Office managers meet in Vegas
What to do after the lectures have ended?
Check out our list!
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Patient acceptance
Learn the Mix-to-Match Method, an extra step worth your time.
Page 1B

Preventing cancer
Oral cavity cancer is one of the most preventable cancers in the U.S.
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‘These are exciting times in which we live’
An interview on stem-cell research in dentistry with Prof. Thimios Mitsiadis, head of the Institute for Oral Biology at the University of Zurich

Dental Tribune Germany: Prof. Mitsiadis, which factors determine the formation of enamel?
Prof. Thimios Mitsiadis: This is a very complex process, which is determined by the dental epithelium at a very early stage and different to that of the skin epithelium that covers the body.

There is a multitude of transcription factors, one of which is Ptx2, which governs the formation of oral and dental epithelium.

Based on this, there are other transcription factors. At the moment, we only know of Tbx1, which forms the ameloblasts. Of course, there are further transcription factors that we do not yet know much about and that are regulated by certain growth factors.

The transcription factors occur within a very tight timeframe to form enamel. It is a highly complex process from the beginning to the final formation.

Which factors may disrupt the formation of enamel?
Dental enamel can be damaged by certain transcription factors. At the moment, we only know of Tbx1, which forms the ameloblasts. Of course, there are further transcription factors that we do not yet know much about and that are regulated by certain growth factors.

The ADA says ‘Aloha!’ from Hawaii
The ADA celebrates its 150th anniversary this year! At last year’s meeting, Deedee was on hand to teach children the importance of brushing.

Hundreds line up to receive free dental care
By Fred Michmershuiizen, Online Editor

At various events around the country, hundreds of people with little or no insurance have been lining up for hours for the chance to receive free dental and medical care.

In La Crosse, Wis., for example, the Wisconsin Dental Association (WDA) and WDA Foundation held a two-day event, called Mission of Mercy, in which 1,535 children and adults received dental care at no charge. More than 900 volunteers, including 170 dentists and 87 hygienists, were involved in the setup, two treatment days and cleanup of this inaugural, large-scale oral health care event, held at the La Crosse Center.

Medical professionals from Wis-
from the start because there are genetic factors that disrupt the correct formation of enamel. However, epigenetic factors that occur during the course of a pregnancy, for example, result in a deterioration of dental enamel through discoloration.

In addition, we are currently examining the effects of fluoride. Fluoride protects the tooth, but may also lead to its decomposition during the process of dental enamel formation. Other epigenetic factors, such as the consumption of alcohol, can affect the formation of dental enamel.

Dental erosion is a growing problem, which is certainly driven by the increase in life expectancy. However, statistics demonstrate that younger patients are also increasingly being affected. What is the cause of this development from your point of view?

Yes, it is a fact that loss of enamel has been detected mostly in elderly people. In my opinion, two factors have to be considered here. Nowadays, we know much about prevention, but in the past many people did not take care of their teeth sufficiently.

General health conditions and other diseases were considered more important. Research and medication in these areas have improved significantly. Over time, however, we realize that we had not paid sufficient attention to our many dental problems. Another possible reason is migration.

We tend to travel more and live in various countries. For example, I was born in Greece, but now live in Spain with my Spanish wife. My children, therefore, possess features of both nations. This may result in abnormalities and deterioration of enamel.

What innovative perspectives have arisen from these new findings?

These are exciting times in which we live. It is evident that in the near future — in about 20 to 50 years — we will be able to create new tissue with the aid of microbiology and genomics. Clinical studies that examine the use of dental stem cells for the regeneration of jawbone are already under way.

This is proof that progress in this regard is being made. We just need more information on how to achieve natural protection.

What progress has been made in stem-cell research for the formation of enamel?

We recently formed a European consortium with researchers working with stem cells in Germany, Finland, Switzerland, Italy and France. The consortium’s objective is to isolate stem cells from teeth, the face and the head, and to use them to generate products.

Distraction osteogenesis vs. autogenous

Endosseous implants fare equally well after either distraction osteogenesis or autogenous bone grafting, according to a new report published in the September 2009 issue of the Journal of Oral Implantology, the official publication of the American Academy of Implant Dentistry and of the American Academy of Implant Prosthodontics.

Following alveolar reconstruction, endosseous implants support and retain the prosthesis. Therefore, it is important for the method of alveolar reconstruction to be highly compatible with the subsequent implantation. The authors conducted a retrospective analysis to determine whether distraction osteogenesis or autogenous bone grafting offers a greater chance of clinical success.

The authors included 82 consecutive patients from the patient population of Loma Linda University in a retrospective analysis of the two alveolar reconstruction techniques.
and the subsequent endosseous implantation. All patients had been evaluated for implant success in a 36- to 61-month follow-up. Implants preceded by autogenous bone grafts had a success rate of 97 percent, and those preceded by distraction osteogenesis had a success rate of 98 percent. There was no statistical difference between the two methods.


(Source: Journal of Oral Implantology)
CDA meeting offers something for everyone

By Robin Godman, Group Editor
& Fred Michmershuizen, Online Editor

The California Dental Association held CDA Presents the Art and Science of Dentistry Sept. 10-15 at Moscone West in San Francisco. The meeting featured four days of educational offerings. One of the highlights was a session featuring Joe Massad and Jack Turbyfill. Friendly jibes between the speakers and amusing simulated “patient” videos were a hearty warm-up for attendees of their joint lecture.

These two “giants” in removable prosthetics have a long-standing and entertaining repartee, the goal of which is imparting their knowledge to all those within earshot. During their dueling dentures match — complete with a simulated boxing poster of the two speakers in gloves and trunks — Massad and Turbyfill took turns answering six questions that helped illustrate their different approaches to treating edentulous patients.

