Dental diplomat brings relief to Afghanistan

An interview with Dr. James Rolfe, founder of the Afghanistan Dental Relief Project

Dr. James Rolfe from Santa Barbara, Calif., works as a dentist in Afghanistan. (Photo/Provided by Dr. James Rolfe)

By Robin Goodman, Group Editor

Dr. Rolfe, please tell our readers about what led you to become involved with dentistry in Afghanistan?

I watched the people of Afghanistan as they were continually abandoned by the world; first when the Soviets invaded, later when they were defeated, and still later when the Taliban were ousted. Virtually no aid was getting to the people.

In 2003, I was told that we needed to forget about Afghanistan and support invading Iraq, as a matter of national security. I had to do something. In September 2003, I flew to Wardak Province in Central Afghanistan with portable equipment and worked in an orphanage at an elevation of 11,000 feet for three weeks. I would treat an orphan, and he would become my assistant. Working through the 40 or so orphans, I found that about 85 percent had the ability to work in dentistry.

Then I started seeing people from the surrounding cities. I saw many people who were literally on the brink of losing their ability to chew and speak. A series of meetings led to an agreement that the U.S. government would pay the cost of the dispensary equipment. I then went back in June 2010 to work with the Taliban in the middle of the country to start the system up.

The compromised implant site solution

The use and acceptability of implants today is considered both routine and highly predictable. With that, people more than ever before are considering the replacement of missing teeth by this method. Unfortunately, until now, a segment of this population has not been viewed as a viable candidate, particularly patients with compromised situations having to do with limited inter-dental spaces, advanced bone loss, convergent roots, age and financial constraints.

Anew® Implants (Dentatus, USA, New York) are “ideally designed for the compromised implant site; these 1.8 mm, 2.2 mm and 2.4 mm diameters...”

See pages 16A, 17A

Orlando welcomes ADA

World-class dentistry, Disney World and Universal Studio is the impressive triumvirate that awaits you in Orlando during the annual ADA meeting. See pages 16A, 17A
New test to detect oral cancer

A new test for oral cancer, which a dentist could perform by simply using a brush to collect cells from a patient’s mouth, is set to be developed by researchers at the University of Sheffield and Sheffield Teaching Hospitals NHS Foundation Trust. The international research team, involving scientists in Sheffield, has been awarded $2 million from the United States National Institutes of Health to develop the test, which could provide an accurate diagnosis in less than 20 minutes for lesions where there is a suspicion of oral cancer. The current procedure used to detect oral cancer in a suspicious lesion involves using a scalpel to perform a biopsy and off-site laboratory tests, which can be time consuming. The new test will involve removing cells with a brush, placing them on a chip, and inserting the chip into the analyzer, leading to a result in eight to 10 minutes. This new procedure will have a number of benefits, including cutting waiting times and the number of visits, and also cost savings for the National Health Service.

The team in Sheffield, led by Prof. Martin Thornhill, in the department of oral medicine at the University of Sheffield and a consultant in oral medicine at Sheffield Teaching Hospitals, has begun carrying out clinical trials on patients at Charles Clifford Dental Hospital for two years to perfect the technology and make it as sensitive as possible. If the trials confirm that the new technology is as effective as carrying out a biopsy, then it could become a regular application at dental offices in the future. If oral cancer is detected early, the prognosis for patients is excellent, with a five-year survival rate of more than 90 percent. Unfortunately, many oral cancers are not diagnosed early and the overall survival rate is only about 50 percent, among the lowest rates for all major cancers. The project is being led by Prof. John McDevitt from Rice University, who has developed the novel microchip. This new technology uses the latest techniques in microchip design, nanotechnology, microfluids, image analysis, pattern recognition and biotechnology to shrink many of the main functions of a state-of-the-art clinical pathology laboratory onto a nano-biochip the size of a credit card.

The nano-biochips are disposable and slotted like a credit card into a battery-powered analyzer. A brush biopsy sample is placed on the card and microfluidic circuits wash cells from the sample into the reaction chamber. The cells pass through micro-fluidic channels about the size of small veins and come in contact with “biomarkers” that react only with specific types of diseased cells. The machine uses two LEDs, or light-emitting diodes, to light up various regions of the mouth and cell compartments. Healthy and diseased cells can be distinguished from one another by the way they glow in response to the LEDs. The technology is also being considered for future research projects for diagnosis and management of heart attacks, diabetes and other diseases. Thornhill said: “This new affordable technology will significantly increase our ability to detect oral cancer in the future. Diagnosis currently involves removing a small piece of tissue from the mouth and sending it to a pathologist. This is typically done at a hospital, can take a week or more and involves extra visits for the patient. “With the new technology, a brush would be used to painlessly remove a few cells from the lining of the mouth that would be analyzed within minutes in the presence of the patient, so that the patient would know the result before leaving the clinic.”

“Ultimately, dentists and doctors may be able to use this technology to check suspicious lesions in the mouth and reassure the vast majority of patients that they haven’t got new cancer without even having to send them to the hospital.”

(Source: University of Sheffield)
The formula for making teeth

Each cusp of our teeth is regulated by genes that carefully control its development. A similar genetic puzzle also regulates the differentiation of our other organs and all living organisms.

A team of researchers at the Institute of Biotechnology of the University of Helsinki has developed a computer model reproducing population-level variation in complex structures such as teeth and organs. The research takes a step toward the growing of correctly shaped teeth and other organs. The results were published this month in Nature, the science journal.

Academy Professor Jukka Jernvall and his team investigated the evolutionary development of mammal teeth. After more than 15 years of work, the team has compiled so much data that the main aspects of a formula for making teeth are beginning to be clear.

The model shows that regulation of tooth development is already well known. Teeth are a kind of “model species” for Jernvall’s team, which means that the study results also tell about the development of other organs.

A mathematical model applied to the teeth of ringed seals

According to a mathematical computer model, a rather simple basic formula seems to be behind the complex gene puzzle resulting in tooth formations; the jungle of gene networks has a “patterning kernel” regulating the variation of teeth among individuals in the same population.

In addition, the variation of human teeth from the incisors to the molar teeth may result from a single factor regulating cell division.

The researchers tested their theoretical model, which is based on mouse tooth development, by investigating seal teeth. The Ladoga ringed seal collection of the Finnish Museum of Natural History at the University of Helsinki provided an ideal population sample for the research because dentitions are highly variable.

New teeth and organs?

The mathematical model proposed by the research team may provide a new kind of understanding on the formation of organisms’ three-dimensional shapes: How do different levels of ontogeny function together? What factors guide the emergence of specific external features?

The new research results may promote medical research, such as growing new organs.

Jernvall is known as an international pioneer in cross-disciplinary evolutionary development biology.

A few years ago, the science journal Nature chose a teeth evolution work conducted by Jernvall and two post-doc researchers as one of the 15 educational topics in the field of evolutionary biology. The research published now was conducted with Jernvall’s third post-doc researcher, Isaac Salazar-Ciudad. Salazar-Ciudad currently works at the Autonomous University of Barcelona in Spain.

Reference


Could modern day research mean that one day in the future those missing teeth can have new ones grown in a lab? (Photo/Michael Jung, www.dreamstime.com)
Dentists extract stem cells for future regenerative medicine

The recent discovery by the National Institutes of Health that stem cells exist in teeth has the potential to transform dentistry and the future of medical treatments. Now, three dentists in Denver — Dr. James DeLapp, Dr. H. Candace DeLapp and Dr. Sarah Parsons — are offering their patients a chance to bank valuable stem cells for use in future regenerative medical therapies.

Stem cells found in teeth are extracted by Cottonwood Dental Group and are cryo-preserved, enabling patients to recover and save very powerful stem cells found in their teeth. The dental practice is partnering with a company called StemSave to preserve the stem cells. Stem cells are the basis for the emerging field of regenerative medicine. There are more than 78 clinical trials involving stem cell treatments under way, and the U.S. military is developing stem cell therapies to treat soldiers wounded in action.

The current research being conducted suggests that stem cell therapies may, in the future, be able to treat many of today’s most difficult diseases, such as diabetes, Parkinson’s, Alzheimer’s, muscular dystrophy, cancer and many more. Living stem cells have been routinely found in teeth and for the most part have been discarded after extraction. Stem cells from teeth appear to replicate at a faster rate than stem cells from other tissues. Stem cells in the body age over time, and their ability to regenerate slows down and become less effective. The earlier in life that the stem cells are secured, the more valuable they are likely to be later in life.

Not all teeth are eligible for stem cell preservation. As an example, the tooth needs to have a healthy pulp. It needs to have an intact blood supply and be free from infection and deep cavities. Stem cells may be recovered from patients who are middle aged, but the younger they are the better.

Deciduous teeth or baby teeth may be the best source of stem cells. The incisors that have begun to loosen or the baby canine teeth appear to be the best candidates. The pulps of naturally loosened teeth may not have an adequate blood supply. Wisdom teeth between the ages of 16 and 20 years old may be a very good source. The pulp at this stage is large and the potential for viable stems cell is high. Obviously teeth that have root canals or extensive dental treatment are poor candidates.

StemSave is a collaborative effort between stem cell researchers and the dental community to provide families and individuals an affordable, non-invasive methodology for the recovery and cryopreservation of the powerful and valuable adult stem cells residing within baby teeth, wisdom teeth and permanent teeth for future use in personalized medicine and regenerative medical therapies.

According to StemSave, the patented technology has the potential to turn a patient visit into what may one day be a potentially life-saving experience. Patients should consider banking their stem cells while undergoing procedures such as the extraction of wisdom teeth or baby teeth, the dentists said. These planned dental procedures provide an ideal time to preserve one’s stem cells.

Although there are no current medical treatments available using stem cells, much research for various diseases involve treatment that may involve stem cells in the future.

StemSave provides an affordable and non-invasive method for the recovery and cryo-preservation of the powerful children or adult stem cells found in teeth by teaming up with dentists to harvest stem cells during routine dental procedures.
Hu-Friedy product donation benefits NCOHF affiliate

Hu-Friedy, a manufacturer of dental instruments, recently donated dental products valued at more than $7 million to the National Children’s Oral Health Foundation: America’s Toothfairy (NCOHF) to enhance vital oral health services for children from vulnerable populations. Howard University, a member of the NCOHF affiliate network, will receive the contribution.

The Hu-Friedy dental supplies will aid in expansion of Howard University's pediatric oral health outreach programs in the Washington, D.C., metropolitan area.

As an NCOHF affiliate, Howard University is part of a national network of more than 60 nonprofit health-care programs with a shared mission to provide the best education, prevention and treatment programs for underserved children. In less than five years, NCOHF partners such as Hu-Friedy make it possible for NCOHF affiliates to give underserved children the comprehensive care they deserve.

Diagnosis for Michael Douglas highlights oral cancer risk

The British Dental Health Foundation is calling for more attention to be paid to mouth cancers. Oral health experts and the foundation are advising the public to regularly check their mouths after news broke recently of actor Michael Douglas being diagnosed with oral cancer.

Douglas, a 55-year-old American actor, is known for his role in the hit TV series “Shark Tank.” He was diagnosed with a tumor in his throat, and he now faces an eight-week course of chemotherapy and radiotherapy.

This high-profile case has brought oral cancers into the limelight, and oral health experts are keen to make the public more aware of the risk factors and early warning signs.

In 2014, Douglas quit smoking, after a long “half a pack a day” habit. Yet, the possibility of developing oral cancer remains higher for ex-smokers than non-smokers for 20 years after quitting.

Tobacco is considered to be the main cause of mouth cancer, with three in four cases being linked to smoking. Drinking in excess is also a known factor, with those who both smoke and drink in excess being up to 50 times more likely to be at risk.

“It is crucial the public know about the risk factors and early symptoms as early detection can save lives,” said Dr. Nigel Carter, chief executive of the British Dental Health Foundation.

“Survival rates can increase from just 50 percent to over 90 percent with early detection, yet over two-thirds of cases are diagnosed at a late stage.”

Many people have not heard of mouth cancer and do not realize how common it is,” Carter said. “The latest figures show that men over the age of 40 are twice as likely to develop the condition as women.”

(Source: British Dental Health Foundation)
verge of death from their dental problems.
I learned that no dental care was available in the entire province. Thus, I decided to start a dental clinic to provide basic dental treatment, and a training program to train the orphans and widows to be dental technicians.

What did you do then?
I purchased a 40-foot steel, shipping container and spent 18 months modifying it into a modern, three-chair dental office that was completely self-contained with its own water and power. Then I shipped it, along with 120,000 pounds of other equipment and supplies, to Afghanistan on a cargo ship.

When it arrived in Pakistan, I flew to Kabul to look at the site for the clinic that was donated by an Afghan cabinet minister. I went to the land site, but I had been deceived; I found that it was not available.

For the next six weeks, I searched for another site, but in the end, I had to return the shipment to America or lose it to the minister, who was sponsoring the shipment. It took almost a year to locate another site. When it was released, it was the dead of winter.

I had to work outside setting up the clinic during the coldest part of the Afghan winter. The house on the property had no heat, water or electricity. My fingers were frostbitten and I lost about 15 pounds.

By the time I was finished in January, the cold winter had frozen all of the pipes in the clinic, and I had to leave everything and come back later. Returning in May, I hired an Afghan dentist and an assistant, and opened the clinic to the public.

