOCS faculty member Eugene Pester, DDS, FADSA, a dental anesthesiologist, rounds out the DOCS presence on the Duquesne University campus. Because of Mer- migas’ involvement, the program is deeply rooted in the pharmacology of dental sedation while Pester brings a highly attuned knowledge of sedation techniques and patient assessment.

The ability to offer patients I.V. sedation means less chair time for them due to the faster induction phase, but it is also a benefit to those patients who have challenges brought on by medications or physiological conditions.

For more information about the I.V. Sedation for Dentistry course, please visit www.DOCSeducation.com or call (877) 325-3627.
...We Have and They Did.

First it was the adulation of thousands of adoring fans. Next, it was the “triple crown” of industry awards. Now, you can get in the game too, and experience first-hand the best core material available today.

Build-It® FR™ Core Material is specially formulated for a compressive strength of 280 MPa. Extremely versatile, Build-It FR Core Material self-cures in minutes or light-cures in seconds, cuts like dentin without ditching, and is available in 5 shades and either 25ml auto-mix cartridges or 4ml Mini-Mix™ syringes.

And best of all, Build-It FR Core Material is 50% less than the leading core material brands.
Zenith Dental to rebrand as DMG America

Zenith Dental, the visionary company with a 25-year tradition of introducing innovative and market leading restorative dental products to North America, will rebrand as DMG America as of April 1.

DMG, founded in 1964 in Hamburg, Germany, has long been recognized as a world leader in the research, development and manufacturing of dental materials. DMG’s focus has always been to combine the highest quality materials and to yield the maximum practical benefits.

Zenith Dental has been the exclusive North American distributor for DMG products since the company’s inception in 1983. According to President George Wolfe, “Zenith and DMG entered this market together and grew together over the past 25 years. As DMG America, we will be able to leverage the global power of a name that has been recognized for 40 years as a world leader in this industry. This is a very exciting step for our company, one that gives us a single, clear voice in dentistry.”

DMG America will continue to promote and sell all of their current product offerings. Among these are some of the most widely used and clinically successful dental restorative products, including Luxatemp®, Status Blue®, LuxaCore® Dual, TempoCem® and Honigum®.

In addition, DMG America will continue to grow and enhance Kolorz®, one of the fastest growing hygiene lines in dentistry. Kolorz® products were developed in conjunction with food industry experts and are guaranteed to have superior taste.

Moving forward, the company will continue the tradition of innovation that has been the hallmark of the DMG name. The company is in the process of developing an exciting, first-of-its-kind product, which officials believe represents a true leap forward in dental technology. Launch is planned for later this year.

As DMG America, the company will also continue its commitment to quality and excellence by maintaining its hands-on customer service, extensive support for continuing education for dental professionals and a high standard of training and education for its own employees.

“We have always and will continue to value the strong personal relationships we enjoy with our customers, as well as the valuable input and accolades we receive from dental professionals across North America,” Wolfe said. “This will not change.”

For more information and a complete list of DMG America product offerings, please visit www.dmgamerica.com or call (800) 662-6383.

DentalEZ Group redesigns and relaunches its corporate Web site

DentalEZ® Group, a supplier of innovative products and services for dental health professionals worldwide, is pleased to announce the official launch of its recently redesigned corporate Web site, www.dentalez.com.

The new Web site is now updated with a fresh new modern look and includes effortless navigation links and improved functionality. The site incorporates and details all of the company’s product brands including StarDental®, CustomAir®, RAMVAC®, DentalEZ Equipment, and NevinLabs™.

“A Web site is always a work in progress,” remarked VP of Marketing for DentalEZ Randy Arner. “But because of our recent product line growth, expanding capabilities and our many additional products and services, a total overhaul was necessary. The new DentalEZ site better showcases our unique company culture, quality-focused business philosophy and our expanded industry offerings.”

Some new features of the Web site include an improved product image library, convenient order tracking, a new efficient literature ordering process for dentists and DentalEZ distributors, and a multimedia center that features entertaining and informative product videos and educational tutorials.

In addition to the many new features, the Web site will continue to allow visitors to download product literature and technical information, find a DentalEZ representative in their area of choice, and easily contact DentalEZ’s supportive staff of customer and technical service representatives.
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 0.4 ml maximum dose. Cetacaine’s triple-active formula (benzocaine 14 percent, butamben 2 percent, tetracaine hydrochloride 2 percent) has onset within 50 seconds and duration typically lasts 50 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 50 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.

Cetylite will demonstrate its new Cetacaine Topical Anesthetic Liquid Kit at the Hinmann Meeting at the Vista booth, No. 2526. The company also 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 50-gram bottles.

For more information, visit the Web site, www.cetylite.com, or stop by the Vista booth, No. 2526, during the Hinman Meeting.

Plak Smacker introduces Banilla Bling & Baby Bling toothpastes

Plak Smacker’s new Banilla Bling and Baby Bling toothpastes pack the sweet flavor of vanilla ice cream into a healthy toothpaste that contains no saccharin or sodium lauryl sulfate! Baby Bling toothpaste contains all of the great tasting vanilla ice cream flavor without the fluoride. Developed by a dentist, both are available in convenient 0.12 oz packets and made in the United States. Kids absolutely love the taste and parents love the dentist-approved cavity fighting.