For example, the first question was: How do you arrange anterior maxillary teeth? In turn, each speaker presented a case that helped to illustrate his answer to the question. For those who stayed for the entire two and half hours of this lecture walked away with pearls of information about how to make not only a comfortable, esthetically pleasing and functional denture, but also how to make the entire experience a pleasant one for the patient.

In another educational highlight of the meeting, a quartet of lecturers presented “Forensic Dentistry: ‘CSI: San Francisco’ — Who was this?” The speakers for the forensic dentistry session were Anthony “Rick” Cardoza, DDS; Duane E. Spencer, DDS; James D. Wood, DDS; and Jeannine Willie.

Moving at a fast pace and using actual casework to illustrate the leading principles of forensic dentistry, the four presenters taught attendees how to acquire an understanding of the varied roles of forensic dentists as well as the forensic value of dental records. Attendees also learned how to cooperate with the legal system.

The lecturers’ second session focused on the analysis of bitemarks and how they are used within the legal system. For example, with the iPhone, BlackBerry, it takes full advantage of the systems’ specific capabilities. For instance, with the iPhone, practitioners are able to not only take digital X-rays but to zoom in on them for a more detailed look.

MyRay was offering a wireless chairside oral scanner. Designed specifically for the iPhone and BlackBerry, it takes full advantage of real-time information relating to patient and treatment details, scheduling, financials, call-backs, prescriptions and more.

Because the application was designed specifically for the iPhone and Blackberry, it takes full advantage of the systems’ specific capabilities. For instance, with the iPhone, practitioners are able to not only view digital X-rays but to zoom in on them for a more detailed look.

MyRay was offering a wireless digital X-ray system called the X-pod. This pocket-sized device is capable of instant diagnostic-quality radiographic images in the palm of your hand. Just like with an iPhone, you can zoom in and out by the touch of your fingers.

Discus Dental introduced Insight ultrasonic inserts, featuring LED technology that offers enhanced visibility in the maxillary buccal, maxillary lingual, mandibular lingual, furcation and gingival/tissue trans-illumination. Also new from Discus was the Riskontrol disposable air/water syringe tip, featuring separate air and water lines.

DentalEZ Group introduced a new everLight LED operatory light, an alternative to halogen-based operatory lights. It provides color-corrected lighting and a precise light pattern.

According to DentalEZ, it lasts 50,000-plus hours, or 10 times longer than halogen, reducing the need for regular replacement of light bulbs. It also uses less than 35 watts of energy, which is 70 percent less than halogen-based systems.

Even Under Armour was at the CDA fall meeting. The company that revolutionized the sports apparel industry has designed a mouthpiece for athletes in non-contact sports. Crafted for optimal fit and comfort, the Under Armour Performance Mouthguard is designed to help athletes train harder and compete at a higher level than before. It was one of many offerings at the booth of Patterson Dental, exclusive distributor of the mouthpiece.

Many companies, including DEXIS and others, offered educational presentations right on the exhibit floor.
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Experience is no substitute for training

By Sally McKenzie, CMC

Problems, problems, problems. At times, it can feel as if the problems are going to take over your existence. If you’re fortunate to have a reasonably well-adjusted attitude about life and work, you’ve probably come to realize that problems are a fact of life and not all problems are bad. In fact, in dentistry, you make your living identifying and solving oral health problems for your patients. However, some problems can be far more draining than others, namely, dealing with the dreaded problem employee. Take this scenario:

The dentist has a vacancy to fill. She needs to hire a scheduling coordinator immediately. She wants someone with plenty of experience because there will be little time for training in her busy practice. A pleasant personality and nice demeanor are good qualities to have if they are part of the package, but the driving factor on the winning applicant’s scoring sheet will be experience.

The resumes come in and in a matter of weeks, the dentist finds Cassandra. She definitely brings experience, having worked in two dental practices and a medical office in the past 10 years. Cassandra is it, and the dentist can’t wait to get her in the door and at the desk so that she can scratch this vacancy problem off the list. Slam, bang, another hire done, back to the important stuff—dentistry.

Eight weeks down the road more serious problems have taken over. The schedule is a disaster. No shows have skyrocketed. On some days production comes to a screeching halt, other days the team is racing from dawn till dusk. And at least once a week the dentist or the hygienist is double-booked, sending everyone scrambling.

The dentist is about to have a meltdown and Cassandra is about to have a meltdown. That list of problems has grown tenfold. So what went wrong? This dentist was drawn into the illusion of experience. She went wrong? This dentist was drawn in by the illusion of experience. She went wrong? This dentist was drawn in by the illusion of experience.

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Practice Matters

The dental office manager’s role in a practice transition

By Domenick Lobifaro

Much like a conductor is to an orchestra, a dental office manager is critical in the operations of a dental practice. He or she helps bring all the different aspects of a dental practice into one unified element. The dental office manager wears many different hats and is talented in the area of multi-tasking.

On any given day, an office manager’s duties can range from dealing with a patient billing issue to calling the credit card processor repair man to fix the credit card machine while simultaneously meeting and scheduling patients.

Office managers play an integral part in managing a dental practice. The dental office manager is usually the first and last person to meet and greet the patient and should do so with a pleasant smile no matter what critical emergency exists at that moment. The manager is the dentist’s front line and, in many ways, sets the tone of the office for both the patients and staff.

During a transition, in a scenario where a young dentist purchases a practice from a retiring dentist, the role of a dental office manager becomes even more crucial.