How has this worked out?
Good. We operated the clinic with one dentist for about a year, then hired two more dentists and began training orphans and widows as dental technicians. In the first year of the school, we were able to train dental assistants, laboratory technicians and dental hygienists.

We recently opened three more operatories, and now the clinic is treating about 50 patients a day. Our commercial dental laboratory is now open as well, providing removable prosthetics for patients in our clinic. Also, our guesthouse is now available to people who want to volunteer their services by teaching or providing treatment.

How might one contribute?
Donations can be mailed to ADRP, P.O. Box 734, Santa Barbara, Calif., 93102. Those who want to become supporting members can access our web site for more information. We also accept credit cards.

Most people would think that Afghanistan is a scary place to be right now. Is this true?
There is some element of risk there, but risk also exists in our own society. About 100 miles from where I live in the United States is the murder capital of America: Compton, Calif. I go there on a regular basis to pick up donated supplies from a dental supply company. There is an element of risk in every area.

Recently, an attempted car bombing occurred in New York City. I have never felt at risk in Afghanistan. We have never had a problem at our facility in Kabul. I have a motorcycle that I use daily, when I am there. The Afghan people are warm and friendly, and appreciate what I am doing there. They have nothing, but are very generous with what they have.

How would you characterize the life in Afghanistan today?
Life is very hard now in Afghanistan. The average life span is 42 years, due to the harsh conditions of life, lack of health care and a 70 percent level of malnutrition. Only 15 percent of the populace can read and write.

Afghanistan has the highest infant mortality rate in the world, and 20 percent of children die before age 5. So many adults have died that there are 3,000,000 orphans, with the average age of the population being 14 years.

Most children believe that life is not worth living. Ninety percent of Afghan citizens have no access to dental care, and most have never had a toothbrush. There is one dental X-ray machine in all of Afghanistan.

How can these conditions exist in our modern world?
When Afghanistan was attacked by the Soviet Union, anyone who could afford to leave the country did so with the entire family. These privileged people were also the elite of the country: the intellectuals, people with technical knowledge, all the elements making up the infrastructure.

When they left, they took the heart out of Afghanistan. What was left were the poor people, with no means to survive or maintain their lives. This is the way it is there now. The Afghan people feel that the world has forgotten them. They need to know that people care.

How can people help?
Donations can be mailed to ADRP, P.O. Box 734, Santa Barbara, Calif., 93102. Those who want to become supporting members can access our 1-YEAR FELLOWSHIP PROGRAM IN IMPLANT DENTISTRY

California Implant Institute offers a 1-year comprehensive fellowship program in implant dentistry. This program is made of 4 sessions (five days each) designed to provide dentists with practical information that is immediately useful to them, their staff and their patients.

The four sessions combined, offer over 160 hours of lectures, laboratory sessions and live surgical demonstrations.

Whether you’re just starting out, or looking to enhance your existing surgical and prosthetic implant skills, our fellowship program is exactly what you’re looking for.

Continuous program also available.

Session I
13-17 October 2010
Session II
23-27 May 2011

Session III
13-17 April 2011
Session IV
23-27 June 2011

15-Day Continuous Fellowship Program
In this program our 20-day fellowship is condensed into 15-day continuous program.

August 8-22, 2011

Dr. Louis Al Fagge focuses on the practical aspects of implantology, giving us information we need to help in making daily clinical decisions. He provides a top-quality venue, excellent organization of materials, and a refreshing humility, which encourages attendees to ask questions, and gives them the confidence to extend the range of services they offer to their patients.

Dr. Michael R. Clark, Pembroke, San Diego, CA

Before attending the Fellowship Program at the California Implant Institute I thought I would never be able to place implants, but after taking the Fellowship Program with Dr. Al Fagge I placed over 100 implants in the period of one year. I would highly recommend the program to all my colleagues.

Amherst, Mer, Q2, Novak, California

Dr. Fagge offers highly sophisticated courses in implant dentistry. He distills his experience and delivers the course material to the point, and shows all aspects of care and patient management. The information is thorough, and perspective offered have the potential of being a valuable aid to a clinician of any level of experience. I enjoyed spending my time learning from him.

Dr. Fagge’s workshops are designed to be a learning experience for anyone who has an implant in their mouth. I highly recommend the program to anyone wanting to learn more about dental implants.

1.858.496.0574
www.implanteducation.net

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Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. Articadent® with epinephrine 1:100,000 is preferred during operative or surgical procedures when improved visualization of the surgical field is desirable. Reactions to Articadent® (pain and headache, for example, or convulsions or respiratory arrest following accidental intravascular injection) are characteristic of those associated with other amide-type local anesthetics. Articadent® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use. Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5-minute period is recommended.

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(articaine HCl 4% with epinephrine 1:100,000 injection)
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BRIEF SUMMARY. [See Package Insert For Full Prescribing Information]

USE

Articadent™ is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For most routine dental procedures, Articadent™ with epinephrine 1:200,000 is preferred. Articadent™ with epinephrine 1:100,000 is recommended for procedures involving operative or surgical procedures when improved visualization of the surgical field is desirable.

CONTRAINDICATIONS

Articadent™ is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to sulfites or sodium bisulfite.

WARNING

Accidental Intravascular Injection may be associated with convulsions, followed by central nervous system depression and arrest. This can include death. Therefore, take the following precautions:

1. Carefully inspect the needle to ensure it is not an intravenous catheter.
2. After injection, palpate the injection site for minutes after injection.
3. Do not inject into areas that may be vascularized such as the oral mucosa or beneath a mucoderm.
4. Make sure the patient is in an enclosed area and has an appropriate monitoring device available.

Articadent™ contains epinephrine that can cause local tissue necrosis or systemic toxicity. Usual precautions for epinephrine administration should be observed.

Articadent™ contains sodium bisulfite, a sulfite that may cause an allergic-type reaction including anaphylactic symptoms and life-threatening or less severe asthma episodes in certain susceptible people. Although serious reactions are very rare, sulfite sensitivity can be more frequent in individuals that are multicystic in nature.

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WARNING

Local Anesthetic, Systemic: The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylthrene blue intravenously 1-2 mg/kg body weight over a 5 minute period is recommended. The American Heart Association has made the following recommendation regarding the use of local anesthetics:

"Vasoconstrictors should be used in local anesthesia solutions during dental injection only if it is clear that the procedure will be short and limited to 0.5 mg of 1:100,000 epinephrine/1 ml of solution should be used. This type of injection should be taken to avoid intravascular injection. The minimum possible amount of vasoconstrictor should be used as described by El, editor, Cardiac disease in dental practice. Dallas, American, Heart Association (1996).

Table: Adverse Events in Controlled Clinical Studies: The incidence of 1% or greater in patients administered Articadent™ 1:200,000 or Articadent™ 1:100,000

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Articadent™ 1:200,000</th>
<th>Articadent™ 1:100,000</th>
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</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>1.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Headache</td>
<td>2.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Cough</td>
<td>0.9%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Pruritus</td>
<td>0.9%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Temperature</td>
<td>1.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Rash</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

The following list includes adverse and interrelated events that were recorded in 1 or more patients, but occurred at an overall rate of less than one percent, and were considered clinically relevant.

Body as a Whole: abdominal pain, allergic reaction, anaphylaxis, anaphylactic shock, angioedema, urticaria, bronchospasm, asthma, angioneurotic edema, erythematous rash.

Cardiovascular System: hypotension, premature ventricular contractions, MI.

CNS: dizziness, drowsiness, headache, vertigo, dizziness, drowsiness.

Respiratory System: dyspnea, pharyngitis, hyperventilation, epistaxis.

Skin and Appendages: pruritus, urticaria.

Special Senses: ear pain, taste perversion.

Urogenital System: dysmenorrhea.

General: persistent headache, injection site reaction, rash, injection site reaction, injection site reaction, injection site reaction.

OVERDOSAGE

Acidic solutions from local anesthetics are generally related to high plasma levels encountered during the treatment of local anesthetics or uncontrolled accidental doses of local anesthetic solution (See WARNINGS, PRECAUTIONS, General and ADVERSE REACTIONS).

Management of Local Anesthetic Emergencies: The first consideration is prevention, best accomplished by attention to all the appropriate recommendations. The following items are suggested to reduce the patient's state of consciousness after each local anesthetic injection. At the first signs of change, oxygen should be administered.

The first stop in the management of convulsions, as well as hypotension, consists of intranasal atropine, 0.4 mg, or ephedrine, 0.4 mg, or epinephrine, 0.1 mg. When these measures fail to control convulsions, the patient should be immediately transferred to the emergency room for treatment with intravenous fluids and oxygen. If convulsions persist, the use of a relaxant such as succinylcholine, 200 mg, may be necessary. The relaxant should be followed by assisted ventilation with oxygen and 100% oxygen.

Hypertoxic: When a toxic reaction occurs, due to excessive absorption of local anesthetic, the patient should be immediately transferred to the emergency room for continued treatment with intravenous fluids, oxygen and atropine, 0.4 mg, or ephedrine, 0.4 mg, or epinephrine, 0.1 mg. In addition, the use of ventilatory support may be necessary. If convulsions persist, the use of a relaxant such as succinylcholine, 200 mg, may be necessary. The relaxant should be followed by assisted ventilation with oxygen and 100% oxygen.

How SUPPLIED

Articadent™ with epinephrine 1:100,000 or 1:200,000 is available in 1 ml cartridges. In boxes of 50 cartridges. In boxes of 50 cartridges.

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SPECIAL SENSES: ear pain, taste perversion.
website at www.adrpinc.org and pledge a monthly donation. We are a 501C3 non-profit charitable organization.

We are always loading a shipping container, so equipment donations and supplies are welcome; just call our headquarters at (805) 963-2329, or send an e-mail to adrp@verizon.net.

Volunteers who want to treat or teach at the Kabul Project Site should request information. All volunteers pay their own travel expenses and $15 a day board and room to stay in our modern guesthouse. The residential facility offers meals, laundry, Internet, hot showers and 24-hour security.

Is there anything else that people should know?

As the richest nation in the world, we have an obligation to help the poorest. We owe the Afghan people a debt of gratitude for dying to defeat the Soviet Union and for elevating the United States into the status of superpower of the world. We are overdue in paying this debt. All of our officers are volunteers.

Our organization has no overhead, so that means that 100 percent of each donation goes directly into the project. We are actually saving lives in Afghanistan. Orphans with no options are being educated so that they can have a normal life. Widows are being trained so that they can feed their children.

For the first time, Afghan dentists can access professionally trained dental assistants, laboratory technicians and hygienists. Vital elements are being created to improve the technical infrastructure. Women are being empowered to be authority figures in the male-dominated society there. Patients accessing our facility enjoy better health.

Anyone may volunteer and donate through our organization to bring benefits to the people of Afghanistan, which might not occur otherwise. Combined benefits improve social stability. Everyone benefits.

Congratulations to Dr. Rolfe!

Since this interview was conducted, Dr. Rolfe has been selected as an honoree for the 2010 National Awards for Citizen Diplomacy and will fly to Washington, D.C., in November to receive the award. Rolfe has also done interviews with NPR and People magazine. In addition, the LA Times published an article about Rolfe, which can be accessed at www.latimes.com/health/la-me-afghan-dentist-20100908,0,164334.story.
The most common questions dentists ask about credit

By Joseph Flumian, MPA

The most common phrase I hear as I help dentists with their financing situations at McKenzie Management and the one I wish I had a dollar for every time it is spoken is: “They never taught us business in dental school.”

This is apparently a true statement because I never cease to be amazed at how some of the most intelligent, thoughtful people I have had the pleasure to help in my 30-year career are lost when it comes to the financial management of their practices or their personal lives and business operations. Following are some of the most common questions dentists ask.

What affects my credit score?

This is the No. 1 question dentists ask. Your credit score is composed of the number of late payments, length of credit history, new credit applications and the types of credit accounts you have used.

Certain decisions have an impact on your credit score as you go through life and some can last forever. Divorce, in particular, is the No. 1 credit score killer, followed by over-spending and bankruptcy. Many dentists have not reduced personal spending even though practice incomes have gone down. Do you really need the $75,000 automobile? What I see happening now is that banks are looking at your credit limits on many of your accounts. One of the key components of your credit score is how much of your available credit you have used.

Even though you might be spending the same, the ratio has actually gone up as a percentage because the banks lowered the limits. In some cases, banks will report a $0 credit limit on your credit report even though you may have $25,000 line with a bank. Consequently, your credit score is lower and you won’t even know it.

Tax liens from both the IRS and state government and any open judgments may also affect your score. Too many dentists get into trouble because they forget to pay state taxes on their employees. They do figure it out eventually when they are served a notice to pay up with penalties attached.

One way to keep your score higher is to pay credit cards in full each month and to keep the same cards for as long as you can. A long-term line of credit scores you higher than a new card just issued.

Thus, “hopping and shopping” credit cards frequently is not a good idea. As a side note: felony arrests make getting a U.S. Small Business Association (SBA) loan extremely difficult and they will make you go to your local police station to submit fingerprints.

Things are so bad, should I file bankruptcy?