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 order, please call (800) 558-6684 or visit www.plaksmacker.com.
The Artiste Nano Composite is now available in five-shade syringe or single-dose trial kits, featuring A2 dentin/body, A3 dentin/body, B1 dentin/body, A-Enamel and B-Enamel. The kits also include a comprehensive DVD and a handy quick restorative guide that shows you step-by-step procedures for basic anterior/veneer restorations or a posterior restoration.

The Artiste Nano Composite System is a uniquely simple approach to creating beautiful polychromatic restorations with an easy-to-follow technique that requires just minutes of chair time.

While many composite systems seek to introduce complex layering techniques, the Artiste System simply builds on the concept of effectively replicating the two basic components of natural teeth: dentin and enamel. The intuitive nomenclature implemented for the dentin/body and enamel materials that make up the foundation of this system takes all the guesswork out of which material or shade should be used at any point during the restorative procedure to generate beautiful and vital results.

This innovative new system is centered on a full line of dentin/body shades that correspond directly to the Vita™ shade guide and a limited line of intuitively keyed enamels that facilitate quick and easy selection for accurate shade matching and seamless blending with natural dentition. The combination of the carefully formulated dentin/bodies and the corresponding enamel layer effectively recreate the optics of natural teeth without requiring the general practitioner to take any extra steps than normally required for even monochromatic layering.

The Artiste Nano Composite System is one of the latest innovations from Pentron Clinical Technologies, the company behind other brands such as Build-It® FR™ Core Build-Up Material, TempSpan® Dual-Cure Temporary Crown & Bridge Material, Artiste Nano-Hybrid Flowable Composite, Breeze® Self-Adhesive Resin Cement, FibreKleer Posts, Bond-1® Primer/Adhesive and the Epiphany® Endodontic Obturation System.

For more information, call (800) 551-0283 or go online to www.pentron.com.

The whole kit and caboodle, Everything, and all of it. That describes PhotoMed. We’ve got everything you need for clinical photography. PhotoMed clinical camera systems feature the best digital camera equipment available. Shown above are the PhotoMed/Canon G10 and the Canon 50D. We also feature clinical systems built around Canon’s Rebel XS, Rebel XSi, EOS 40D and (soon) the SD Mark II. Go to photomed.net for full info on each of these cameras.

We know that no one likes to spend time reading thick user manuals so your camera is delivered assembled, set and tested along with our concise custom instructions. And we include unlimited phone support and loan equipment if needed.

PhotoMed carries all of the accessories you may need: intraoral mirrors, retractors, Contrasters, printers, clinical photography books/training cds (Dr. Chris Orr’s new interactive dental photography CD is a great way to train your staff) and recreational lenses from Sigma (the new 18-200 DC OS lens is a nice choice). Visit our website. Give us a call. Come see us at a dental meeting (See us at Minnman Dental #763). We know you’ll like us.
Reliable and profitable endodontics via acoustic waves

The most unique and valuable feature of the MM1500 Sonic Endo handpiece is its cutting action, which in turn translates into an ultra clean canal. Because the file vibrates, it will always cut with the maximum amount of force of cut at the source of its vibration, namely, the top of the file. Therefore, final preparation of a root canal when the Sonic Endo is used will be a funnel shaping of the canal, which is highly desirable for the placement of a tapered gutta-percha cone.

In addition, the vibration level at or below 1,500 cycles per second (low intensity) allows for maximum acoustic streaming of any fluid that is in the canal. High vibration above 1,500 cps will lessen acoustic streaming and is harder to control than above the canal. High vibration above 1,500 cps will lessen acoustic streaming and is harder to control above 1,500 cps will lessen acoustic streaming.

The MM1500 Sonic Endo system is truly an efficient and effective device to clean all debris from the canal, especially difficult lateral canals. In order to achieve ultimate cleaning results, it’s designed and recommended to compliment your technique only after apex length is established with a hand file. The MM1500 will work most effectively when the operator drops back one size smaller than the apex file, i.e., size #15 to the apex then use a #10 sonic file; size #20 to the apex then use #15 sonic. The sonic file application length is approximately one millimeter short of the apex.

The MM1500 device should only be activated once the sonic file is placed in the canal’s desired length. A great feature of the MM1500 is that it can be used for the entire procedure, thus eliminating the need for expensive NiTi files that have been prone to breakage and are very difficult to retrieve.

Compare this system for yourself and call for your free instructional DVD.

www.Mediendenta.com
Tel.: (800) 221-0750

New Artiste Nano-Hybrid Flowable Base Liners

Never mistake a radiolucent flowable for decay again! Artiste® Base Liners are the latest addition to Pentron Clinical’s line of premium Artiste Nano-Hybrid Flowable Composites.

Formulated to provide a radiopacity of 400 percent of aluminum, Artiste Base Liners offer superior radiopacity, enabling quick and easy detection on radiographs.

All Artiste Flowable Composites are formulated using a proprietary combination of conventional sub-micron barium glass and innovative nano-scaled spherical silica fillers. The nano-scaled fillers are colloid bound and linked, generating an interlocking, reinforced structure. The result is a flowable composite with exceptional flexural strength, reduced polymerization shrinkage and outstanding wear resistance.