In an interview with Stacey Weinman, a dental office manager in Westfield, N.J., Weinman revealed that during the practice transition she experienced, the biggest challenge the new dentist faced was managing change from both the staff’s perspective as well as the patient’s perspective.

In general, people don’t appreciate sudden change. The office staff would like things to stay the same, especially if they’ve been with the practice for a number of years. They expect their salaries and benefits to stay the same, their hours to be unchanged and, most of all, they want to feel that their jobs are secure.

Weinman went on to say that one hurdle she helped overcome was having the staff switch their payroll frequency from weekly to bi-weekly. Despite this appearing to be a minor change in the eyes of the new management, it was, in fact, a big deal for the staff.

Weinman was able to use her strong communication skills to effectively explain to the staff the reason for the change and the steps the dentist would take to assist in alleviating the financial hardship it may cause. Within a few weeks, the staff had become accustomed to their new pay frequency and they were no complaints about it.

From a patient’s standpoint, having a new dentist is a significant change, therefore extra care should be taken to ensure that the level of service is unaltered and that it is “business as usual.” This does not imply that there shouldn’t be any changes. The key is to manage the change in a way that the patients feel comfortable and embrace it.

Charlotte Leone, a dental office manager in Chicopee, Mass., said that during a practice transition she was involved in about a year ago, the former dentist performed all the patient hygiene. The new dentist felt that performing hygiene was not the best use of his time so he hired a hygienist. Before their appointments, Leone contacted the patients and communicated that a new hygienist would perform their next cleaning instead of the dentist.

By the time they were seated in the chair at their appointment, the patients were excited about being seen by their new hygienist. Leone’s technique of using her communication skills and providing ample notice to the patients proved to be successful in managing the change effectively so that the patients were at ease.

During a transition, the dental office manager is normally the one to help the new dentist understand the culture of the practice and act as the liaison between the dentist and the office staff.

He or she must be the eyes and ears of the dentist and must continue to assist the dentist in maintaining a well-organized, cost-effective practice by handling the day-to-day operations and allowing the dentist to focus mainly on the dentistry aspect of the business.

The dental office manager must oversee the personnel issues, handle payment and billing duties, maintain accurate and complete patient records and help the office run smoothly and effortlessly overall so that the staff can perform their jobs well.

In many cases, the dental office manager is the solid stake in the ground everyone can depend on during the uncertain period of practice transition when many a variety of changes are at hand.

Especially during the first year in practice, the dental office manager plays a major role in determining whether the new dentist will be successful.

When the transition period is over, this vital member of the dental team can then put even more of his/her focus on helping the new dentist to grow the practice.

The office manager is the dentist’s ‘front line,’ and sets the tone of the office for both patients and staff.

Domenick Lobifaro is the managing tax director of LLI Advisory Group, which is composed of certified public accountants and business advisors. For more than 17 years, he has provided tax, accounting and business consulting services to high net-worth individuals and closely held businesses with a concentration in health care.

Formerly a tax manager at Rothstein Kass, he has extensive experience in corporate, partnership and individual taxation. Lobifaro and his firm serve as the independent public accountants for the American Association of Dental Office Managers, www.dentalmanagers.com.
Business continuity and IT management (part 2)

By Lorne Lavine, DMD

In part 1, we looked at ways to monitor the network 24/7 and be alerted to problems. Well, what if there’s a true disaster — fire, flood, theft — and your entire network is destroyed?

I’ve just developed a complete paradigm shift in how I approach data backup and protection. Let’s look at a typical scenario. An office has a dedicated server and perhaps eight to 10 computers throughout. The office backs up nightly to an external hard drive or tape and that device is removed from the office every evening and taken offsite.

So, if anything ever happens to the office server, you’re protected, right? As I’ve found out over the past few years, the answer is usually no.

The problem isn’t that your data is offsite and protected — you’ve got that covered. The problem is how long it takes to recover from a disaster. If someone accidentally deletes a file or your practice management data becomes corrupted, that’s easy — just restore the missing or corrupted file from your backup. You’re still able to run the practice with no downtime.

But, what if something happens to your server or main computer to make it non-operational? Motherboards can get destroyed by power surges. Servers can be stolen or ruined by fire or flood.

If you don’t have a server that is running, what do you do with the backup? That’s the real problem that had me worried for a long time — how long would it take for a technician to get an office back up and running if the server was gone?

Unfortunately, I found out the hard way with a few of our clients that the answer is: too long. The fastest we were able to get an office up and running was 24 hours, and that was because they were able to go out and purchase a brand new server locally.

The other offices averaged 48–72 hours, and a few were longer than that.

That’s the real problem that has been overlooked by many dental offices: it comes to their backup system: not if the data is protected, but how much downtime will the practice suffer if something goes wrong?

Consider that if your server is down, you are down. You cannot schedule patients, cannot take digital X-rays, cannot create treatment plans, cannot access patient data — you’re literally dead in the water.

But what if there was a system available that could guard against this? What if there was a way to be back up and running within 50–60 minutes, even if your server was destroyed?

What if you could combine this with automatic backup to an offsite location that required no input from you or your staff? Wouldn’t a system like this be valuable for any dental practice?

Systems like this have been available for a few years for large corporations as they really couldn’t recover from a disaster without it.

The concept is called “business continuity” and that seems to be a proper description: being able to continue to run your business even in the face of a disaster to your technology systems.

The main deterrent for a dental practice to incorporate something like this was cost, but the costs have now dropped enough to make it a viable option.