Bankruptcy is probably the last thing you should consider doing. I would only consider this with the advice of an attorney who specializes in bankruptcy cases and no fee. Your income and expenses are so high that any of those minimal fees. Despite the economy and stock market, dentists should invest in their pensions and/or retirement plans to increase cash flow if possible.

Can I include other items in my refinance?

Absolutely. It’s a great opportunity to add additional equipment, computers, etc., to the practice while lowering your monthly payments. For example, our clients refinance and add in payment to receive practice management consulting help for their practices. This allows them to increase revenues while decreasing payments.

What is debt service to coverage ratio?

This is the measurement of your cash flow after the refinancing that shows there are sufficient funds to cover the loan. Most lenders use the 1.25 as the ratio. We have a free calculator if you want to see what your current ratio is, please e-mail me at joefl@mckenzie mgmt.com and I will send it to you.

It only takes a few minutes and it allows you to determine if refinancing makes sense. If you can’t meet the ratio, the likelihood of an approval is no longer a mystery. It won’t happen.

How can I improve my credit score?

Pay credit cards in full every month. Keep your oldest credit card for as long as it makes sense. Pay your student loans, make your mortgage payments on time and check your credit report annually.

You can get a real free credit report at www.annualcreditreport.com. They won’t give you a score, but you can see all of your activity and it gives you the ability to promptly contest anything that’s incorrect.

Here’s a true story: I am currently working with a dentist who lives in the south, and an individual with the identical name but is deceased had horrid credit.

The credit bureaus cross-pollinate the data between the dentist and the deceased. The dentist can’t get a loan until this is cleared up, and he didn’t discover the problem until he accessed his credit report.

I’m a new dentist and I want to start up a new practice, what do I do first?

That’s easy. Enroll in the Mckenzie Management’s two-day, one-on-one training program. It’s everything they didn’t teach you in dental school about business. The frightening reality is you don’t know what you don’t know, so get help.

The materials and workbooks alone make this a worthwhile investment. From there, develop a business plan with the information you receive and put together a team of trusted and experienced advisors, including an attorney, a certified public accountant, a reputable dental supplier, etc.

Should I use a credit counseling service?

Caution here. Some charge thousands of dollars. I have had dentists proudly tell me that they were able to reduce their debt obligations on their credit cards by thousands of dollars.

Do you think the banks are going to be happy with this negotiated settlement? Are you going to be happy to be forced to take 50 percent of a crown fee? Of course not, and nor are they.

The banks get even by killing your credit. Don’t be surprised if you can’t get a loan for up to 10 years for your business. You are better off trying just about anything else. Consider doing a merchant advance or a cash for collateral loan. These are two options to consider first. Again, I can’t stress enough the importance of seeking professional advice from a financial advisor first. It’s a worthwhile investment.
Dental advertising

Is your practice using false or misleading advertising?

By Stuart Oberman, Esq.

Dentists have a right to promote their practices through various forms of advertising. However, ethical guidelines regarding advertising must be followed. Section 5 of the American Dental Association’s (ADA) Principles of Ethics and Code of Professional Conduct sets forth certain standards in part by stating that no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any “material” respect.

This standard has been implemented in order to protect the public from false and misleading advertising that may induce a patient to seek dental services from a particular office.

Although some states may not have adopted Section 5 of the ADA’s Principles of Ethics and Code of Professional Conduct, Section 5 sets forth a good guideline that all dentists should follow.

The fundamental issue in dental advertising is whether the advertisement is false or misleading in any material aspect.

The first step to ensuring compliance with ethical advertising is to understand advertising regulations, standards and the law. With a proper understanding, dentists will be able to market their practices and avoid legal problems associated with perceived false or misleading advertising.

Rules that govern the marketing of businesses (including dental practices) are generally enacted by the Federal Trade Commission. There are various forms of marketing, such as advertising in magazines, newspapers, billboards, on the Internet, radio or even television. The Federal Trade Commission is constantly monitoring advertisements, which includes dental advertising.

Truth and clarity

Dental advertisements must be truthful and non-deceptive. For an advertisement to be completely truthful, it must have evidence to back up each assertion of fact.

An advertisement is non-deceptive if it is not likely to mislead a reasonable consumer and does not omit any necessary information for the consumer to make an informed decision regarding whether to obtain services at a specified dental practice.

Regardless of the claim, all material information must be disclosed in a manner that a reasonable consumer could understand. Disclosures, if typd, should be in a size large enough for a consumer to clearly read, and failure to comply with this requirement may result in the disclosure being deemed inadequate.

Furthermore, an asterisk or other symbol should be used to call attention to the disclosure, especially if the disclosure is placed at the bottom of the advertisement.

In order to determine if an advertisement may be of a concern to the Federal Trade Commission, the advertisement must be considered in its entirety.

Even if all of the statements in the advertisement are true, but the pictures are deceptive, then the advertisement may violate the Federal Trade Commission’s advertising standards (and the advertisement may also violate the guidelines set forth by a particular state dental board or state law). In addition, the advertisement should not imply something other than what the advertisement is intending to communicate.

Statistics

Advertisements that incorporate statistics must be accurate. If a dental advertisement is using statistics, then there must be accurate data to back up the advertising assertion.

The Federal Trade Commission requires dental claims regarding consumer health to be supported by reliable scientific evidence and medical data. This evidence may include research, studies, tests and analysis, which are conducted by dental experts and professionals in an objective manner.

Obviously, non-factual, silly claims or jokes contained in a dental advertisement, which no reasonable person could possibly regard as harmful, will not be considered false and misleading.

Prices

The Federal Trade Commission has extensively regulated claims such as price reductions. Dentists should be aware of the relevant standards for this type of advertising.

First, if a former price is specified in an advertisement, the price must be the actual price of the goods or services offered for a reasonably substantial amount of time and on a regular basis.

If a former price is not specified and a sale price is announced, the sale price must be such that a reasonable person with knowledge of the former price would regard the goods or services as a legitimate savings.

Next, if a specific dental advertisement compares the prices of one dental practice to another (yes, this actually does occur), then the competitor’s prices that are listed in the advertisement must be the actual prices charged by the competing dental practice.

Falsely stating the price of services for a competing dental practice in an advertisement is considered misleading and deception advertising.

Obviously, truthful advertising is important to both the American Dental Association and the Federal Trade Commission. All states have laws that prohibit false, deceptive or misleading dental advertising.

If a dentist violates certain rules and regulations regarding the prohibition of false and deceptive advertising, then the violation could result in...
Double your productivity by cutting your to-do list in half

By Jay Geier

As the dentist, you are the top revenue producer in your practice, but as much as you try, you can’t wear all the hats. Your practice wouldn’t survive if you tried to do it all yourself. This means that you need to be the leader and put together a team that supports you and the overall growth of the practice.

Let’s face it, doing everything yourself is not an option. You need a solid support system that will allow you to concentrate on what the practice really needs for exponential growth.

Consider this: When U2 has a sold-out concert in New York City, at $400 a seat, do you think that the band members are the ones setting up the microphones and coordinating the smoke machines and lights? They can’t be bogged down by the preparation of the event. They hire an entire stage crew to do that work for them.

Just like a rock star’s stage crew, your team has to be engineered around your unique ability, your genius. You’re the one who is setting the vision for the practice. You’re the one getting out on stage to perform. It’s your team’s job to set the stage so that when it’s show time you’re confident that everything is taken care of.

As an entrepreneur, you started out doing everything on your own. You took out the trash, changed light bulbs and probably even took some new patient phone calls. You have to break free of that pattern or your practice won’t grow to meet its potential. With this genius model, not only will you be better at what you do, but your practice’s productivity will increase significantly.

Finding your area of genius

Every dentist’s area of genius is not necessarily directly linked to treating patients. Your biggest strength could be a number of different things. What you really excel in could be speaking to groups of people or creating marketing initiatives. Another way of putting it would be: your area of genius is the one in which you are able to produce the biggest result for the biggest return.

In order to find your genius you have to analyze everything you are already doing. Look at both your personal life and professional life because your personal life will always collide with your professional life. Next, work on eliminating all of the things that aren’t a part of your area of genius or any activity where you are not getting your highest payback.

For example, you might not have the skills to create effective marketing — you have to find someone to fill that void.

Forming your dream team

You need to be able to delegate tasks to someone else in your practice who can do them better than you can. This is where your rock star stage crew comes into play, or your dream team.

As an entrepreneur, you started out doing everything on your own. You took out the trash, changed light bulbs and probably even took some new patient phone calls. You have to break free of that pattern or your practice won’t grow to meet its potential. With this genius model, not only will you be better at what you do, but your practice’s productivity will increase significantly.

Remember though, if you get rid of something that’s not in your area of genius — for example you might not have the skills to create effective marketing — you have to find someone to fill that void.

If you have a staff member that is more focused on what’s for lunch or his/her weekend plans than making your new patient goals for the month, then you have a huge problem. That staff member is not a part of your dream team. Each of your staff members has his/her own genius and you need to help him/her find it.

In some cases, it may be that unproductive team members are actually good employees but are not being used to their fullest potential in their area of genius. Once everyone is where they need to be, your staff will be happier and more willing to work harder toward your ultimate vision.

Page 13A, PRODUCTIVITY
be concentrating on the thing that he or she is the best at.

If U2 held a concert at Madison Square Garden, they wouldn’t put the sound crew in charge of marketing the event. The results would cost them money in the same way mismatching a staff member to a position in your office would affect the productivity of your practice.

Most dentists have a barrier set up where they say they cannot afford to hire one person to handle new patient calls and another to greet patients at the front desk. You need to get rid of that blockage. You’re investment in these staff members will make you more money.

You have to look at the math. In the long run, if you have a focused and genius-driven team, you’re productivity and profit will grow, your dream team will be happier on the job and you’ll be well on your way to reaching your highest potential as a practice.

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About the author

Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning, and other business transactions that a dentist will face during his or her career.

For questions or comments regarding this article, visit www.gadentalattorney.com.
The power of internal marketing

By Roger P. Levin, DDS

Internal marketing is the most predictable and least expensive form of marketing for dental practices. While there are many types of marketing, ranging from Yellow Pages ads to print advertising to direct mail, these all come with considerable expense and a relatively low return on investment.

The most consistent marketing effort with the greatest predictability for a dental practice is internal marketing, which generates word-of-mouth referrals.

Understanding internal marketing

For internal marketing to be effective, practices need to consistently implement a variety of strategies throughout the year. There are two major factors that affect the predictability of an internal marketing program: quality and quantity.

Quality

Quality refers to establishing quality relationships with patients. This occurs by creating a positive environment with a high-energy team that enjoys working with patients. Quality can be seriously undermined if a practice has not implemented highly effective management systems. However, once the systems are in place, the right staff training and attitudes need to be incorporated into the day-to-day operation for all patients to feel that they enjoy a quality relationship with the practice.

Quantity

Quantity requires that at least 15 different strategies be developed and implemented into the day-to-day operation and marketing of the practice. Having a multitude of successful strategies ensures that you reach every patient at every point of contact, which is the foundation necessary to create word-of-mouth referrals from existing patients, potential patients and your community.

Examples of strategies

Research shows that consistent, high-quality, repeatable internal marketing strategies will ensure a successful program that grows practice production. Below are four quick strategies you can easily implement to kick off your internal marketing program:

- Upgrade your office appearance. If you haven’t updated your décor in the last three to five years, then it’s probably time for an office makeover.
- Stay in contact with patients with an e-newsletter, e-mail blasts, Facebook and Twitter updates.
- Build value for confirmation calls by adding key messages about practice services, continuing education updates and new technology.
- Position patient financing differently than simply to close cases. Present it as a customer service opportunity for current patients and new patients referred to the practice.

While there are literally hundreds of strategies, they have to be combined properly to get the desired results. Remember, a high-quality practice environment and a high-performance team are critical to implementing a revitalized internal marketing program.

Together, they will grow your practice’s image and brand within your community, which ultimately leads to more referrals and greater profitability.

You

You know how important photographs are to your practice, but you don’t know who to turn to for advice. PhotoMed understands your needs and can help you choose the right camera. We also include a support and loan equipment program for the life of the camera so you have someone to turn to if you have questions.

PhotoMed dental cameras feature the best digital camera equipment available. The Canon G11, Rebel XS and T2i are great choices.

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About the author

Dr. Roger P. Levin is founder and chief executive officer of Levin Group, a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Since 1985, Levin Group has embraced one single mission — to improve the lives of dentists. Levin Group may be reached at (888) 973-0000 and customer service@levingroup.com.
Halloween is not usually associated with good oral health habits and healthy teeth. However, this year, dental professionals across the country will have the chance to educate their communities on the importance of oral health while raising money for children in desperate need of care.

The National Children’s Oral Health Foundation: America’s Toothfairy® (NCOHF) is launching the first ever Trick or Treat for America’s Toothfairy campaign to benefit underserved children nationwide. Dental professionals and caring individuals are invited to Trick or Treat for America’s Toothfairy this Halloween in support of life-changing NCOHF affiliate oral health programs.

Growing disparities in access to care coupled with a lack of overall oral health literacy has caused pediatric dental disease to reach epidemic proportions in our country. We cannot allow our children to suffer in silence from a disease that is not only treatable and curable, but also easily preventable by following basic steps for good oral health.