Artiste Base Liners are available in a universal opaque shade for masking dark dentition, and a universal shade for use under all other restorative materials. Formulated to effortlessly flow into the cut surfaces of the tooth, Artiste Base Liners offer the ideal handling and consistency for use as a liner.

Artiste Nano-Hybrid Flowable Base Liners are one of the latest innovations from Pentron Clinical Technologies, the company behind brands such as Build-it FR Fiber Reinforced Core Build-Up Material, Tempspan Dual-Cure Temporary Crown & Bridge Material, Artiste Nano Composite, Breeze Self-Adhesive Resin Cement, FibreKleer Posts, Bond-I Primer/Adhesive and the Epiphany Endodontic Obturation System.

For more information, call (800) 551-0283 or go online to www.penton.com.
Why geometry matters most!

By L. Stephen Buchanan, DDS, FAOD, FICO

Shortly after the excitement of the rotary file revolution wore off, the next frontier in shaping technology became the search for faster cutting efficiencies. This is very understandable and similar to our continuing search for faster and faster computers.

However, experienced clinicians started seeing overfills from transportation, shortened canals, apically ripped canal termini, over-shaped and non-landed blades with aggressive cutting tips were faster cutting.

The introduction of GTX Files with M-Wire has eliminated that difficult decision: they are the first rotary shaping instruments that deliver speed of cutting with safety from cyclic fatigue, it will never solve the problem of dangerous file geometries.

The radial lands on GTX Files have been optimized by varying the width of those lands along the length of the file. This geometrical change vastly improves cutting efficiency without derangement of the canal path. It is said that no file set without lands can make (Fig. 2). Furthermore, the decreased flute angle has significantly increased GTX File’s flexibility over other landed instruments, simultaneously doubling the chip space between the flutes for longer cutting time before clogging.

Another important, yet underappreciated design feature of GTX Files is their limited maximum flute diameter. Keeping the cutting flute diameters limited to 1 mm controls the amount of coronal enlargement during the shaping procedure — critical to the maintenance of the structural integrity of roots and to the avoidance of strip perforation.

DEKA Laser technologies opens new headquarters

DEKA Laser Technologies moved into its new headquarters in Carlsbad, Calif., on March 2. The company will close its smaller Ft. Lauderdale office, but will continue to maximize and fully staff its DEKA National Training Center in Ft. Lauderdale.

Tom Stratton, president of DEKA Laser Technologies commented: “our objective in this move is to prepare the company for rapid growth in the dental laser market by expanding our operational, education and product training capabilities while making this transition invisible to the customer.” Stratton also stated, “along with the expanded headquarters, we plan to form key strategic partnerships, increase value-added education programs and provide a portfolio of laser systems backed by science.”

DEKA Laser Technologies markets, distributes and services a full portfolio of laser systems for the dental market. Visit them online at www.dekalasers.com.

BeautiBond puts two powerful monomers into one thin adhesive

BeautiBond is a seventh-generation adhesive developed by Shofu. According to the company, this new product contains two powerful monomers — one for the dentin and one for the enamel — that provides a powerful bond that is less than 5 micrometers thick. And to make things even better, it is easy to use and requires very few steps.

Just ask Howard S. Glazer, DDS, a general practitioner who has been using the new product for several months now at his practice in Fort Lee, N.J. “I have been a seventh-generation user from the day they were introduced and have used every one on the market, and I am telling you — this one is hot, and it is getting hotter,” Glazer told Dental Tribune during an interview at the Chicago Midwinter Meeting.

“It will definitely get people who have been hesitating to switch. In fact, it makes ‘the leap’ so much easier, and ‘the leap’ is in quotes because there is no leap really.”

Glazer said he likes BeautiBond because it incorporates two separate chemistries that bond to both the dentin and the enamel. He also likes the fact that it works with a very low micrometer thickness, leaving no gap of potential porosity for his patients. And another huge plus, Glazer said, is the ease of use the product offers. BeautiBond comes in a “unit dose” size, and the package is designed in such a way that it will not tip over.

“There is no fumbling, no mixing, no shaking,” Glazer said. “Just look at the steps card — it is as easy as one, two, three.”

BeautiBond can be used with any composite resin on the market, and to make it even more appealing to dentists at the Chicago Midwinter Meeting, Shofu had a special trial offer: a box of 60 for the price of 50, with a money-back guarantee if you don’t like it.

A curious practitioner who is always looking for increased efficiency, Glazer typically tests half a dozen or so new products every month.

“I want things that are faster, easier and better, not only for me, the doctor, but also for the ultimate end user — the patient,” he said. “After all, we’re in the smile business, so we like to keep everybody smiling.”

Dr. Buchanan is a Diplomat of the American Board of Endodontics and a Fellow of both the International College of Dentists and American College of Dentists. Clinicians interested in his DVD series, The Art of Endodontics, and his hands-on laboratory workshops in Santa Barbara, Calif., can call (800) 528-1590. For more information related to this article and for GTX updates and answers to frequently asked questions, please visit www.endobuchanan.com. Free C.E. online courses are also available on the GTX System and other topics. Questions concerning challenging cases can be directed to (800) 528-1590.

All of these innovations in design geometry have resulted in a file that typically cuts ideal shape in most canals with 1-5 instruments and in as little time as 50-45 seconds. That’s why geometry matters.
Can your file system cut these shapes with only 1-3 files?