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

About the author

Dr. Lorne Lavine, founder and president of Dental Technology Consultants (DTC), has more than 20 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y. He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish DTC, a company that focuses on the specialized technological needs of the dental community.
Protecting yourself from employee theft, fraud and embezzlement (part 1)

By Eugene W. Heller, DDS

As a practice owner, a dentist will face a multitude of business-related tasks, issues and challenges. The rewards far exceed the drawbacks, but there are challenges.

One of the challenges may be employee theft. Estimates of the number of dentists who will experience theft at least once during their dental career range from 55–50 percent.

Estimates in dollar loss range from $100 to $500,000 plus. Loss due to employee dishonesty may take the form of theft, fraud or embezzlement.

With certain minimal protective measures, the majority of this theft is preventable. The key is to understand where the potential exists for theft to occur and to implement strategies to prevent the loss.

Meet the ‘thieves’

Jane the Eraser: Jane simply withheld any cash payments that were made for services and then erased the patient’s account information after posting the payment (and giving the patient a receipt), thereby removing any record of the payment from the system.

Estimated loss: $50,000 plus over a three-year period. The dentist recovered $25,000 from his office insurance plan. Jane was ordered to pay $10,000 in restitution.

Doris the Duplicator: When hired, Doris had successfully lobbied against computerization, convincing the dentist that it was not as efficient as the old manual pegboard system. In turn, Doris kept a duplicate set of patient ledgers.

Payments and receipts were recorded on the duplicate ledgers while charges were posted on the real ledgers. Over a period of 18 months, Doris stole an estimated $40,000.

Mary the Master: Mary was involved in skimming, taking cash and not posting it; layering; a technique involving the taking of checks and withholding them for posting later; and an excessive need for petty cash, going through about $100 per week.

Mary also set up a second business checking account in the dentist’s name (she was the only authorized signer) and subsequently diverted the office credit card deposits to that account.

Mary paid all office bills using erasable ink, which allowed the checks to be made out to her personally, and then she changed them back to legitimate vendors after they cleared the bank. The deposit slips never matched the bank deposits actually made, and subsequently the checking account could never be balanced with the ledger.

The dentists noted that while each year their taxable income had increased over the previous year, according to the computer their accounts receivable had spiraled out of control and were showing a balance of $500,000 plus. Over a five-year period, Mary had embezzled $400,000.

Definitions

Different terms can be used to describe loss by staff dishonesty. Theft is simply defined as “the taking of another’s property.” Embezzlement is the theft of an employer’s property while in the embezzler’s trust.

It is also defined as a misappropriation or conversion of entrusted money, property, etc., to the personal use of the employee. Fraud is the intentional deception that causes another to give up his/her money, property, etc.

Understanding the thief

There are different reasons for individuals to steal. It may be the need for money; for others, it is revenge or the feeling they are not compensated properly for their work; and for some, just like gamblers who continue to lose but continue to bet, it is the excitement.

Staff members who steal do share certain characteristics. Many have lifestyles beyond their means; excessive debts from children, spouses/significant others, and former spouses/significant others; or excessive habits including alcohol, drugs and gambling.

Employees who are likely to steal are intelligent, knowledgeable in office procedures, personable and friendly. They may be tireless workers who are willing to put in unencumbered overtime — rarely taking allotted vacation time. Basically, the perfect employees, except for one tiny character flaw — they are dishonest!

Signs theft may be occurring

The most common sign that theft by embezzlement may be occurring is patient complaints regarding their accounts.

Also note that constant requests for petty cash reimbursements should be closely monitored. Outright theft of petty cash in a multi-staff office is difficult to track.

Excess patient account write-offs or adjustments and inactivated accounts are also warning signs, as are increases in accounts receivables with no off-setting increase in overall office production.

Missing documents/invoices, insurance claim forms, explanation-of-benefits (EOB) forms, patient checks, practice checks, checking account records, patient clinical records, patient account records, etc., are definite signs of a problem as are sloppy filing and record keeping.

The practice checking account also holds potential signs of a problem. Unusual deposit patterns and deposits; inability to balance the checking account; and missing sequential checks are all red flags that should be investigated.

Preventing theft

Whether theft takes the form of fraud or embezzlement, theft by an employ-ee shares three steps. For theft to occur, all three components of the theft triangle must be intact.

The first component is motive. The employee needs a reason to steal.

The next component is opportunity. In a dental office, unimpeded access to the funds with minimal or no restraints, checks or accountability provides an easy route to employee theft.

And, finally, the third component is the need to rationalize behavior creates justification that what they are doing is acceptable.

The key to preventing theft is to remove the components.

Controlling access to opportunity must be done to avoid theft with these five steps:

1) Control how money is handled.

2) Split money-handling duties; discrepancies can be more easily noticed in this way.

3) The dental assistant must also do some of the money handling duties by authorizing account adjustments; checking the adjustment report daily; authorizing check refund requests; signing and mailing all checks if a staff person makes out the checks for vendors.

The signed check should not be put back into the control of a staff person. The dentist’s residence or directly to the bank statement. This means bank statements should be mailed to the dentist’s residence or directly to the accountant.

4) The dentist or his/her accountant must open and balance the bank statement. This means bank statements should be mailed to the dentist’s residence or directly to the accountant.

5) Either the accountant or a payroll service should prepare payroll. If a payroll service is used, it is the dentist’s or accountant’s responsibility to call the information into the payroll service.

All names are fictitious.

Part 2 of this article will appear in DTUS Vol 4, Nos. 31 & 32.