The NCOHF is the only independent non-profit national children’s health organization exclusively focused on supporting delivery of comprehensive oral health care to underserved children. The organization provides its growing national affiliate network of not-for-profit oral health programs with direct funding, donated dental products and technical support.

The NCOHF affiliate network has already provided comprehensive preventative, restorative and educational oral health services to more than 1 million children, but millions of children still suffer needlessly from our country’s No. 1 chronic childhood illness.

The NCOHF hopes the Trick or Treat for America’s Toothfairy campaign will help bring relief to these children in pain and move us closer to permanently eliminating pediatric dental disease in America.

Oral health messages are vitally important to share with the public, especially during the Halloween season when teeth come under attack from cavity-causing candy. Along with expanding affiliate services to reach the growing number of underserved children, the NCOHF hopes this program will encourage American families to look closely at and improve their own oral care routines.

Sponsored by the makers of LIS-TERINE® and REACH®, Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, and Patterson Dental Supply, Trick or Treat for America’s Toothfairy allows dental professionals to raise money for a cause close to their hearts while educating their communities about the importance of good dental care.

Because corporate supporters underwrite all NCOHF program costs, 100 percent of donations from Trick or Treat for America’s Toothfairy will be directed to NCOHF affiliates and the children they serve.

The NCOHF unveiled Trick or Treat for America’s Toothfairy at the RDH Under One Roof Event in August. Since then, Patterson Dental has distributed thousands of Trick or Treat kits to dental offices across the country. Oral health professionals are encouraged to hand out kits to their patients, place collection boxes in their offices and hold fundraisers throughout September and October.

Dental professionals who want to take part in Trick or Treat for America’s Toothfairy can order their free supply of kits through their Patterson Dental representative or by visiting www.pattersondental.com. Trick or Treat kits and additional promotional materials just for dental offices are also available for download at www.americastoothfairy.org.

Students at the University of California, San Francisco, an NCOHF affiliate, provide critical oral health services to Bay Area children who may otherwise never receive professional care. (Photo/NCOHF)
ADA Annual Session to feature latest products, technologies in dentistry

Dental professionals will gain firsthand knowledge of the latest products, technologies and techniques in dentistry at the American Dental Association’s 151st Annual Session and World Marketplace Exhibition. The event will take place Oct. 9 to 12 (Saturday through Tuesday) in Orlando, Fla., at the Orange County Convention Center.

The ADA Annual Session offers attendees the choice of more than 245 relevant and topical continuing education courses, with more than 50 percent of lecture courses offered free with registration. Online registration is available through Oct. 11.

The ADA Annual Session is an opportunity for continuing education, networking and up-to-the-minute learning for:

- Dentists
- International dentists
- Dental assistants
- Dental business assistants
- Dental dealers
- Dental hygienists
- Dental students
- Health professionals
- Lab technicians

World Marketplace Exhibition

The World Marketplace Exhibition, which opens Saturday and lasts through Monday from 9:30 a.m. to 5:30 p.m. each day, provides dental professionals a full three days to view and compare dentistry’s latest products and services at more than 500 exhibiting companies.

Attendees also can earn up to 24 hours of free continuing education credit in the ADA’s LOC. The ADA’s LOC — where registered attendees can “learn, optimize and connect” — will feature $1,000 square feet of high-tech dentistry demonstrations and continuing education.

Free continuing education offered on exhibit floor

Registrants can earn free CE on the exhibit floor while experiencing the latest technology on the market and learning how it can enhance your ability to diagnose and treat patients. The 2010 LOC will feature the following attractions:

- Competition Hub: Learn from your peers while viewing the results of four professional competitions held exclusively at the annual session.
- Technology Expo: Representativest from The Pride Institute will explain how to build a business model, implement effective marketing plans, effectively utilize social media and more, followed by the opportunity to try out the latest dental technology.
- 3-D Imaging Center: Compare the functionality of 3-D imaging equipment from leading manufacturers and learn how this technology can enhance your ability to treat your patients.

ADA new product launch program

Some two dozen companies will launch new products and services at the annual session. Look in the World Marketplace section of the official guide for a list of these companies and visit their booths on the exhibit floor. You can also review the products at the New Product Showcase in the 2200 aisle.

Participating companies include the following: Acteon North America, Bisco Dental Products, CareCredit, Chase/HealthAdvance, Dental Sharing, DentalVibe, Dentatus USA, Dentrix-Henry Schein Practice Solutions, DENTSPLY Caulk, DENTSPLY Professional, Gendex, Glidewell Laboratories, In数字化al Systems, Kerr, Novalar Pharmaceuticals, Instrumentarium/Soredex, Invisalign, Pentron Clinical Technologies, Schick Technologies, Sedostom, Sirona Dental Systems, SS White and Voco America.

While in the ADA World Marketplace, registrants can also pick up a free tote bag; play the Super Sweepstakes for a chance to win daily prizes, a trip to Las Vegas or up to $3,000; save money with the ADA Coupon Book; have a souvenir photo taken; watch the creation of a sand sculpture; enjoy a fast and pleasant lunch at one of the two exhibit hall restaurants and enjoy free ice cream at the exhibit hall closing party Oct. 11, from 5:30 to 5 p.m.

2010 Distinguished Speaker: Malcolm Gladwell

The Opening General Session and Distinguished Speaker Series will be offered on Saturday at the Orange County Convention Center. Malcolm Gladwell, who has a gift for interpreting new ideas in the social science and making them understandable, practical and valuable to business and general audiences, will speak.

Author of three New York Times No. 1 bestsellers, including “The Tipping Point,” “Blink” and “Outliers,” Gladwell also has been named by Time magazine as one of its “100 Most Influential People.” As we consider the future of oral health, Gladwell’s insights into society and success will prove relevant.

Don’t forget to bring your copies of his books for a book signing in the World Marketplace Exhibition following the program.

ADA Night at Universal’s Islands of Adventure

On Sunday, you can join your friends and colleagues for an experience that the ADA has never had before in Orlando. Universal’s Islands of Adventure is a theme park of the new millennium, bringing together entertainment for every age group. ADA attendees will have exclusive access to the theme park and each of the unique islands.

There’s even more excitement with The Wizarding World of Harry Potter, now open. From printed page to the silver screen, you’ve shared his every adventure. Now, prepare to journey through The Wizarding World of Harry Potter. Based on the best-selling books by J.K. Rowling and blockbuster feature films from Warner Bros., The Wizarding World of Harry Potter is located inside Universal’s Islands of Adventure theme park.

ADA attendees will experience all the unique islands in the park as part of the exclusive event.

- Jurassic Park
- Lost Continent
- Marvel Super Hero Island (includes The Amazing Adventures of Spider-Man, Incredible Hulk Coaster and Dr. Doom’s Fearfall)

In addition to all the attractions, ADA attendees can purchase tickets for the exclusive event, ADA Night at Universal Studios Islands of Adventure, at the same time they register for the meeting. Ticket price includes complimentary shuttle service from ADA official hotels, access to the park from 7 to 11 p.m. Sunday, and a $10 food coupon, per guest, to be used at any concession stand during the ADA event.

Presidential Gala

On Tuesday evening, join your friends and colleagues for an evening honoring Dr. and Mrs. Ronald Tankersley. Enjoy a three-course dinner and dance the night away while enjoying your favorite hits. This celebration will be the perfect finale to your stay in Orlando!

SocialClix

When you register for the 2010 Annual Session, be sure to opt in to SocialClix! This free service allows you to search your own social network(s) and contact listing(s) to see if your colleagues are also attending the 2010 annual session.

Simply opt in to SocialClix when you register for the Annual Session. You’ll have the chance to select which networks (such as LinkedIn or Facebook) or e-mail accounts (such as Outlook or Gmail) you’d like to search. SocialClix will let you know who among your colleagues
is attending, and invite those who have not registered yet.

Health Screening Program canceled for 2010

In response to a recent tax and financial report, the ADA Foundation Board of Directors voted at its July meeting to cancel the Health Screening Program for the 2010 annual session in Orlando. All health screening registrations have been automatically canceled, and refunds were issued to anyone who paid for additional screenings.

"On behalf of the staff and council members of the Council on ADA Sessions and the Council on Scientific Affairs, we apologize for any inconvenience caused due to this cancellation," the ADA said. "There are still many educational opportunities available at the annual session, many of them with no additional fee."

Organization meetings

More than 100 alumni and dental-related organizations will come together during this year’s annual session. Don’t miss this networking opportunity.

House of Delegates

As the legislative and governing body, the House of Delegates is the supreme authority in the American Dental Association. As such, it speaks for the 157,000 members of the association and for the dental profession in the United States.

Meetings of the House of Delegates will take place beginning on Saturday, Oct. 9, and ending on Wednesday, Oct. 13. Anyone may attend the meetings of the House of Delegates as a visitor, upon display of a 2010 Annual Session badge. Details of this important meeting are available in the 2010 Preliminary Program and at ADA.org.

American Dental Assistants Association

The 2010 meeting of the American Dental Assistants Association will take place in Orlando concurrent with the 2010 ADA Annual Session. The ADA extends a warm welcome to all dental assistants and encourages you to take part in this event.

Why you should attend

The ADA Annual Session provides practical advice and information by bringing together leaders in dental practice, research, academics and industry. According to ADA, there are a number of additional reasons you should attend the meeting:

• Unlock the secrets of running a highly successful practice: With more than 245 continuing education courses spanning four days, you’ll find plenty of ideas you can take home and use immediately. More than 60 percent of continuing education course seats are free with your registration.

• Learn from the finest minds in the dental community: The ADA Annual Session offers an opportunity to select from among hundreds of leading speakers, all in one location, and to learn in the most advanced settings in the dental community.

• Experience unique educational offerings: The ADA offers cutting-edge educational opportunities, such as the Open Science Forum, live patient Education in the Round courses, C.E. on the exhibit floor featuring the latest technologies at the LOC ("Learn, Optimize, Connect") and more.

• Test drive the latest products: Shop at the ADA World Marketplace Exhibition. Discover cutting-edge products and new services from more than 600 exhibiting companies.

• Build staff camaraderie: With the ADA’s events such as the general session and an exclusive evening at Universal’s Islands of Adventure, the ADA Annual Session offers almost endless opportunities for team-building.

• The place for networking: More than 300 alumni and professional associations will come together during the ADA Annual Session — the best opportunity to network with peers, make new professional acquaintances, and catch up with old friends.

About the ADA

The not-for-profit ADA is the nation’s largest dental association, representing more than 157,000 dentist members. The premier source of oral health information, the ADA has advocated for the public’s health and promoted the art and science of dentistry since 1859.

The ADA’s state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive.

The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly Journal of the American Dental Association (JADA) is the ADA’s flagship publication and one of the best-read scientific journal in dentistry. [1]
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Orthodontic specialty programs include ‘live’ TAD program

This year the Greater New York Dental Meeting (GNYDM) offers orthodontic specialty programs throughout its full-day event. At this exclusive series, attendees will learn of the latest trends and techniques in orthodontics from Nov. 28-Dec. 1.

A unique “live” demonstration of orthodontic temporary anchorage device (TAD)-technology will be among the broad range of orthodontic educational programs. These sophisticated and unique programs demonstrate the latest orthodontic procedures available in dentistry today.

The GNYDM introduces and redefines its programs each year to inspire the entire dental team to excel in their profession. This year, various world-renown speakers and clinicians discuss topics such as new advances in orthodontic patient treatment, pediatrics, mechanics and technology.

The New York State Academy of General Dentistry Mastership Program kicks off the Orthodontic Program on Nov. 28. Drs. Elliott Moskowitz and Laurance Jerrold will host “Orthodontic Essentials for the General Practitioner: Learn It Today, Do It Tomorrow.” This hands-on, full-day workshop focuses on the practical utilization of various removable and fixed orthodontic appliances within a general or pediatric dental practice.

Drs. Jay Bowman and Moskowitz will also be among the various speakers from the New York University's College of Dentistry and the Orthodontic Alumni Association on Nov. 30 and Dec. 1. Both seminars present a selection of innovative anchorage applications and auxiliaries for various malocclusions.

At this event, attendees will become acquainted with a multitude of multi-tasking options, including mini-screws and the application of pure skeletal anchorage for molar
distalization.

Dr. John Halikias, the GNYDM's general chairman, feels that these "sophisticated and grand programs" are what continuing education really means. “We strive to offer these unique seminars and hands-on workshops so that oral health care practitioners at all levels of education can excel in their profession and specialty.”

Using the most modern equipment to view real-time dental procedures, the GNYDM continues to distinguish itself from other dental meetings by offering the most sophisticated experiences. On Dec. 1, Dr. Bowman and Dr. Jonathan T. Perry will present a live demonstration of the placement and activation of TADs. This program will include the benefits of incorporating the use of TADs and implants into traditional orthodontic treatment modalities.

“New ideas are a welcomed addition to the educational programs at the Greater New York Dental Meeting,” said Dr. Robert Edwab, executive director of the GNYDM. “By expanding to two Live Dentistry Arenas, we are able to revamp oral health care education.”

In addition, the Greater New York Dental Meeting is again collaborating with Align Technology to offer the Invisalign Expo. This diverse array of educational courses lasts days, beginning on Nov. 27.