For a free download of this chart visit endobuchanan.com

GT Series X Technique: Selecting Shaping Objectives by Root Form

Preparation and Determining Appropriate File Selection

Before selecting the appropriate GTX File taper, negotiate each root to full length using a size #15 or #20 K-File in the presence of a lubricant, and ensure straight-line access into each canal orifice has been achieved.

Before shaping begins, rinse out the lubricant and introduce full strength NaOCl into each canal.

Determine if the root is small, medium or large.

Small Root Shaping Objectives

The appropriate taper for shaping small roots is .06 mm/mm.

The 20-06 GTX File will often cut to length in one or two passes. If it does not, take the 20-04 GTX File to length then re-introduce the 20-06 GTX to the terminus.

Shape is completed when a .06 taper GTX File with the appropriate tip diameter (.20, .30 or .40) is taken to length.

*Small tortuous canals may require a 20.06 (white handle) standard GT File to complete the shape.

Medium & Large Root Shaping Objectives

In most medium and large roots, the appropriate taper is .08 mm/mm.

The 30-08 will often cut to length in one or two passes. If it does not, take the 30-06 to length then re-introduce the 30-08 GTX File to the terminus. Shape is completed when a .08 taper GTX File with the appropriate tip diameter (.30 or .40) is taken to length.

*In very large roots or open apex cases standard GT Accessory Files (40-10, 50-12, 70-12, 90-12) may be necessary to complete the shape or create more taper.

Two-Day Laboratory Courses with Dr. L. Stephen Buchanan
offered monthly in Santa Barbara, CA featuring GT Series X

Dental Education Laboratories. Your Premier Resource for Endodontic Training.
KZ³ can **REDUCE SEATING TIME BY 23%.**

1,000 dentists evaluated more than 10,000 units and reported an average reduction of 23% compared to traditional PFM's.

KZ³ is **EASY TO DELIVER.**

You can use **CONVENTIONAL CEMENTATION** and Keller's CAD/CAM Technology **REDUCES INTERNAL ADJUSTMENTS.**

KZ³ provides the **ALL-CERAMIC ESTHETICS** you and your patients want.

Count on Keller for **EXPERIENCE** and **PERSONAL ATTENTION.**

**CALL FOR YOUR CASE PICK-UP TODAY!**

1.800.325.3056

Keller Laboratories, Inc. 160 Larkin Williams Industrial Court
Fenton, Missouri 63026

www.kellerlab.com
Solving esthetic dilemmas with direct composite bonding

By Bruce J. LeBlanc, DDS

As an old saying goes, “we often miss the forest for the trees.” In our practice, it is easy to get lost in the concept that we do veneers, crowns or whatever and lose our focus on the call to help patients solve problems that affect their comfort, esthetics or function. These problems can range in the effect they have on a patient’s daily life, from minor irritations to what I call dental disabilities. When a patient fractures a front tooth, the effect includes an emotional component that can be disabling. Solutions we are able to offer may be truly life changing.

We approach these patients with the concept of “How can we help you?” using visual tools, including digital photography and radiographs, to discover problems and communicate solutions, and allowing patients to choose what fits their socioeconomic situation and needs. I have found this approach to be non-threatening in a way that shares the responsibility with the patients so that they own the outcome.

Although I consider lab processed restorations done meticulously to generally have the highest potential for longevity of service, direct composites offer a tremendous service with sufficient longevity to be of great value. Additionally, because solutions can generally be accomplished in one visit with the most conservative tooth preparations, patients consider it an excellent choice.

For example, a college student had recently fallen and broken several upper incisors. She was a very pretty girl who identified strongly with the appearance of her smile. If you will notice in her pretreatment smile picture (Fig. 1), there was a real strain in her face that indicated the problem had become as much emotional as it was physical (Fig. 2 is a pre-treatment close-up). With the clinical photographs, we were able to discuss solution options in consultation by showing the present condition and the outcomes of similar cases from other patients. The solution chosen was direct composite restorations as well as a root canal for tooth #9.

My technique utilized a fourth generation multi-bottle bonding agent that has provided me exceptional predictability and longevity over many years, and without sensitivity issues. Micro- and nano-hybrid composites offer the strength of hybrids while retaining a high gloss polished finish. Silicone polishing points, abrasive discs and polishing brushes were used to properly shape and create a highly polished finish.

Mentors lead the way for a satisfying career in dentistry

An interview with Dr. LeBlanc about his career success and fulfillment

By Robin Goodman, Group Editor

What motivates you to practice dentistry?

I have practiced for 31 years. I intended to quit dentistry when I graduated from dental school because I could not stomach the idea of roller skating around the office seeing 60 patients a day, which I thought was necessary to make a profit. That did not match my value system. When I ran into the right mentors that showed me that I could practice in a way according to my values and likes, then that all changed. I love what I do and am ready to go 31 more years.

The turning point in my practice came in the earliest days when I decided I would set my schedule to enjoy each day rather than focusing on how much money I made. I identified what it was about each day that made me happy. I understood that, for me, the way I could practice had to be an expression of my value system. I wanted to have enough time to focus my best efforts on doing my best work for each person. It is not a
Dear Cosmetic Dentist,

We’re well into a new year and certainly change is still in the air. With this in mind, many of us are thinking what we can do to make this year, in spite of the current economic difficulties, better than the year before.