About the author

Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Heller is presently the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 750-8885 or send an e-mail to hsf@henryschein.com.
ADA Meeting

ADA celebrates its 150th anniversary in Hawaii

The American Dental Association will hold its Annual Session and World Marketplace Exhibition at the Hawaii Convention Center in Honolulu from Sept. 30 through Oct. 4.

The meeting, which is the ADA’s 150th anniversary celebration, will feature the latest technology and educational offerings amid the tropical paradise of the Aloha State.

“This year’s annual session continues its great tradition of bringing unique learning opportunities, cutting-edge technology and the newest and most popular dental products and services,” said Dr. Robert Skinner, 2009 chair of the Council on ADA Sessions.

“Join us in Hawaii to take advantage of these outstanding offerings, help observe the 150th anniversary of the ADA and, at the same time, celebrate the accomplishments of our great profession.”

The ADA Annual Session offers attendees the choice of more than 180 relevant and topical continuing education courses, the majority of which are free with registration.

Registration also includes entrance into the World Marketplace Exhibition, featuring more than 550 suppliers of dental products and services, and access to the ADA’s Distinguished Speaker Series.

Sidney Poitier to speak

The Opening General Session will take place at 5:30 p.m. on Wednesday, Sept. 30, at the Waikiki Shell and will feature an address by Sidney Poitier, an Academy Award-winning actor, writer, director and diplomat. He has been described as a political and artistic trailblazer for more than half a century.

Poitier has had an incalculable impact on American culture since the early 1950s, when he began appearing in a string of ground-breaking movies that addressed issues of racial and social inequality.

To listening audiences he narrates his struggle to achieve equality for himself and other black actors, as well as the films that would make him one of the world’s most popular and respected actors, including “No Way Out,” “The Blackboard Jungle,” “Lilies of the Field,” “The Defiant Ones,” “A Raisin in the Sun,” “Guess Who’s Coming to Dinner” and “In the Heat of the Night.”

The opening session will also include Hawaiian cultural performances and a special tribute to the ADA’s 150th anniversary.

Education

Attendees will be able to select from more than 180 continuing education options, both inside and outside the classroom.

The schedule for continuing education is as follows:

• Thursday, Oct. 1, through Saturday, Oct. 3, from 7:30 a.m. to 5:30 p.m.
• Sunday, Oct. 4, from 7:30 to 10:30 a.m.

Education in the Round, a live-patient educational environment, will feature live patient procedures conducted in a fully functional dental operatory, in an interactive format between speaker and attendees.

This high-tech learning environment includes images captured on intraoral cameras and displayed on 60-inch flat-screen monitors.

Meeting attendees will also be able to earn C.E. on the exhibit floor. A Live Operatory Center will enable dental professionals to experience the latest technology on the market and learn how it can enhance their ability to effectively diagnose and treat patients.

The 2009 Live Operatory Center will feature a CAD/CAM stage and a new competition hub.

For those who wish to extend their stay on the islands while earning C.E., on Maui, Kauai or the Big Island of Hawaii, post-session courses will take place on Tuesday and Wednesday, Oct. 6 and 7, at three Marriott resorts: the Wailea Beach Marriott Resort and Spa, the Kauai Marriott Resort and Beach Club and the Waikoloa Beach Marriott Resort & Spa. All courses take place from 8 to 11 a.m., leaving attendees with plenty of time for the afternoon sun.

On Maui, you can expand your skills with a “mini” implant course taught by Dr. Gordon Christensen on Tuesday. Then on Wednesday, he will teach how to integrate mini implants into your practice.

On Kauai, you can expand your practice with an advanced Invisalign course on Tuesday, then learn how to build a corresponding business model with the Pride Institute on Wednesday.

And on the Big Island of Hawaii, you can expand your mind with an esthetic photography class on Tuesday, followed up with a fun vacation photography class on Wednesday.

Exhibits

At the World Marketplace Exhibition, meeting attendees will be able to find solutions for business needs and explore the latest in dental products and services.

Hundreds of exhibitors will allow participants to touch, feel and “test drive” the latest products on the market.

The World Marketplace Exhibition hours are as follows:

• Thursday, Oct. 1, through Saturday, Oct. 3, from 7:30 a.m. to 5:30 p.m. each day.

Every day on the exhibit hall floor, meeting attendees will be able to play a “Super Sweepstakes” for a chance to win cash and prizes. A photo booth will offer free souvenir photos.

Attendees can pre-order a “Grab-and-Go” lunch and enjoy it in the hall, or get a meal or snack at one of the exhibit hall restaurants. An Exhibit Hall Closing Party will be held from 1:30 to 5 p.m. on Saturday.

150th anniversary

The ADA launched the celebration of its 150th anniversary at its 149th Annual Session in San Antonio last October. Annual session attendees this year can join their colleagues in helping the ADA culminate its 150th anniversary at “An Evening under the Stars,” from 7:30 to 9:30 p.m. on Friday, Oct. 2.

The famed Waikiki Shell is the site of the celebration, featuring spectacular Hawaiian music and culture against the backdrop of Diamond Head Crater, one of the state’s most famous landmarks.

Presidential Gala

An evening honoring the American Dental Association President, Dr. John Findley, and the ADA’s 150th anniversary will be held on Monday, Oct. 5, at the Hilton Hawaiian Village, Mid-Pacific Conference Center Coral Ballroom.

The cost to attend is $110 per person. Attendees will get a three-course dinner and be able to dance the night away while listening to favorite hits.

This celebration is designed to be a perfect finale for the meeting. To learn more about the meeting, visit the ADA online at www.ada.org/goto/session.