Taught by the seasoned team of Invisalign specialists, dental professionals will learn the logistics of tooth alignment, including treatment for Invisalign crowding cases and other orthodontic abnormalities.

In setting the foundation for great success, there is never a pre-registration fee for attending the Greater New York Dental Meeting. Attendees can register for orthodontic courses by visiting, www.gnydm.com.

Click “Courses and Events” and scroll through the course topics to view additional information about the orthodontic specialty seminars and workshops offered at this year’s meeting.

Dental Tribune Study Club at the GNYDM

Join the Dental Tribune Study Club at the GNYDM in New York City during the Osseo University Summit at 10 a.m. (EST) on Dec. 1.

These educators are nationally and internationally renowned for their influence in enhancing implant education through extensive clinical experiences and diverse backgrounds. They will not only focus on theoretical scientific aspects, but will also highlight implantology techniques that are relevant for the daily practice.

The summit will be moderated by Dr. Kenneth Serota (Canada), who is the founder of www.osseouniversity.com. The site was created as a nexus of materials and informatics for those who wish to learn more than is currently accessible in traditional modes. It has been developed around the fact that technology is one of the most powerful influential factors in education and reflects this in its content.

Please register (it's free!) as a GNYDM visitor at www.gnydm.com with the course No. 6080. You may also get more information at www.dtsclub.com.

• 12:45-1:30 p.m., “Utilizing Patient Specific Abutments to Achieve Exceptional Results” with Dr. Ethan Pansick, United States

• 1:35-2:20 p.m., “Microscopic Management of Alveolar Bone Defects in Fresh Socket Implants” by Dr. Enrique Merino, Spain

• 2:25-3:10 p.m., “Implants and Bisphosphonates, Osteonecrosis, Osteoporosis, Esthetics” by Dr. David Hoexter, United States

• 3:10-3:55 p.m., “Contemporary Concepts in Tooth Replacement: Paradigm Shift” by Dr. Dwayne Karateew, Canada

• 4-4:45 p.m., “Balancing the Art, Science & Business of Dentistry” by Dr. Jeffery Hoos, United States
The fall season fast approaches, as we get ready for our 2011 Texas Meeting. We are gearing up with our speakers, presentations and festivities.

Let me give you an example of the new dawn.

We are very proud to be able to have some of the most dynamic speakers from the dental world to be with us next May. Some of the incredible speakers are:

- Drs. Lee Brady, Gary DeWood, Bob Winter and Steve Ratcliff from the Spear Institute.
- Dr. Jim Fondriest and Matt Roberts (one of the most well-known laboratory ceramists) will present some of the latest techniques in crown and bridge.
- Dr. Michael Unthank joins us to offer his amazing office design course.
- Making a most deserving return is the hilarious but most informative Bruce Christopher.

In practice management, we will have a highly energetic group of presenters: Kirk Behrendt, Debbie Casteagna and Virginia Moore, Dr. Roger Levin and Rosemary Bray.

- Dr. Joseph Massad on prosthodontics.
- Jo Ann Majors on implant marketing.

An exciting new dentist, Dr. Mark Kleive; joins Dr. Richard Hunt to present the latest in a workshop on exquisite provisionals.

This is only a small tease of the great speakers that are coming.

It’s a new day …

This year we are proud to be able to present for the first time at the Texas Meeting a certification course for dental assistants on the application of pit and fissure sealants as well as a coronal polishing course available for the first time as well. This has been a long time in coming and we are very excited to be able to offer this to our membership.

It’s a new life …

The Council on Annual Sessions is aware of how important the dentist/lab technician relationship is in the dental team concept. Because of this, for the first time in a long time we are offering courses from some of the most prestigious speakers in the world for both the dentist and lab technician.

This “Lab Track” on Saturday, May 7, from 8:30 a.m.-1:30 p.m. offers five session options, culminating with lunch and an open forum, hosted by Dr. Mark Murphy, to discuss the “Role of the Dentist/Laboratory Technician in a Digital World.” Some of the greatest dentist and lab technician minds in the world will be here to participate in this.

The state-of-the-art exhibit hall is the place you need to be to find more than 500 exhibitor booths as well as the TDA Pavilion, TDA Smiles Foundation, DENPAC Silent Auction and the TDA Perks Program partners.

In addition, there will be an amazing digital caricature artist and happy hours on Thursday and Friday.

Our own Dr. Bud Luecke and his band Morning will be generating the great music for Thursday’s Texas Party.

It’s a new dawn. It’s a new day. It’s a new life. And I’m feelin’ good!
Managing dentine hypersensitivity

A review of the GSK-supported symposium, ‘Successful management of dentine hypersensitivity in practice’

By Lisa Townshend, Dental Tribune
U.K. Edition

At the FDI’s Annual World Dental Congress, which was held recently in Salvador de Bahia, Brazil, GSK supported a symposium dedicated to the topic of dentine hypersensitivity.

First to speak was Prof. Martin Addy. Addy is a lecturer at the University of Bristol’s School of Oral and Dental Sciences. His presentation, “Dentine Hypersensitivity: Understanding the Condition,” aimed to set the scene by looking at the accepted definition of hypersensitivity and possible reasons for the condition.

Addy described the history of the profession’s knowledge of dentine hypersensitivity by quoting Johnson et al. (1982): “An enigma being frequently encountered but ill understood. Although there has been an awareness of the condition for more than 100 years, there is still much unknown about it.”

To define dentine hypersensitivity, Addy looked to Holland et al. (1997): “Dentine hypersensitivity is characterised by short, sharp, pain arising from exposed dentine in response to stimuli, typically thermal, evaporative, tactile, osmotic or chemical and which cannot be ascribed to any other form of dental defect or pathology.”

He commented that it is very difficult to clinically diagnose sensitivity as sensitive and non-sensitive dentine looks similar at a level where a clinician would be seeing it.

He described the most accepted theory for hypersensitivity — hydrodynamic theory. Explaining the hydrodynamic mechanism in relation to the teeth, he referred to a study where a sensitive and a non-sensitive tooth were analysed. It showed that the sensitive tooth had eight times the number of tubules, and the tubules themselves were twice the diameter of those in the non-sensitive tooth.

Next to speak was Prof. Nicola West from the Bristol Dental Hospital and School. Her presentation, “Dentine Hypersensitivity: The Importance of Patient Factors,” looked at the aetiological factors for hypersensitivity.

She highlighted the behavioural effect of dentine hypersensitivity on patients whose quality of life is impaired by the condition. She focussed on the issue that dentine needs to be exposed to cause hypersensitivity and that the exposure is mainly caused by gingival recession, compromise of gingiva by periodontal disease or enamel erosion.

Gingival recession is often caused by trauma to the margins, usually by the vigorous brushing of the sufferer. West advised looking at a patient’s toothbrush and his/her brushing methods when trying to...
find a cause for hypersensitivity, but
did caution that it could be difficult
as patients will modify their behav-
iour when being observed.

West also discussed enamel ero-
sion at length. She explained the
difference between intrinsic (i.e.,
GORD) and extrinsic (i.e., acid chal-
lenge caused by food and drink) ero-
sion. When looking at extrinsic ero-
sion, West focussed on the acidic
challenges that teeth came under
from the diet of a hypersensitivity
sufferer. Many of the problems seem
to stem from the number of acidic
drinks available.

 According to the 2009 sales fig-
ures for soft drinks in the United
Kingsom, a staggering 229.1 litres
of soft drinks are consumed per person
per year; that’s 0.65 litres a day! For
a person susceptible to erosion, this
can present a large acidic challenge
to teeth.

West called for routine screening
for tooth wear and erosion, espe-
cially in the face of the rise in patient
and tooth longevity and the availabil-
ity of treatments to help reduce the
severity of the sensitivity for patients.
She also listed some recommenda-
tions for clinicians to give to patients:
reduce frequency of acid exposure;
avoid acidic foods and drinks at night
time; no swishing or frothing; avoid
tooth brushing straight after an acid-
ic challenge.

The next presentation was from
Dr. Stephen Mason. His presenta-
tion, “Sensodyne Rapid Relief
Instant and Long-lasting Protec-
tion,” detailed the latest GSK product
offering to combat sensitivity. Mason
detailed the different formulations
Sensodyne has had in the past using
strontium chloride and the particular
challenges this presented, namely, a
taste many consumers disliked and
non-compatibility with fluoride.

Strontium chloride was then
surpassed by strontium acetate
because of its compatibility with flu-
oride, non-staining properties and
improved taste. This has now been
developed into a marketable product
called Sensodyne Rapid Relief.

Mason discussed some of the clin-
ical research that has been conduct-
ed for the rapid-relief product, first
against fluoride-control toothpaste
and then against a competitor brand
using 8 percent arginine calcium
carbonate.

The studies showed that there
was a marked reduction in pain felt
by the subjects both after immediate
application with a pea-sized amount
direct to the tooth and after marked
periods of time brushing twice a
day. In nearly every study, the group
using rapid relief showed the most
improvement.

The final speaker at the sym-
posium was Prof. Eduardo M.B.
Tinoco, associate professor at Rio
de Janeiro State University (UERJ/
UNIGRANRIO). His presentation,
“Practical Approaches to Manage-
ment of Dentine Hypersensitivity
in Practice,” looked at the diagno-
sis and management of sufferers in
practice. The fact that he did his
presentation in Portuguese proved
a stronger challenge for the Eng-
lish speakers amongst the audience;
however, translation was provided.

After a brief overview of the preva-
ience, possible causes and definition
of dentine hypersensitivity, which
Addy had already covered in more
depth, Tinoco then posed the ques-
tion “dentine hypersensitivity: How
do I treat this?”

A good starting point for man-
aging hypersensitivity in practice
once a correct diagnosis has been
made and other causes have been
excluded or treated, said Tinoco, is
the identification of aetiological fac-
tors and their prevention by means
of diet modification or oral health
instruction.

Other factors he discussed beyond
those already mentioned in previous
presentations included more occu-
pational factors such as the damage
sustained by competitive swimmers
and professional wine tasters.

Obviously, wine got many peo-
ple’s attention and Tinoco showed an
instruction about how to taste wine
properly.

To fully experience the taste of a
wine, swirl a little bit of it in your
mouth to cover all your taste buds.
Take a moment to enjoy the flavour
before either swallowing or spitting
out the wine. In addition to the ini-
tial taste, you will find there is also
an aftertaste to the wine, usually
referred to as the finish.

Tinoco then discussed treatment
adjuncts, both for patients at home
and clinical interventions in surgery.
Clinical treatments included the use
of varnishes and primers, the use of
glass ionomers to cover the affected
area and laser treatments or muco-
gingival surgery.

He concluded that there should be
pro-active screening on all patients
to help with a correct diagnosis.
Advising patients about diet modifi-
cation, etc., should help remove or
modify the severity of the sensitivity
and the recommendation of brushing
with desensitisising toothpaste twice
daily as well as rubbing it on affected
areas is an extremely efficacious,
low-cost, non-invasive treatment.

This symposium gave delegates
an excellent update into treatments
and modalities for patients with
dentine hypersensitivity as well a
great overview of Sensodyne Rapid
Relief.
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<th>Date</th>
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<tbody>
<tr>
<td>Sioux Falls, SD</td>
<td>October 8-9</td>
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<td>Toronto, ON</td>
<td>October 15-16</td>
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<td>Palo Alto, CA</td>
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<td>Kansas City, MO</td>
<td>October 29-30</td>
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<td>Minneapolis, MN</td>
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<td>Carlsbad, CA</td>
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<td>Pittsburgh, PA</td>
<td>November 19-20</td>
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<td>November 19-20</td>
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<td>Kitchener, ON</td>
<td>November 26-27</td>
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<td>Houston, TX</td>
<td>February 4-5</td>
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<td>Park City, UT</td>
<td>February 11-12</td>
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<tr>
<td>Lubbock, TX</td>
<td>March 4-5</td>
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<td>Phoenix, AZ</td>
<td>March 4-5</td>
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<tr>
<td>Santa Barbara, CA</td>
<td>March 4-5</td>
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<td>Tampa, FL</td>
<td>March 18-19</td>
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<tr>
<td>Sarasota, FL</td>
<td>March 25-26</td>
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<td>Arcadia, CA</td>
<td>March 25-26</td>
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<tr>
<td>Shreveport, LA</td>
<td>April 1-2</td>
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<td>Yuma, AZ</td>
<td>April 1-2</td>
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<tr>
<td>Galveston, TX</td>
<td>April 15-16</td>
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<tr>
<td>Las Vegas, NV</td>
<td>April 29-30</td>
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Making a single veneer blend so naturally it’s undetectable

By L. Emery Karst, DDS

As patients get older, anterior teeth commonly show wear, chipping and discoloration. These changes are the result of a number of factors because of aging. There is increased awareness of these unattractive teeth and the desire to have a more youthful appearance. Because of the recent media attention to changing ones appearance with veneers, there is a much greater demand to have cosmetic dentistry done.

Over the years in the practice of dentistry, I have developed products and techniques that have improved my practice significantly. I wasn’t aware that other dentists might not be as innovative. It wasn’t until I took on an associate, who had been in practice for 18 years, and he informed me that these were new ideas to him as well as to other dentists he knew.

I’ve done veneers for more than 25 years and developed a technique that can make a single veneer blend so naturally with the other teeth that it is undetectable. Various nuances in technique make preparing and bonding veneers quick and easy.