The best changes come from within. Let’s begin with our most important asset, our health. Let’s try to drop those bad habits and eat better and exercise more. If we can accomplish these worthwhile goals, we will be better able to make improvements in our personal and professional lives as well.

Next, let’s try to listen more to the people who need us and trust us — our patients, our team and, most of all, our families. Finally, let’s try on a daily basis to get just a little better at what we strive to do, delivering excellent cosmetic dentistry.

In the months ahead, our featured articles in Cosmetic Tribune will be committed to help you achieve your daily goal of getting a little better in delivering excellent cosmetic dentistry. Things will be just fine in ’09.

Sincerely,

Dr. Lorin Berland
Editor in Chief
Accredited and a Fellow of the AADC

From Page 1

MENTORS

Dr. F. Harold Wirth, a very close friend of L.D. Pankey, had retired and was mentoring students at the school when I was there. Although I did not appreciate his message as a student, I gravitated toward it in my early years of practice.

Dr. Wirth was the first president of the L.D. Pankey Institute and traveled the world with Dr. Pankey spreading the message of developing trust in the dentist/patient relationship. They both lectured for days and were my barometer, and if it is less than 10, identify why and make the changes necessary. Find someone further up the road that has achieved in life what you desire and sit on his or her shoulder and learn. That is what I did with Dr. Wirth and Dr. Pankey.

From Page 1

SOLVING

Dr. Lorin Berland
Editor in Chief

The unique aspect of completing a case like this in one visit is the reaction of the patient to having a problem resolved so quickly.

The second case involved an emergency patient with a fractured upper central incisor (Fig. 4). The incisal half of the tooth had broken clean in one piece and fit like a puzzle perfectly back in place (Fig. 5). Definitive treatment included root canal treatment with a fiber post and core with the broken half of the tooth cemented into place as though it was veneer (Fig. 6). Minimal preparation of the facial allowed a direct veneer of nano-filled composite to be layered for color balance and reinforcement.

Cosmetic Tribune strives to maintain utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please contact Group Editor Robin Goodman, at r.goodman@dtamerica.com. Cosmetic Tribune cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune America.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Cosmetic Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!
A recall photo at 6 months (Fig. 7) shows a very durable esthetic result achieving proper color matching of the centrals. An emotionally disabled patient was now restored and excited about her smile.

The final case was a seventeen year old patient with a retained deciduous tooth in place of #10 (Fig. 8) that had minimal root remaining and was about to exfoliate. The patient preferred not to do an implant and crown, so with the abutment teeth being non carious, a fixed bridge was unacceptable. The decision was made to replace the primary exfoliated tooth with a direct bonded pontic in place of #10 splinted to teeth 9 and 11. When the occlusion scheme is favorable and sufficient area of bonding can be gained on the virgin abutment teeth, this solution can easily last for 10 years or longer. For this patient, that was an exciting option that left open the possibility of an implant and crown at a future date. The tooth was extracted (Fig. 9) and a direct bonded pontic was fabricated of nano-hybrid resin and bonded to the adjacent teeth (Fig. 10). The completed case satisfied the desires and needs of the patient within her existing financial limitations.

Conservative minimally invasive options using bleaching techniques to remove tooth discoloration combined with creative composite bonding techniques can create a variety of solutions to the dental problems patients encounter. For many patients experiencing financial challenges in the present national economy, direct composite dentistry can provide an affordable solution that can satisfy their needs and desires.

It has been my experience that a non-threatening consultation approach builds tremendous trust with our patients as we communicate appropriately to them that we want to help them make choices that serve them best in solving their problem. As patient trust and satisfaction increases, so do the financial and spiritual rewards that we receive in return, which allows us to build a practice climate that is a joy to return to each day.

If you’re one of the 1,000s of dental professionals who know EMBRACE™ WetBond Pit & Fissure Sealant is easier to apply because it bonds to moist tooth surfaces, provides a better seal and is long lasting, you’re on top of your profession.

Now after six years of clinical use, EMBRACE Sealant sets a new standard of success – intact margins, no leakage, no staining, caries-free.

Six-year followup photo
photo courtesy of Joseph P. O’Donnell, DMD

One call can bring a smile to your face and your patients:

✔️ Long lasting
✔️ Easy to apply – only sealant that bonds in a moist field
✔️ Margin-free seal
✔️ Fast light cure
✔️ Fluoride releasing

*Contact Pulpdent for study.
"The IACA is a unique event, it was not just about Dentistry, it was about life changes. IACA is special, it is unique, and it is an experience that every dentist on this planet should experience!" - Dr. Anil Makkar

"This is the best group of people that I have ever been around. To see and feel all the positive energy was truly inspirational. I met some amazing people this week who share the passion we all share."
- Dr. Balaji Srinivasan

"Today the IACA started with four absolute legends of the profession talking about the past and future of dentistry and it was amazing! There is no other group on the planet that could gather this kind of a panel! Such an incredible group of people and experiences!"
- Dr. Mark Duncan

"[I] was inspired; was educated; have grown in myself; have realized I have not expressed love and gratitude to as many as I should...IACA was yet again beyond compare!" - Dr. Fred Calavassy
What do Batman and orthodontic braces have in common?