(Source: ADA)
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Vegas offers lots to do after a day of learning

Are you heading to Las Vegas for AADOM’s Annual Dental Managers Conference on Oct. 16 and 17? In a city with so much to do, you will definitely want to plan things out a bit. To help, we checked with the folks at Only Vegas, the official Las Vegas tourism Web site, to find out what is new on the Strip and beyond.

The M
In March, the M Resort, Spa and Casino opened. Situated higher in elevation than other resort-casinos on the Las Vegas Strip, the M Resort provides optimal views of the world-famous Las Vegas skyline.

The resort features more than 92,000 square feet of gaming, plus a 14-screen digital movie entertainment complex, nine restaurants and a state-of-the-art spa and fitness center.

Eat with the fishes
There is a new restaurant at the Gold- en Nugget — Chart House Aquarium — featuring a 50,000-gallon tropical aquarium.

Party with Charo
International music sensation Charo is back on the Las Vegas Strip in her new show, “Charo in Concert: A Musical Sensation,” at the Riviera Hotel & Casino. The musical variety show features Charo’s virtuoso flamenco guitar accompanied by a full orchestra performing her biggest hits and a cast of world- renowned Spanish flamenco dancers.

Motown music
“Smokey Robinson Presents Australia’s Human Nature, The Ultimate Celebration of the Motown Sound,” a new show at the Imperial Theater, features Australia’s top-selling vocal group featuring Aussie charm and the most celebrated Motown Hits.

Music legend
Signing on as the first rock and roll resident artist in Las Vegas, legendary guitarist Carlos Santana brings “Super-natural Santana: A Trip Through the Hits” to The Joint at The Hard Rock Hotel & Casino through a multi-year deal with AEG.

‘Lion King’
Disney Theatrical Productions and Mandalay Bay have opened the award-winning Broadway phenomenon “The Lion King” at the Mandalay Bay Theatre.

The production is virtually identical to the others seen around the globe and is staged with all of the same music, sets and costumes that have made it a worldwide phenomenon.

Fator factor
Terry Fator, winner of NBC’s “America’s Got Talent” performs five shows a week in the 1,265-seat Terry Fator Theatre at The Mirage. The comic impersonator, along with his cast of seven puppets, combines the art of ventriloquism with celebrity impressions.

Pink’s Hot Dogs
Pink’s Hot Dogs Las Vegas is located inside Planet Hollywood Resort & Casino, directly accessible to foot traffic along Las Vegas Boulevard.

The 1,900-square-foot hot dog joint is the first free-standing Pink’s Hot Dogs in Las Vegas and offers 14 varieties of hot dogs as well as many other culinary creations. Exclusive to the Las Vegas location, Pink’s also offers alcoholic beverages, as well as both indoor and outdoor seating.

Rock with Hagar
Rock legend Sammy Hagar is opening his world-famous Cabo Wabo Cantina this fall inside Mirage Mile Shops at Planet Hollywood Resort & Casino. The two-level, 15,000-square-foot nightclub and restaurant will replace The Joint at the Hard Rock Hotel and Casino through a multi-year deal with AEG.

First Food
First Food & Bar has opened at The Palazzo. This hip yet comfortable restaurant and lounge is set in the heart of the Las Vegas Strip and has the vibe of a late-night spot blended with the casualness of a local eatery.

First Food caters to those who stagger in to feed their late-night cravings, as well as those looking for an early breakfast or midday business lunch.

From breakfast to late-night, the menu features American eats and drinks created by Executive Chef Sam DeMarco.

More than just Krug
Representatives of Krug, the world’s premiere champagne, and acclaimed French chef Guy Savoy, have announced the opening of The Krug Room at Restaurant Guy Savoy at Caesars Palace Las Vegas — the first of its kind in the United States. Krug Rooms are private dining rooms where groups can gather to enjoy a seasonal, six-course pairing menu of decadent cuisine served with a range of Krug champagnes including vintages.

(Source: OnlyVegas.com)
A conference focused on the latest advances in endodontics will give practitioners a chance to learn from several renowned experts and also contribute to new research initiatives in the field.

Endodontics Extraordinaire 2 will feature key individuals who have helped shape the highest standards of excellence in endodontics.

The conference will be held March 26 and 27, 2010, at the Fairmont Hotel in San Francisco.

In recent years, new technologies have greatly increased the quality of care possible to the clinician practicing endodontics.

Drs. Clifford Ruddle and L. Stephen Buchanan will review and discuss the most significant advances in the quality of care that can be achieved by modern endodontic techniques.

Drs. Alan Gluskin and Ove Peters will focus on the consensus for current standards of practice and the latest research in the field.

Dr. John West will highlight what it means to achieve optimum performance in endodontics for your own professional growth and treatment success.

Part of the event proceeds will help fund further research opportunities and development of the endodontic research laboratory at the University of the Pacific, Arthur A. Dugoni School of Dentistry in San Francisco.

The school is organizing the event following the success of a similar endodontics conference held in 2003.

“Endodontics Extraordinaire 2 will focus on the very latest methods and outcomes of endodontic care by masters in the field,” said Dr. Alan Gluskin, DDS, chair of the school’s department of endodontics.

“All of our presenters have been intimately involved in the educational program at Pacific through past and ongoing support for our programs.”

The school welcomes inquiries regarding current projects and potential collaborations in the field of endodontics.

For more information, contact Dr. Gluskin at (415) 929-6527 or agluskin@pacific.edu.

University of the Pacific, Arthur A. Dugoni School of Dentistry also recently announced a series of other continuing dental education events slated for this fall, winter and next spring.

The courses span numerous areas of dentistry and are open to dental hygienists, assistants, general practitioners and specialists interested in keeping their skills up to date.