I have a CEREC machine that works especially well for a single veneer. Six or eight veneers have been done on the CEREC, but it is rather time consuming. Two or three cases of the same number of teeth could have been prepared, impressions taken and sent to a lab in the same time frame. It is more cost effective to use a lab. But you have to have the best lab available to do this if you expect perfect results.

Feldspathic porcelain is the only material that will look natural. Pressed ceramics will look more opaque, somewhere between a PFM and a natural tooth. If the patient wants glaring white, then do it that way. Feldspathic porcelain can be just as white and one can adjust the color by the bonding composite used under the veneer.

Very little shade adjustment can be done under pressed ceramic porcelain. Flowable composites work the best and come in many shades, which makes shade adjustments easy. The flowable composite by Kerr has the right consistency for veneers and the company has the strongest bonding agent, called OptiBond Solo.

The preparation requires only a little more than 0.5 mm of reduction so that it doesn’t go through the enamel, if possible. The bond is the best on enamel. There should be the same reduction over the total facial surface for the lab to make a perfect veneer. Cut three or four depth grooves of 0.5 mm then remove the enamel to the grooves.

If instant orthodontics is the treatment, then some teeth may need to be reduced more and some maybe hardly any. Run the prep interproximally from gingival to incisal to hide the margin visually, but not breaking the contact point.

The gingival margin should be at the gingival crest or a little below. It should have a chamfer for ease of finishing precluding any chipping at the margin. Some dentin will show through at the gingival margin because the enamel is less thick there. If there is room, insert a thin piece of gingival braid, which can be left there during the impression. Reduce the incisal about 1 mm so the finish line is on the lingual, and round the incisal-facial junction so that there are no potential fracture lines in the veneer.

When the veneers come back from an excellent lab there should be little or no adjustments necessary before bonding them on to the teeth. Etch them with hydrofluoric acid gel for at least three minutes. Rinse them thoroughly then neutralize them with a baking soda slurry and then rinse them thoroughly again. Dry them with a dry air source until a chalky appearance is visible on the interior of the veneer.

Ceramic primer is then applied for one minute. Dry until it is chalky again and apply another coat of ceramic primer. Leave the primer on while the teeth are etched with phosphoric acid gel for 30 seconds. Rinse thoroughly then neutralize them with a baking soda slurry and then rinse them thoroughly again. Dry them with a dry air source until a chalky appearance is visible on the interior of the veneer.

Cure the distal of veneer #5 for two seconds. Move your hands to veneers #6 and #7, shielding the rest of the veneers with your hand so that the light will not set any of the other composite except the interproximal spaces between veneers #5 and #6. Cure for only two seconds. Now cure the distal of veneer #5 for two seconds.

Now cure the distal of veneer #5 for two seconds.

With two hands, hold the distal two veneers (#5 and #6) in place, leaving a space only large enough for a curing light to shine in between. Shield the rest of the veneers with your hand so that the light will not set any of the other composite except the interproximal space between veneers #5 and #6. Cure for only two seconds. Now cure the distal of veneer #5 for two seconds.
The first step in removing the excess composite is the use of a Bard-Parker #12 scalpel. With a palm grasp and your thumb resting on the incisal edge of a tooth, engage the flat side of the blade close to the incisal edge and push gingivally to loosen the interproximal composite. Continue until most of the composite has been loosened and removed. Use a wedelstat in the same fashion to loosen the gingival composite. To break the contact, a serrated interproximal strip is used in a crosscut saw fashion. The Bard-Parker #12 is used again to clean the interproximal more. Blue-tipped diamond strips are then used to remove any remaining composite and a yellow-tipped diamond strip is used to smooth. Adjust the bite, polish and you are done.

A Power Point webinar can be viewed on line at your leisure or a DVD is available for this procedure. Each includes three hours of AGD continuing education credit. Call (800) 637-6611 or e-mail at ittakesanartist@gmail.com if interested.

L. Emery Karst, DDA, a graduate of Loma Linda University, School of Dentistry, has practiced the art of cosmetic dentistry for more than 20 years. Although he enjoys cosmetic dentistry the most, he performs excellence in endodontics, implants, crown and bridge and other techniques. Karst's articles on endodontics and cosmetic techniques have been published in Dentistry Today. He lectured on endodontics at the Oregon State Dental Convention in 2010.
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eter implants offer a fixed permanent tooth replacement option for patients who otherwise would not be able to have implants placed and restored,” wrote Paul Petrungaro in “Clinical Briefs” in the publication Inside Dentistry, No. 3/2006.

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Rather than having a recess within the implant, the screw is formed on the coronal aspect of the implant. The crown is stabilized on the square platform and secured with a resin screw-cap that is recessed within the abutment, which allows for retrieval without excess force or cross-thread damage to implants. Crowned tissue contacts can be incrementally added for guiding tissue emergence profiles and creating esthetic papillae, preventing black-hole syndromes between teeth.

The narrow, polished platform and a short external screw abutment of Anew Implants help to create exceptional esthetics with sculpted tissue forms for tooth emergence profiles. The non-hygroscopic screw-cap abutment allows implants to be easily monitored, altered and adapted to a permanent restoration.

With Anew Implants, patients’ quality of life and ability to maintain a normal lifestyle during the course of treatment is significantly enhanced. These implants can provide implant therapy to a much larger segment of the population, one that was previously neglected.

Anew Implants, made of Grade 5 Ti-alloy, have an etched surface for improved stability and osseointegration and are packaged pre-sterilized. In 2004, they were granted FDA approval. The restorative protocol was developed in conjunction with the Department of Implant Dentistry at New York University College of Dentistry. Numerous published clinical and histological studies of the Anew Implant report excellent bone adaptation and high survival levels, in addition to 100 percent patient satisfaction.

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Imagine your patients saying, “This is the first time in 50 years I’ve felt comfortable in the dentist’s chair,” or “I can’t wait to tell my friends about this” or better yet, “I’ll never switch dentists again.” These are actual quotes from patients who experienced The Dental Button® for the first time.

The Dental Button seems almost too good to be true, but it actually puts the patient in control. It allows them to stop the drill if they feel anxiety, discomfort or simply need a break. Giving patients this unprecedented control reduces their anxiety by 50–80 percent and up to 100 percent in extremely fearful patients.

“Many people feel they have no control over treatment when they’re sitting in the dental chair. This perceived lack of control often leads to increased anxiety, creating significant stress for both the patient and dentist,” said Lisa Heaton, PhD.

Heaton is a clinical psychologist who studies dental anxiety and treats fearful dental patients at the University of Washington’s Dental Fears Research Clinic, which is the only one of its kind in the United States and one of only a handful in the world.

So you might be wondering, “Don’t patients press the button all the time?” That’s actually the dentists’ most frequently asked question, and the answer is, “No. Patients rarely press it.” Most times, knowing they have control is enough to relax them. As their anxiety decreases, so does their perception of pain.

The same psychology that gave us the morphine pump in the medical field was the concept for The Dental Button. Those studies found that when patients can control their medication, they use less of it, recover faster and experience less pain.

In addition, because 85 percent of the adult population suffers some form of dental anxiety, from minor to phobic, The Dental Button is increasing access to care for millions of fearful patients.

Another popular question is, “Why can’t patients just raise their hand?” The answer is simply that it’s an issue of control. The dentist still must be the one to physically stop the drill. Since the patient shares no control, anxiety isn’t decreased and the increased movement is potentially more dangerous.

Dental anxiety has been the subject of research for decades. Heaton, along with her colleague, Timothy A. Smith, PhD, wanted to know if all the advances in dentistry over the last 50 years have had any impact on dental anxiety. Their article entitled, “Fear of dental care: Are we making any progress?” was published in JADA in 2003.

They found that despite the use of sedation, better anesthetics and relaxation techniques, today’s patients were as anxious about going to the dentist as they were in the late 1960s. The Dental Button, however, is helping change that.

“Methods that give patients more control over dental treatment, such as The Dental Button, may decrease patients’ anxiety and make treatment easier for the patient and dental team,” said Heaton.

During an 18-month trial, hundreds of dental patients rated their anxiety levels on a scale of one to 10. The majority reported a six or seven, but after they were given the opportunity to use The Dental Button, those same patients reported a drop in their anxiety level to a two or three.

Practices offering The Dental Button generally see a 15 percent
increase in business, according to the company. Dr. Mike White of Webster Dental Care in St. Louis aggressively markets his practice and his use of this product. He has seen a 45 percent increase in business, setting new patient records three months in a row.

White credits The Dental Button and the resulting word-of-mouth referrals, "We give the The Dental Button to 20–30 patients a day and it may be pressed only once a month. The notion that patients are always pressing the button and slowing procedures is a myth."

Michael Edwards, DMD, inventor of The Dental Button, said the increasing popularity of this product shows patients want choice. By offering The Dental Button, dentists show they’re concerned about their patients’ total well being.

"Patients have plenty of options but want to find a dentist who cares about how they feel. Caring is how patients differentiate between practices, not who has the more-filled resin or whose crowns have better wear characteristics," said Edwards.

The Dental Button is particularly popular with Baby Boomers who grew up during a time when dentistry wasn’t always as gentle as it is today. Many of today’s Baby Boomers are still trying to get over their childhood anxieties.

To learn more about The Dental Button and to see how it works, visit booth No. 1450 at the 2010 ADA’s Annual Session, Oct. 9–12 in Orlando, Fla. Not going to the meeting? Go to www.thedentalbutton.com or call HSI at (800) 572-4546.

iPhone Dental Practice Monitor (iDPM) v2.1 from Sikka Software, available exclusively at the Apple app store, can display appointments, benchmarking and key performance indicators from your practice automatically, and best of all, it’s absolutely free.

This enhanced version further simplifies accessing percentile benchmarking data from more than 6,400 installations of Sikka and key performance indicators for all major dental practice business ratios. You can also view details of the application, partners and breakthrough dental optimization applications.

Enhancements include the ability to automatically read appointments, procedures to be performed and expected production on your iPhone or iPod. You can also review offline and online key performance indicators and benchmarking numbers in both tabular and graphical form. Sikka continues to improve this application and plans to add many more capabilities in the future.

Desktop Dental Practice Monitor™ (available free from www.dentalpracticemonitor.com) should be
From an everyday dentist to entrepreneur

Dr. Steven Goldberg, a graduate of NYU Dental School, loved dentistry but dreaded administering injections. Goldberg found that he wasn’t alone in this regard. The Simon Study found that 18.8 percent of practicing dentists have reported that they’ve considered changing their careers due to the stress they experience administering anesthesia.

“My entire experience as a dentist changed when we moved from the classroom to the clinic. Although I was very eager to practice dentistry, I was apprehensive about injecting my first patient. As I looked around at my fellow students I could sense the same emotions from chair to chair,” Goldberg said.

Technology, which has been the dentist’s best friend, simply hasn’t affected the injection process. Dental manufacturers have challenged their research and development teams to develop an instrument that would be embraced with universal acceptance. Dentists prefer a solution that’s applicable for every patient and every injection. Yet as much as technology has changed the way dentists operate their offices, the average dentist still relies upon a dental syringe — designed 150 years ago — as the only partner to deliver
Air-Flow perio: biofilm removal to the base of the pocket

With the Air-Flow handy perio, EMS is now penetrating into the subgingival area

According to the manufacturer, the innovative Air-Flow® handy perio is the first and only portable perio device that enables safe and effective removal of subgingival biofilm. Based on the successful Air-Flow handy 2+ series and the Air-Flow Master, which was awarded an innovation prize, this hand-piece again provides the dentist with an ergonomic masterpiece that EMS says is ideal for treating patients and enables the complete removal of biofilm.

The transparent dome and the power chamber have come out in pink. In this combination, the white, handy instrument is once again an eye-catcher. Together with the Air-Flow powder perio, the single-use perio nozzle reaches down to the base of the periodontal pocket.

**Biofilm impairs the removal of bacteria**

Microorganisms establish themselves and multiply. The bacterial community develops its own protection: microbes come off and colonize new areas. In some cases, the body’s immune system is helpless.

To prevent the penetration of microbes, the body triggers a bone deterioration process as an "emergency response.” Because the biofilm protects the bacteria against pharmaceuticals, treatment has been very difficult to date.

That is why EMS wants to mount an attack on damaging biofilm as part of subgingival prophylaxis with an application summed up in the words “Air-Flow kills biofilm.”

Using this method, dentists can also effectively treat the never-ending increase in the number of cases of peri-implantitis among implant patients and counter the impending loss of implants.

**The initial model was very sleek and sexy, but there was a problem,” said Goldberg.** It seemed that patients weren’t thrilled to see another potentially threatening device during the procedure. So, Goldberg and the design team went back to the drawing board. The result was a more patient-friendly design that included modifying the DentalVibe to resemble a power toothbrush.

Has Goldberg discovered the perfect marriage of science and technology? That’s what the company believes. Dentists have one primary objective, which is a predictable outcome. Injections such as the palatal and mandibular block are unpredictable patient to patient, but dentists who use DentalVibe marvel at the predictable outcome.