By Shirley Godkowski, RDH, RSDH, FAAD

The most stomach-wrenching thing dentists see is an oral cancer lesion; for hygienists, it’s the melted enamel under and around orthodontic brackets and bands. The hot pink tissue seems to pulse with a life of its own. It covers the gingival third of the tooth hiding a caustic biofilm that percolates acids reminiscent of the vats Batman hung over, strung up by the Dark Knight. The chemistry under there has baffled third year dental and dental hygiene students. What to do with melted enamel?

**Solutions: appliances and chemical ones**

One option is to use the more advanced appliances that discourage biofilm accumulation. The Riddler’s ‘living better though chemistry’ is another answer to this problem. Today’s oral care products, over the counter and professional, have the potential to eliminate that stomach-wrenching moment. Even without relying on patient compliance, change can occur to save the teeth. **Brackets** New passive self-ligating brackets are a great way to go (Damon). They discourage biofilm formation. The design of the bracket allows the low-force memory wire to move the teeth with less chance for bacteria to accumulate because they don’t require ligatures. Elastic ligatures greatly increase the number of microorganisms attached to the apparatus during treatment. This increased level of biofilm activity increases the incidence of decalcification during treatment.

**Fluoride** Applying fluoride varnish biannually may decrease unsightly white spot infections. Some of the elastomeric ligatures come in fluoride releasing types that cut down on biofilm too. The fluoride release is temporary, lasting only about two weeks; one study stated that they shouldn’t be counted on for decreasing enamel breakdown.

**Bonding cement** The cement for bonding the brackets onto the teeth can make a huge difference, too. An ortho cement containing amorphous calcium phosphate (ACP) (Bosworth Ageis) contains the components to rebuild enamel. Without relying on a teenager to remove biofilm, the cement changes properties during an acid challenge to release the ACP, thus replacing the consequences of teenage hormone surges that put self-care on the back burner.

The Ageis cement is a compliance-free way to go. The hygiene department can have more say in treatment modalities if it affects the oral hygiene of the patient. Stopping therapy by removing the brackets is not always a good option, although it should work its way to the top of the option list if by six months the patient’s oral hygiene hasn’t improved.

**Pastes** Along with the enamel replacement trend there are newer pastes that do more than just provide fluoride. The list is long, starting with Colgate Total with Trichosan, and advancing to products containing Novamin and Recaldent, and the new one Tricalcium Phosphate (TCP). Having these products on hand to give orthodontic patients can set the stage for a premiere cosmetic outcome, along with a great orthodontic outcome.

**Prophy paste** Deciding on a prophy paste is also a worthwhile exercise. It seems as if new polishing pastes are brought to the market almost every day. The newest Nupro contains Novamin. New prophy cups and brushes can never resist breaking apart around brackets or wires. An air slurry polisher is important to use on patients with brackets and bands. Ricarbone has many healing properties and can reduce biofilm on its own working with the sodium pump in the cell wall of the bacteria to upset the equilibrium, thus killing the bacteria. Calcium carbonate in Prophy Pearls (KaVo) is also helpful to the tissue, although not as dramatically.

**Home care** Customizing the home care regimen is very important for people wearing orthodontic appliances. Many hygienists go to the cosmetic end and talk about hali-tone or gunky food, clinging from the brackets or wires, making the patient unappealing to the opposite sex. The problem is, though, the patient’s don’t respond well to this scare tactic. If they want to, they’ll find someone to get close to.

Really looking at the array of tooth-brushes available for ortho patients is important. So is finding out if they’ll use a Water Pik. The benefits of pulsing water for removing biofilm and creating ghost cells of the bacteria in the biofilm is substantiated in the literature. Water is the only thing necessary for outstanding results.

**Resin modified glass ionomer** (RMGI) On occasion, things get out of the clinician’s hands and enamel breaks down. Something new on the market can be used as a temporary band aid over a white spot infection that has started anywhere on the teeth. It’s a resin modified glass ionomer called Vanish XT Varnish. The dispenser is new to the hygiene world in that it uses double-barrel dispensing. Like epoxy cement, two components are squeezed out onto a mixing pad, mixed chairside and applied with a microbrush or other similar device, then the material is light cured. It is tooth colored as long as the tooth is white. It releases fluoride to the area and recharges when fluoride is around.

**Sociological & psychological considerations**

The sociological and psychological needs of the teenage patient also need to be addressed. Remove all judgment; the situation you are looking at with each patient is what it is. With teenage patients, it’s very tempting to belittle or use a condescending tone. Sometimes the patient doesn’t want the treatment and will show his or her displeasure by refusing...

---

Genetic discovery could lead to advances in dental treatment

By David Stouth
Science Writer, Oregon State University

Corvallis, Ore. — Researchers have identified the gene that ultimately controls the production of tooth enamel, a significant advance that could someday lead to the repair of damaged enamel, a new concept in cavity prevention, and restoration or even the production of replacement teeth.

The gene, called Ctip2, is a “transcription factor” that was already known to have several functions — in immune response and the development of skin and the nervous system. Scientists can now add tooth development to that list.

The findings were just published in the Proceedings of the National Academy of Science.