To register for the Endodontics Extraordinaire 2 conference, or other continuing education events, visit dental.pacific.edu/CE1 or call (415) 929-6486.

The endodontic research lab at the University of the Pacific, Arthur A. Dugoni School of Dentistry currently focuses on two core lines of research: the testing of root canal instrumentation/disinfection techniques and aspects of the host response during healing of periapical lesions.
New paradigm for crown preparation: Great White Ultra carbide instruments

By George Friedman DDS, FAACD, FADC

The standards of dental care have evolved rapidly during the past 50 years. Today’s best practice modalities require both tooth conservation and clinical efficiency. These concepts are not always mutually compatible. The efficient and preferably rapid removal of existing tooth structures and restorative materials must be accomplished with minimal heat generation during the preparation phase. As clinical efficiency is increased with faster and more aggressive cutting tools (Fig. 1), it is clinically imperative that tooth preparation avoid the excessive heat generation that could possibly damage the remaining tooth structure and endanger the health of the pulp. In most clinical situations, water and air coolants are utilized in conjunction with high-speed bur preparation to reduce the risk of thermal damage to the tooth. The clinical efficiency of tooth preparation is largely dependent on the shape and design of the cutting bur, and the number of steps that comprise the overall treatment. The more often that the dentist must change burs during tooth cutting, the more time consuming the process and the less efficient the technique.

Practitioners use both visual and tactile cues to determine tissues to be removed. Darker dentin is assumed to be affected by caries; it should be removed (unless, of course, it is re-hardened secondary dentin). Lightly colored dentin and enamel are presumed to be healthy tissues. For the dentist to observe color differences during preparation, the bur’s rotation should remove debris as quickly and effectively as possible (Fig. 2).

The earliest dental burs were manufactured from a variety of metals that were harder than natural tooth structure. With time, steel became the preferred bur metal. Developments in particle-to-metal adhesion technology resulted in the first diamond burs. These burs were preferable for high-speed tooth preparation to steel. The subsequent introduction of carbide cutting instruments was a leap forward for dentistry; carbide offered more effective attack angles were introduced to the carbide cutting shank to make preparation better, faster and easier (Figs. 3a, b).

In the past, dentists have tended to favor diamond burs for extra-coronal tooth preparation while carbide burs have been used largely for intra- coronal cutting. The relative popularity of carbide and diamond burs varies considerably in various parts of the globe, largely due to local availability, cost and education.

One factor that is often not considered by the clinician is that as diamond burs are used, their cutting efficiency tends to decrease dramatically. Their cutting diamonds tend to wear down and debris accumulates in the bur cavities (Fig. 4), reducing efficiency. In order to compensate, dentists tend to press harder on the tooth with the bur in order to maintain the earlier cutting efficiency. Inadvertently, this actually decreases the efficiency of the procedure and increases the potential for heat formation.

Diamond burs tend to grind tooth structures while carbide burs cut these same materials. This leads to the conclusion that crown and bridge preparation, where rapid and effective gross tooth reduction is required and desirable, is best accomplished with carbide instruments.

Recent research has indicated that when a crown or onlay restoration is to be bonded to the tooth surface, carbide bur preparation can improve the bond to the dentin. A more effectively bonded crown increases the longevity of the restoration by decreasing leakage, and thereby the possible adhesive failure of the restoration. Carbide burs typically generate a smoother surface and the partially visible smear layer. This smear layer may be more easily dissolved and incorporated by self-etching primers, thus providing a stronger hybrid layer. This results in higher bond strengths. Cross-cut carbide burs improve the retention of crowns cemented with zinc phosphate by approximately 50 percent. Thus, the use of finishing burs on axial walls is discouraged.

Current concepts of conservative dentistry dictate that a minimum of healthy tooth structure be removed during the preparation prior to the restorative process. Natural enamel and dentin are very likely the best dental materials in existence. Tooth structure conservation is thus inherently a desirable dental objective. Consequently, minimally invasive procedures that allow a greater part of the healthy tooth structure to be preserved are preferable (Fig. 5). The patient also benefits greatly from minimally invasive dentistry. There is typically less discomfort during treatment, and a greater likelihood that the repaired tooth will last a lifetime.

The dental profession tends to take burs for granted. They are frequently used for patient treatment every day, and their effectiveness and efficiency can have dramatic impact on the practice. It is interesting to note that if the practitioner uses burs that are just 10 percent more efficient, the savings in operative time can easily increase practice billing significantly.
without any corresponding increase in overhead. Thus, the entire revenue increase goes directly to the bottom line.

Generally, burs are one of the least expensive components of the dental armamentarium, at least relatively. A small difference in bur cost can often make a major clinical impact. The most important parameter to consider is to select the best bur for the job, keeping in mind that a small added expense of opting for a premium instrument can pay off handsomely. Some burs are designed for single use. They can be sterilized and re-used, but often exhibit a significantly decreased cutting efficiency. Other burs are designed to be sterilized and re-used.

Recent research at the University of Rochester, Eastman Dental Center, jointly undertaken by the prosthodontic and the mechanical engineering departments, examined the efficiency of various dental burs with respect to cutting rate and load needed to complete standardized preparations in Macor samples. Both air-driven and electric handpieces were tested.

The cutting rate represents the speed at which the bur (reflecting its material composition and design) cuts through a standardized material. The faster the speed the more efficient the preparation. The load measures the operator pressure needed to cut effectively. A higher required load will cause more operator fatigue at the end of a long working day.