"The DentalVibe utilizes VibraPulse technology. The DentalVibe sends a soothing vibration to the patient’s brain, tricking the pain gate and closing it to other sensitivities, such as the injection. The differentiating factor that DentalVibe incorporates is the pulsing effect,” Goldberg explained that clinical studies have proven that the brain will ignore a constant stimulus, but by incorporating the VibraPulse feature, DentalVibe is able to consistently keep the pain gate closed and your patient in the VibraPulse comfort zone.

"Have Goldberg and DentalVibe identified a universal solution for painless injections? Quite possibly. Price, which is always an important factor, doesn’t seem to be an issue as the DentalVibe is priced between $595–$795. DentalVibe is cordless and portable so there’s no concern with it being too cumbersome or adding another unwanted foot-petal to the operatory. Yet, it seems that overall value is the primary reason that dentists are making DentalVibe the standard of care for administering injections.

"As dentists we ask ourselves, ‘what will this product do for me, my patients and my practice?’” Goldberg continued.

"When an instrument has a purpose for every patient and every procedure, there’s obvious value. If that same instrument can reduce patient anxiety and reduce the dentist’s stress administering palatal and block injections, dentistry has a winner.

Recently, the company received feedback that DentalVibe is helping dentists achieve faster, more profound anesthesia attributed to the micro-oscillation of the comfort tip, a newfound added value.

DentalVibe is already making headlines; just visit the company website to see local dentists featured on the evening news. It stands to reason that if DentalVibe can help dentists administer a more comfortable injection, it’s news. Perhaps great news.

**The DentalVibe in action (right) and on its charging base (below). (Photo/Provided by DentalVibe)**
The STA Injection System, a computer-controlled local anesthetic delivery or C-CLAD (Fig. 1), is not only great for single-tooth anesthesia but is also very useful for administering multiple-tooth anesthesia injections such as the palatal-approach anterior superior alveolar nerve block (P-ASA).

The P-ASA is a single-site palatal injection into the nasopalatine canal (Fig. 2), which can produce bilateral anesthesia to six anterior teeth and the related facial and palatal gingival tissues (Fig. 3) without causing collateral numbness to the patient’s upper lip, face and muscles of facial expression (Fig. 4). Patients have said they really appreciate this.

Using significantly less anesthetic, this easy-to-administer injection can take the place of at least four supraperiosteal buccal infiltrations and a palatal injection.

It is valuable for cosmetic restorative dentistry procedures such as composites, veneers and crowns because you can immediately assess the patient’s smile line when the lip is used as a reference point.

During administration and post-operatively, the P-ASA is a very comfortable injection for your patients because of the STA computer-controlled flow rate below the patient’s pain threshold, the use of minimal pressure and the ability to easily control the needle using the wand handpiece.

Check out the simple injection technique for the P-ASA on the STAis4U.com website. Milestone Scientific asserts it’s easy to do, you’ll like it and so will your patients.
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Have you ever done a Google search for a dentist in your area? If not, go ahead and try it and you'll soon discover links to numerous dental practices in your area.

With the explosion of online search, mobile web browsing and social media sites such as Facebook, more people than ever are now going online to find their dentist.

In fact, last month, there were more than 1.5 million searches for a dentist on the Internet.

Due to this dramatic shift, dentists have responded by shifting where they spend their marketing dollars.

Compared to just a few years ago when dentists relied on print advertising such as the Yellow Pages, today’s dentists are using a strong online presence to attract patients to their practice.

If you are one of the few that still has not invested in a website or have an old website that hasn’t been upgraded, it may be time to invest in a new website to grow your practice and keep pace with the competition.

Website tips

Here are a few tips to keep in mind when setting up your website.

• When building your website, make sure that it is professionally designed. A great looking website builds trust with patients and gives your practice a professional image.

• Your website should also convey useful information about you, your staff and your services so that patients feel comfortable with your practice even before entering the door.

• Another important element to keep in mind is search engine optimization (SEO). Your website will be much more effective if it consistently ranks well in search engines such as Google, Yahoo and Bing.

• Finally, see if your website can be integrated with social media sites such as Facebook, MySpace and Twitter to target younger patients.

Getting started with a new website can be a daunting task for most dentists. Working with companies that focus exclusively on website design for dentists, such as Vivio Sites, can make the process quick and easy.

Having worked with hundreds of dental practices, Vivio Sites is familiar with the needs of dentists and can have a custom practice website set up in less than five business days.

To learn more about getting a website for your practice, go to www.viviosites.com or call (800) 227-2513.

If you’ve ever considered marketing your practice online, now is the time to do it.

Somebody may be searching online for your practice right now. Can they find you?
Reducing medication errors one patient at a time with ‘Lexi-Comp ONLINE for Dentistry’

Every year Americans increasingly take more prescription medicines. According to the Kaiser Family Foundation, the average number of retail prescriptions per person increased from 8.9 in 1997 to 12.6 in 2007. With Americans taking more medications, the occurrence of adverse drug events and medication errors is on the rise. In fact, a recent study on medical errors noted that approximately 7,000 people per year will die from medication errors alone, about 16 percent more deaths than the number attributed to work-related injuries.2

The trend is clear. And that means dentists need even better ways to keep up with new medications, detect possible harmful drug interactions and enhance patient safety.

Now, with Lexi-Comp ONLINE for Dentistry, Lexi-Comp’s online dental-specific drug information resource, dentists can stop worrying about dangerous drug interactions and put patient safety as a top priority.

Featuring daily content updates and dental-specific drug monographs, Lexi-Comp ONLINE for Dentistry provides the most current and relevant dental drug information available. As the only product on the market to include a dental-specific, drug-interaction screening tool, Lexi-Comp ONLINE for Dentistry is the most comprehensive dental drug information available. As the only product on the market to include a dental-specific, drug-interaction screening tool, Lexi-Comp ONLINE for Dentistry is the most comprehensive dental drug information available.

Join California Implant Institute

The California Implant Institute was developed in 2001 by Dr. Louie Al-Faraje to provide quality continuing education on the subject of dental implants and related topics using a hands-on approach.

As director, Al-Faraje has trained more than 1,000 clinicians in a hands-on, yearly forum of education in implant dentistry.

Al-Faraje holds diplomate status at the American Board of Oral Implantology, fellowship status at the American Academy of Implant Dentistry and fellowship status at the International Congress of Oral Implantologists.

The California Implant Institute offers a one-year comprehensive fellowship program in implant dentistry.

This program is made of four sessions designed to provide dentists with practical information that is immediately useful to them, their staff and their patients.

The four sessions combined offer more than 160 hours of lectures, laboratory sessions and live surgical demonstrations.

The goal of the faculty team, which is composed of some of the most respected instructors from the United States and around the world, is to provide you with comprehensive knowledge that will enrich your practice and improve your clinical skills so you can confidently perform predictable, prosthetically driven implant dentistry.

Session one topics
During the first session of this one-year comprehensive hands-on implant training program, the following topics are covered: anatomy, bone physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, step-by-step implant surgical placement protocols, impression techniques, restorative steps for implant crown and bridge and more.

Session two topics
During session two, computer-guided implant placement and restoration using SimPlant® software, immediate-load techniques for single and full-arch cases, biology of osseointegration, miniimplants, bone grafting before, during and after implant placement and pharmacology will be discussed.

Implant prosthodontics for fully edentulous patients, high-water design, bar- overdenture, CAD/CAM designs, etc., will highlight the prosthetic portion of this session.

Session three topics
Advanced implant surgical techniques, such as alveolar ridge expansion with split cortical technique, guided bone regeneration, sinus lift through the osteotomy site and more, are covered in this session.

Hands-on pig jaw workshops using regenerative materials are performed by the class, and there are live surgery demonstrations by faculty.

The restorative portion of this session will focus on biomechanical principles, biomaterials and implant occlusion.

Session four topics
This session will focus on sinus lift through the lateral window, ramus block graft and chin block graft as well as the J-Block grafting procedures, PRP and other advanced bone grafting materials such as rh-BMP2/ACS grafts with titanium mesh.

The final graduation examination and certification ceremony will conclude this comprehensive implant training program.

For more information or to register, please contact Jennifer Bettencourt at (858) 496-0574 or visit www.implanteducation.net.
The secret is out!

After 33 years of flying under the radar, Keystone Industries is stepping into the spotlight. Behind a strong sales and marketing team, state-of-the-art infrastructure and limitless manufacturing capabilities, the company is out to prove that it is not just a lab company anymore.

Keystone Industries has long been known as a leader in the dental laboratory market. The company’s longevity in its principal markets can be attributed to its unique products, competitive pricing, marketing strategy and, most importantly, customer satisfaction, which drives the entire operation at Keystone Industries, according to the company.

Keystone’s history can be traced back to as early as 1900 and is one that the company is extremely proud of. Chief Executive Officer Fred I. Robinson, purchased National Keystone in 1977. Over the years, he acquired the other companies, eventually forming the group known in the global marketplace as Keystone Industries.

Keystone Industries is a privately-held company composed of several dental and medical manufacturing and distribution subsidiaries, which includes National Keystone, founded in 1950; Tri-Dynamics, founded in 1977; Mizzy (which includes Mission Dental and Syrijet), founded in 1900; Ped-O-Jet, founded in 1968; and T&S Dental and Plastics Manufacturing Co., founded in 1976, which is now known as Keystone Industries: Myerstown.

Dental Resources, also now located in Myerstown, Pa., was acquired in March of 2005. Keystone also merged with Deepak Products in 2008, with its manufacturing in Miami, Fla.

Keystone Industries is a leading manufacturer in denture acrylics, thermal forming materials and machines, APF fluoride gels and foams, prophylactic paste, high-volume evacuators and packaging material. In addition, Keystone runs the gamut from abrasives, carbides, chemicals, brushes, crucibles, kiln furniture, Pileck’s cement, PIP paste and the Syrijet for the dental industry.

All of this has allowed Keystone to form the infrastructure needed to manufacture and develop superior products at very aggressive prices. Cary Robinson, president of Keystone Industries, stated: “Our capabilities are only bound by the client’s imagination! We have the ability to manufacturer almost any resin, plastic or chemistry found in the marketplace on an OEM or private label basis. The perception that Keystone is strictly a lab supply manufacturer is about to change!”

Keystone ADA Booth No. 1318

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*WorldDentist.org 3/12/08
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The NOMAD Pro® Handheld X-ray System by Aribex has become the choice of thousands of dental practitioners across the country for its incredible portability, convenience, safety and ease of use. With its full-color LCD user interface, preset exposure settings and additional time-saving features in a sleek, lightweight design, the NOMAD Pro has set a new standard for intraoral radiography.

The NOMAD Pro allows the dental technician to stay right next to the patient during the radiographic procedure. This saves time for the operator, shortens the time the patient has to sit still with film or a sensor in his or her mouth and reduces retakes.

The device’s rechargeable battery gives hundreds of diagnostic-quality radiographs with a single charge. “The NOMAD Pro has forever changed the way that dental radiography is performed by allowing an operator to safely stay in the room during a dental X-ray procedure,” said Dr. D. Clark Turner, president and chief executive officer of Aribex. “It has become a staple in dental offices everywhere.”

NOMAD Pro is designed for general purpose dental use and is ideal for use with children, sedated patients or special needs patients. Weighing just five and a half pounds, the NOMAD Pro can easily be used in the office and then taken to a hospital, nursing home or any location for treatment at the point-of-care.

In the office environment, the NOMAD Pro has taken the place of multiple wall-mounted X-rays, providing enhanced convenience and lower cost. Dr. Joseph Hidalgo of Plano, Texas, enjoys the value of the NOMAD Pro. “When I built my office, I had to decide whether to use wall-mounted X-ray machines or go with the Nomad Pro handheld X-ray. Now that we are using the Nomad Pro on a daily basis, I am very glad that we chose to use it.”

“Because it is so easily transportable, the NOMAD Pro has accompanied dental practitioners on countless humanitarian missions around the world, allowing dentists to practice in remote areas where conventional X-ray devices could never go,” said Dr. Joseph Hidalgo of Plano, Texas, enjoys the value of the NOMAD Pro. “When I built my office, I had to decide whether to use wall-mounted X-ray machines or go with the Nomad Pro handheld X-ray. Now that we are using the Nomad Pro on a daily basis, I am very glad that we chose to use it.”

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Novus: A new resilient denture liner

Lang Dental Manufacturing Company announces the introduction of Novus®, a permanent resilient denture liner featuring a very unique compound, polyphosphazene (PNF) gum rubber synthesized by MST, Inc., of Conroe, Texas, and compounded exclusively for Lang Dental.

Unlike all other resilient denture liners, Novus does not harden like the plasticized acrylics and needs no periodic surface coating to restrict the migration of toxic plasticizers. It is passive to fungus overgrowth, requiring no periodic antimicrobial therapy and unlike the silicone and urethane materials that frequently become fouled with subsurface and surface fungus after only a few months.

Novus bonds well to acrylic denture bases without special adhesives and is surprisingly easy to grind, adjust and polish with most rotary instruments. Novus benefits include: a) shock absorption during chewing, b) permanent softness with no plasticizers to leach out, c) resistance to surface and subsurface fungal growth, d) low surface tension with excellent wetting, e) easy adjustment and polishing with rotary instruments, f) engagement of deep anatomical undercuts, g) moldable around implant heads and bars, h) excellent bonding to acrylic denture bases, i) radiopaque (can be identified if parts are swallowed or inhaled), j) unlimited shelf life of the single-component paste if refrigerated and k) use of standard dental laboratory compression-molding processing steps.