“It’s not unusual for a gene to have multiple functions, but before this we didn’t know what regulated the production of tooth enamel,” said Christra Kioussi, an assistant professor in the College of Pharmacy at Oregon State University. “This is the first transcription factor ever found to control the formation and maturation of ameloblasts, which are the cells that secrete enamel.”

---

AD

TEACH TRAVEL LEARN

www.hvousa.org

Health Volunteers Overseas
Improving Global Health Through Education

Tel: 202-296-0928 E-mail: info@hvousa.org

See BRACES, Page 2

See GENETIC, Page 8
Dear Reader,

In this issue, readers will be learning about alternative treatment modalities for orthodontic patients. While these treatments may have been introduced to some practitioners, the information will be completely new to others. How is it possible that some hygienists are actually using new products for various dental hygiene applications and others have never even heard of such things?

This is truly reflective of the amount of interest a clinician takes in keeping up to date with the world of dental hygiene. Many hygienists are content doing the things they always have and do not seek out new, potentially better ways to treat patients. The question I pose to hygienists is this. Do you want your physicians practicing 1980s medicine or do you want him/her to be able to educate you on the latest recommendations being made by the medical profession? I am sure the answer is not only do you want your medical professional to be up to date, you expect it!

Well, guess what? Dental patients expect dental professionals to deliver the latest and best oral care possible. At this point in time, hygienists are fortunate to have a menagerie of places in which to gain education. Learning about new developments and different ways of doing things used to require time away from the office, travel and sitting in a meeting room all day. Now hygienists can learn 24/7 without even leaving the living room, if that is what we choose.

Hygiene journals and magazines are full of information and they can be accessed online. Yes, even Hygiene Tribune can be read via the Web. Live, as well as taped Webinars are gaining popularity. Online hygiene groups/study clubs are wonderful resources. So take some time to peruse the Web, and especially our new www.DTSStudyClub.com Web site as well. It is a fascinating place in which to gain new knowledge to allow us to practice dental hygiene the way it is meant to be practiced in 2009!

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

BRACES
From Page 1

to cooperate with home care. In such a case, it’s best to keep the appliances. This is a difficult decision, and while the parents may not agree, it is important that we as professionals take a stand. Orthodontic treatment is not inert. It may not be the best treatment option at that particular time if the patient is not ready to receive it.

About the authors
Shirley Gutkowski, RDH, BSDH, FADCE is a clinical dental hygienist from Sun Prairie, Wis. She is the 2008 recipient of the Leadership Award from the World Congress of Minimally Invasive Dentistry. She is an award winning author and is co-author of the best seller, “The Purple Guide: Developing Your Clinical Dental Hygiene Career.” Her new book, The Purple Guide: Caries Management for Difficult Case Presentations,” will be published summer 2009. Please visit urce: rdpurpleguide.com for more information. You may contact Gutkowski at crosslinkpresent@aol.com.

Shouldering the burden

Our professional responsibility is to take as much of the burden from the patient as possible. Brushing and flossing will never be totally in the background, but until the patient in the chair learns basic and advanced self-care during those turbulent teenage years, it behooves us to do everything within our power so he or she suffers the fewest consequences. Doing so will lessen tissue overgrowth, thus eliminating the caustic acid even Batman doesn’t want to tangle with. By using products from the professional end and suggesting less difficult home care regimens we can really produce the kinds of smiles we hoped to create.

More info
An orthodontic patient and Texas dental hygienist, Gutkowski has some insights into oral hygiene with braces.

You’re wearing the Damon braces now, are you excited about the difference in oral hygiene you’re able to achieve wearing them over others?

Yes, because of the way the brackets are designed I find that oral hygiene is much easier for me. I see much more accumulated plaque biofilm in a patient with the traditional brackets and bands set up than the patient with Damon braces.

Can you tell us what makes them so different? Is it the design of the hardware or the materials used?

It’s not the materials, they’re similar to traditional equipment. Light wires are used to move the teeth with little pressure. This allows for the facial muscles and tongue to help the process along. The light pressure lessons the bone necrosis to occur, which I believe causes some of the tissue overgrowth we see in teens undergoing orthodontic treatment. Heavy pressure can cause the alveolar bone to crush, decreasing blood supply and cause pain.

The other oral hygiene friendly aspect of this system is the self-ligating brackets. The wires go into the brackets and there’s no need for those little elastic bands to hold the tooth against the wire. Less elastic, less plaque biofilm, better oral hygiene.

When you’re presented with patients with traditional brackets and bands, what do you generally recommend for oral hygiene?

Since embarking on this journey I’ve had a number of eye opening experiences. I had no idea about the potential for necrosis, for example. Now that I’m living with bone full time, I’ve made some adjustments in my oral hygiene recommendations. For instance, I’d never disregard the new chemistry we have available today. I recommend Denulce for nearly everyone, I also recommend MI Paste. I recommend the Sonicare Flexcare for anyone with brackets and bands, and the Sunstar Summit brush for when a power brush is impractical, like at school. I’m very particular about what I recommend and I’m seeing better results than ever. In the office, I apply fluoride varnish and use smart prophy paste.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see covered in Hygiene Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!
The National Children’s Oral Health Foundation (NCOHF) has awarded three Dental Hygienists’ Toothfairy Grants totaling $14,000 to organizations to help eliminate children’s suffering from preventable dental disease. Grants are made possible through contributions to the Dental Hygienists’ Toothfairy Campaign in partnership with the American Dental Hygienists’ Association.