The denture liner was developed with the support of the National Institute of Dental and Craniofacial Research, U.S. Patent 4,661,065.

Novus is available through all dental dealers. For more information contact Lang Dental at www.langdental.com or call (847) 215-6622.

Plak Smacker’s Perfect Touch Flavored Gloves

Plak Smacker carries a full line of Perfect Touch Flavored latex gloves. All the Perfect Touch Flavored gloves meet or exceed ASTM standards for medical grade gloves. Made of premium high-quality latex, these gloves offer superior tactility with a textured finish to improve your grip when wet.

Plak Smacker’s Perfect Touch Flavored Gloves have the flavor impregnated into the latex and are available in a wide variety of flavors and colors, perfect for both children and adults. Available in both powdered and powder-free, Perfect Touch gloves are non-chlorinated, eliminating dry skin. Perfect Touch Flavored gloves maintain a consistent fit box after box with a soft, elastic feel.

Available in bubblegum, mint, grape, vanilla orange, green apple and the newest flavor, cherry, Plak Smacker Perfect Touch Flavored Gloves provide a great experience for patients and can be a marketing tool for any practice.

Call Plak Smacker at (800) 558-6684 to learn more about the company’s unique product offerings and for a free sample of Perfect Touch Flavored Gloves, or visit www.plaksmacker.com.

About Plak Smacker

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

Since its inception, Plak Smacker has focused on introducing new, innovative products to help dentists and hygienists deliver an enhanced-care experience for patients and to assist with continuing care at home. Plak Smacker has remained dedicated to providing dental professionals and patients with high-quality, economical oral care products.

The Plak Smacker line of oral health products includes Perfect Touch Flavored Gloves and a full line of quality latex, vinyl and nitrile gloves. Plak Smacker also carries a large selection of toothbrushes, including disposable, prepared, dual-head and pediatric brushes. A wide variety of orthodontic and pediatric homecare kits are also available along with custom kits and imprinting.

Plak Smacker continues to add to its existing line of products with new product introductions. Recently, Plak Smacker has added dental jewelry and totes for dental and hygiene professionals, along with a line of paper and infection control products.

To see the full Plak Smacker product line, please visit the Plak Smacker website at www.plaksmacker.com or call (800) 558-6684 to request a catalog.

RADIUS launches biodegradable floss

RADIUS, a leading manufacturer of specialty, natural dental products, announces the launch of the RADIUS Organic Biodegradable Silk Floss, the first 100 percent biodegradable floss. Spun by hand, the natural silk is certified organic by the USDA and is grown sustainably and harvested humanely.

Millions of pounds of nylon floss are added to landfills and flushed down toilets everyday. This creates serious threats to animal and aquatic life. RADIUS Organic Biodegradable Silk Floss is the only floss available on the market today that is 100 percent home compostable and septic tank safe, unlike the majority of compost claims, which are actually only commercially compostable at a handful of facilities across the United States. The floss takes 60-90 days to biodegrade.

Grown sustainably in the groves of mulberry trees in the mountains of Columbia, RADIUS Organic Biodegradable Silk Floss is sourced in cooperation with the CORSEDA Farm Cooperative in Cauca, Colombia, a 20-family owned-and-operated initiative that focuses on redirecting worthy sources of livelihood back to the native populations of Columbia in a sustainable and enriching manner.

After spinning, the RADIUS Floss is coated in natural, vegan candelilla wax, a wax derived from the leaves of the small candelilla shrub native to northern Mexico and the southwestern United States.

Silk floss is made by combining a large number of original raw silk filaments into a thread where the number and thickness of the filaments control the strength and texture. Silk is a strong yet soft material with a light texture that removes plaque effectively without trauma to the gums. RADIUS Organic Biodegradable Silk Floss is available at Whole Foods and the Vitamin Shoppe retail locations nationwide. For additional information about RADIUS, please visit www.radiusfood.com.
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THE OSA-TMD CONNECTION

Hundreds of millions of people of all ages around the world suffer from deadly obstructive sleep apnea; from infants to elderly. Obstructive Sleep Apnea (OSA) has been linked to Cardiovascular Disease, Cerebrovascular Insult, Endocrine Disorders and Obesity and our medical colleagues are asking for our help, NOW! OSA is considered a disease of craniofacial anatomy so the ONUS is on dentists to identify and help manage OSA sufferers.

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Pediatric patients require a unique touch that may not be intuitive for some adults

By Cathy Hester Seckman, RDH

As Thanksgiving host for my family one year, I was rushing around like a maniac finding space for casseroles, juggling desserts and corraling extra chairs. In the middle of the madness, a 4-year-old niece tugged at my shirt. “Aunt Cathy?” she asked anxiously, “did you see me yet?” I stopped in my tracks and bent to her level. “Hi, Morgan.” I smiled. “I’m glad you’re here.”

I remember that episode when new patients come to our pediatric practice. They have the same desire Morgan had, to be seen. Children need to believe that people in power see them, know them and care about what happens to them. That’s what they’re really asking with those anxious eyes: “Do you see me?”

Bad examples

Starting off right with a new pediatric patient will set the relationship up for success in future dental visits. Pediatric management, it is said, begins in the waiting room. Here are two bad examples I’ve witnessed.

• A speech therapist came into a waiting room, walked up to a 5-year-old girl, looked down and bellowed, “Tiffany! I’m so glad to see you today!” Tiffany cringed behind her mother’s leg, obviously terrified.

• A medical assistant entered a waiting room, eyes on a clipboard, and intoned, “Gavin Smith? Time to go.” Seven-year-old Gavin didn’t budge, just looked at his mother apprehensively.

It’s easy to see what’s wrong with these examples. The therapist assumed a dominant position, used an intimidating voice and didn’t introduce or explain herself. The assistant didn’t make eye contact and didn’t explain what was going to happen. There was no mutual, caring connection in either case.

Good examples include a two-minute warning

Here are two better examples from a typical day in our pediatric practice.

• A dental assistant walks into the playroom and greets a child. “Hi, Anniston, my name’s Beth. I’m going to take care of you today. Hey, those are pretty cool shoes you have on. Do they light up? Wow!” “Anniston, the first thing we’re going to do is pick out a new toothbrush, then the doctor will count your teeth, then you’ll be able to play some more. You and Mommy can come around the corner with me now to look at toothbrushes.”

• A dental hygienist enters the playroom and stoops down to eye level with the child. “Hi, you must be Tyler. I’m Cathy. How do you like that car race game? Are you the red car guy? Looks like you’re winning.” “I’m going to clean your teeth today, Tyler. I’ll show you all my cool stuff, then I’ll polish your teeth with an electric toothbrush and put fluoride vitamins on them, then you can come back and play. I’ll be ready in two minutes, Tyler, so go ahead and race some more. I’ll be back.”

In these examples, a personal connection is established first. Children can be confident that we see them, know them and care about them well before treatment begins. I’ve also discovered that the two-minute warning is a great way to relieve anxiety.

Behavior guidance

Basic behavior guidance in the operatory is easier once a comfortable relationship is established. Tell-show-do, voice control, nonverbal communication, positive reinforcement and distraction can be integrated as part of an ongoing subjective process for each patient.

The American Academy of Pediatric Dentistry (AAPD) offers descriptions for each technique.

• Tell-show-do: Verbal explanations appropriate to the patient’s developmental level; demonstrations of the visual, auditory, olfactory and tactile aspects of each procedure in a nonthreatening setting; and completion of the procedure.

• Voice control: Controlled alteration of voice volume, tone or pace to influence and direct behavior.

• Nonverbal communication: Reinforcement and guidance of behavior through appropriate contact, posture, facial expression and body language.

• Positive reinforcement: Positive voice modulation, facial expression,
The customer is always right?

Anyone with any training in dealing with the public has heard the saying, “The customer is always right.” But does that hold true in the dental office? Every dental professional will recognize this scenario. The patient comes in and tells the clinician what they do want, or more often, what they do not want done. The request might sound something like, “I know I haven’t been in for a cleaning in a really long time, but I don’t want any X-rays taken today because I can’t afford them.”

Then the patient continues with comments such as: “Don’t spray any water in my mouth,” “my teeth are sensitive to cold so don’t scrape at them,” and “don’t polish my teeth, the paste is too gritty.” How is the clinician supposed to respond to these requests? “No” or “don’t polish my teeth, I don’t want any X-rays taken today because I can’t afford them.” How is the patient going to approach this dilemma? The focus here is on making the appointment pleasant enough to get the patient to come back for future appointments so progress can be made toward better oral health. This approach may result in a happy patient who is willing to return and a clinician who feels fulfilled because she was able to work with this patient and make progress.

As with all things, there are pros and cons to each scenario. Because there is no clear-cut answer to this predicament, the office needs to have a policy in place about how it will handle such patients. Is the office going to stand firm in its treatment procedures or is the office going to work with patients who present with these challenges?

Once the policy is put into motion, team members know what is expected of them and they are to act accordingly. This will certainly cut down on the drama and complaining of these types of patients usually cultivate in the office.

References

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Cathy Hester Seckman is a dental hygienist, speaker, writer and index- er. She is a 1974 graduate of West Liberty State College.

As a hygienist, she has been in general and specialty practices for 29 years, including three years as a temporary hygienist. Since 2005, she has worked in a pediatric practice.

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Dental hygiene by the numbers

By Fred Michmershuizen, Online Editor

How much do you know about dental hygiene, really? For example, did you know that 80 percent of the U.S. population has some form of periodontal gum disease? Or that Americans make about 500 million visits to dentists and spend an estimated $98.6 billion on dental services each year?

Read below to bone up on more interesting facts and figures, courtesy of the American Dental Hygienists’ Association and other sources.

With this knowledge, you’ll be sure to impress patients and dentists alike!

• Dental caries is the major cause of tooth loss in children, while periodontal (gum) disease is the major cause of tooth loss in adults.
• About 78 percent of Americans have had at least one cavity by age 17.
• Job prospects for dental hygienists are expected to remain excellent, and the employment rate is expected to grow 30 percent through 2016.
• Dental hygienists who graduate from an accredited dental hygiene program receive an average of nearly 2,000 hours of classroom study in academic subjects emphasizing basic sciences, dental sciences, dental hygiene theory (including pain control, nutrition, oral health education and preventive counseling) and periodontics (the study of gums and their supporting structures). These hours include at least 600 hours of supervised instruction in preclinical and clinical skills.
• Over 95 percent of U.S. adults who have been treated by a dental hygienist without a dentist on the premises say they felt comfortable with the care they received.
• Dental hygienists screen for serious health problems, such as HIV infection, oral cancer, eating disorders, substance abuse and diabetes.
• Snacking on celery, carrots or apples helps clear away loose food and debris.
• Two out of three dental hygienists report that they see signs of hypertension and heart disease in some of their patients.
• Three out of four patients don’t change their toothbrush as often as they should.
• The RDH designation stands for Registered Dental Hygienist. It assures patients that a dental hygienist has completed a nationally accredited dental hygiene program, has successfully passed a national written and state clinical examination, and has received a state license to provide preventive oral health care services and patient education. (In Indiana, the designation LDH — Licensed Dental Hygienist — is used instead of RDH.)
• Tongue and lip piercing can cause blood poisoning, prolonged or permanent drooling, damaged sense of taste, toxic shock syndrome, permanent damage to tooth enamel and oral tissue, and transmission of infections such as hepatitis B and HIV.
• Tobacco is the primary cause of oral cancers. Smoking a pack of cigarettes a day or using smokeless tobacco quadruples the risk of developing oral cancer.
• Oral cancer occurs twice as frequently in men as women.
• The biggest oral health problem for infants is early tooth decay, known as baby-bottle tooth decay. This results when babies routinely fall asleep with bottles filled with sugary liquids such as milk, formula, and juice — anything other than plain water.
• Chewing gum can help eliminate food particles caught between teeth after a meal and also helps prevent plaque buildup by stimulating saliva production.
• Dental caries, popularly known as tooth decay, is an infectious, transmissible disease. Research shows that the presence of bacterium known as streptococcus mutans leads to dental caries in children.
• There are more than 150,000 registered dental hygienists in the United States.
• About 98 percent of the nation’s dental hygienists are female.
• There are 500 entry level, 60 degree completion and 18 master degree dental hygiene programs.
• While most dental hygienists work in private oral health practices, others provide services in hospitals; managed care organizations; federal, state, and municipal health departments; primary and secondary school systems; private businesses and industries; correctional institutions; and private and public centers for pediatric, geriatric, and other special needs groups.
• Toothbrushes should be replaced every two to three months and after illnesses such as a cold or flu.
• Restrictive supervising laws for dental hygienists make oral health care more difficult to find. Although laws that govern dental hygiene care differ from state to state, dental hygiene services are largely confined to private dental offices because of supervising laws, which require that dental hygienists practice under the supervision of a dentist.
• One state — Colorado — has independent practice laws that allow registered dental hygienists to practice without the supervision of a dentist in all settings. Only a few other states, including California and Washington, allow it in some situations.

(Source: American Dental Hygienists’ Association)
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