NCOHF President and CEO Fern Ingber said, “NCOHF is very grateful to the American Dental Hygienists’ Association and all dental hygienists who have made generous contributions to the Toothfairy Campaign. Together we are focused on providing underserved children effective preventive oral health services that break the cycle of preventable pediatric dental disease.”

Dental Hygienists’ Toothfairy Grants were awarded to the following NCOHF Affiliate network organizations:
- $10,000 to Catholic Healthcare West (Chandler, Ariz.), that in collaboration with multiple community partners has expanded its new dental clinic to reduce the incidence of needless suffering through its prevention and intervention dental program.
- $2,000 to Primary Health Care, Inc. Dental Clinic (Des Moines, Iowa) for vital prevention education program materials that teach positive behaviors to prevent pediatric dental disease.
- $2,000 to A Fluoride Connection Non Profit Corporation (Madison, Wis.) for materials teaching prevention and positive behaviors that prevent needless pain caused by pediatric dental disease.

Recipients are members of NCOHF’s national affiliate network, dedicated to delivering comprehensive oral health treatment and preventive educational services to millions of economically disadvantaged children and their families.

Nancy Adriane, RDH for Prima- ry Health Care, Inc. expressed her excitement, “The funding is very beneficial since we are currently seeing many more people who do not have the means to pay for dental care in our clinics. We are very excited to receive our educational material and begin using it with our most vulnerable children. Thank you so much for this great opportunity!”

NCOHF awards Dental Hygienists’ Toothfairy Grants

The researchers used a laboratory mouse model in this study in which this gene has been “knocked out” and its protein is missing. Such mice lack basic biological systems and cannot live after birth, but allow scientists to study what is there and what’s missing.

In this case, the mice had rudimentary teeth ready to erupt, but they lacked a proper enamel coating and never would have been functional.

“Enamel is one of the hardest coatings found in nature, it evolved to give carnivores the tough and long-lasting teeth they needed to survive,” Kioussi said.

With an understanding of its genetic underpinning, Kioussi said, it may be possible to use tooth stem cells to stimulate the growth of new enamel. Some research groups are already having success growing the inner portions of teeth in laboratory animal experiments, but those teeth have no hard coatings — the scientists lacked the genetic material that makes enamel.

“A lot of work would still be needed to bring this to human applications, but it should work,” Kioussi said. “It could be really cool, a whole new approach to dental health.”

Many people have problems with eroded tooth enamel, including people who smoke, drink and especially some who use illegal drugs such as methamphetamine. And most cavities start as a hole in tooth enamel that allows decay to begin.

This research was supported by the National Institutes of Health and the OSU College of Pharmacy. The study was a collaboration of scientists from the OSU College of Pharmacy, College of Science and College of Engineering, and the Institut de Genetique et de Biologie Cellulaire in France.

Stauth may be reached via e-mail, David.Stauth@oregonstate.edu, or telephone, (541) 737-0787.

About the National Children’s Oral Health Foundation

The National Children’s Oral Health Foundation (NCOHF) is a 501(c)(3) nonprofit, dedicated to raising awareness of the No. 1 chronic childhood illness: pediatric dental disease, facilitating delivery of comprehensive pediatric oral health services and eliminating this preventable disease from future generations. The NCOHF draws on vast national resources to secure and distribute product and financial donations along with innovative preventive programs to a growing network of not-for-profit community-based universities, health centers, dental clinics and mobile programs throughout America. For more information on NCOHF, please visit www.AmericaToothfairy.org.

Crosstex introduces the next generation of safety: non-latex dental dam

A non-latex dental dam excellent tear resistance, great color contrast with teeth lavender and in medium gauge. Crosstex Dental Dams isolate procedures from blood and saliva and tongue and cheek interference while reducing contaminated aerosols and the risk of patients swallowing/aspirating foreign bodies. Also available are: powder-free, low protein latex dental dams. Both products drastically reduce the risk of allergic latex reactions. Crosstex, once again, leads the dental industry in safety and efficiency!

Sold worldwide through dental dealers
Crosstex
Toll Free: 888-CROSSTEX
E-mail: Crosstex@crosstex.com
www.crosstex.com

Hands-Free Perio Charting
100% Accurate
Increases productivity
Eliminates Cross-contamination
Runs x-rays, intraoral cameras, etc.
Create a paperless environment in the workplace
The Dental R.A.T. can save you time and money!!

www.dentalrat.com
877-276-0061 :: 208-489-1590

AD
This interactive DVD is written, directed, and narrated by Dr. Stanley Malamed, dentistry’s leading expert in the management of medical emergencies.

“You don’t get a chance to save a life you've lost. So get it right...the first time.”

- Contains 14 different situations that can and do arise in the dental office Including Cardiac Arrest, Seizure, Allergic Reaction and many others...
- Dr. Malamed breaks down these scenarios using high definition 3D animations and stunning dramatizations.
- Great for in-office training sessions or individual training.
- 7 Continuing dental education credits available.

ORDER YOUR MEDICAL EMERGENCY TRAINING DVD TODAY

Visit us during The Hinman Dental Meeting, booth #1715.