In the air-driven high-speed handpiece, the SS White Great White Ultra (SS White Burs, Lakewood, N.J.) had a significantly greater cutting rate than the other burs tested (Fig. 6). In addition, the Great White Ultra bur required the least load, or operator pressure, for effective preparation (Fig. 7).

Similar results were observed for electric high-speed handpieces. The SS White Great White Ultra had a cutting rate significantly greater than the other burs tested (Fig. 8) and required the least load, or operator pressure, for effective preparation (Fig. 9).

In practical terms, the Great White Ultra burs cut between 11–35 percent faster than the other burs tested. This can save the practitioner between one to three minutes on a 10-minute preparation procedure. The decreased load translates into greater operator comfort.

Dental bur design has developed varying flute angle and cutting charac-

teristics that are specific to the intended task. Operative, cavity and crown preparation carbide burs have flutes (dentates) that are designed deep and wide, creating a more aggressive cutting of enamel with increased speed and efficiency (Fig. 10).

Operative burs are either straight bladed or crosscut. Straight-bladed burs cut more smoothly but are slower, particularly with harder substrates. Crosscut burs tend to cut faster, but may create more vibration. Finishing burs have more flutes, closer together and shallower, than operative instruments (Fig. 11). This design allows for fine finishing and polishing of dental materials or tooth surfaces.

The Great White Ultra bur is an
because it does not “grab” or “catch” the substrate, and thus does not stall in harder materials. The novel design creates less stress on the remaining tooth structure and less frictional heat that may irritate the pulp and damage the supporting periodontal structures.

The aggressive cutting angle (Fig. 13) of the Great White Ultra allows the operator to use less pressure on the tooth during preparation (resulting in decreased tooth heating and dentist fatigue). The tightly controlled parameters of manufacturing quality control develop a high degree of concentricity in the Ultra burs that offers less vibration and chatter during use, and decreased maintenance costs for handpieces (Fig. 14).

The goals of conservative tooth preparation include:15
1) Re-contouring the remaining tooth and restored structures to a specified shape and size to accommodate a crown.
2) Providing a depth guide on all surfaces, including the occlusal, to allow the crown to have sufficient bulk and strength to withstand occlusal and other intraoral forces.
3) Creating the intended marginal finish, whether shoulder or chamfer, at the same time as accomplishing the gross preparation of the other surfaces.
4) Developing a surface that is suitable for bonding the indirect restoration.
5) Remaining conservative of tooth structure.
6) Preparing the tooth quickly and efficiently for both patient and dentist comfort.

For most dentists, the cutting speed tops the list of features that are important in selecting dental burs. Carbide manufacturers have produced a variety of designs and shapes that are intended to reduce the time that it takes a practitioner to prepare the tooth for a crown.

The Great White Ultra burs cut quickly and smoothly through enamel. It negotiates amalgam and other restorative materials with minimal clogging and no drag or stalling in these harder materials. The bulk reduction in the crown preparation phase can be accomplished with a single instrument (Fig. 15).

The highly dentated body of the Great White Ultra cuts efficiently and quickly, and combined with the smooth tip, helps to provide two reduction actions in one single pass with a single bur (Fig. 16). The rounded, non-crosscut tip provides smooth, precise and controlled margins with the same cutting motions as the gross reduction preparation. Thus, the Great White Ultra is more efficient; there is less chair time.

There are two preferred marginal anatomies for crown preparation, the chamfer and the shoulder. Accordingly, two margin-specific clinical series of burs have been crafted. The Great White Ultra 856 Series develops a rounded axial-gingival margin providing a chamfer finish for the preparation (Fig. 17). The Great White Ultra 847 Series creates a 90 degree axial-gingival wall and provides a shoulder margin for crown restoration (Fig. 18).

The Great White Ultras are available in a variety of diameters and cutting lengths.

innovative technological development that represents a new category of crown preparation burs; it is more sharply dentated than earlier crosscut burs. The unique geometry in the blades’ design creates a bur that cuts faster with less vibration in both tooth structures and other dental materials (Fig. 12).

The bur cuts faster and smoother...
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sirona
The Dental Company
The Great White Ultra bur kits organize a variety of shapes and sizes that are typically used in routine crown preparation. The bonus is that once the correct bur is selected, the entire preparation can often be completed without changing to another instrument. Bulk reduction AND a smooth margin are created with the same reduction instrument.

Clinical case No. 1
The preparation of the bicuspid crown is very rapid and straightforward. A single pass of the Great White Ultra bur reduces the bulk of the tooth at the height of curvature and finishes the chamfer margin simultaneously (Fig. 19). The inter-proximal preparation must be accomplished without mar ring the surface of the adjacent tooth. One of the thinner GWU burs may be used (Fig. 20).

The buccal surface is not smoothed out with a disc or diamond; the striations created by the bur increase the surface area available for adhe sion (Fig. 21). The occlusal reduction is completed to provide 1.5–2.0 mm clearance for the crown (Fig. 22). The completed preparation, ready for impressions, is viewed from the occlusal (Fig. 23).

Clinical case No. 2
The molar crown preparation is begun on the buccal surface (Fig. 24) and continued circumferentially as in the case above. The bulk and margin al preparations are completed at the same time. The completed preparation, ready for impressions, is viewed from the occlusal (Fig. 25).

The stone model is verified against the intra-oral preparation, and the crown is tried on extra-orally (Fig. 26). If the fit on the model is correct, then the crown is tried intra-orally and cemented on to the prepared abutment (Fig. 27). A circumferential preparation that has even depth throughout and adequate space for the restoration, as well as a well-defined margin (whether chamfer or shoulder), results in a well-fitting and long-lasting crown.

Clinical case No. 3
Some practitioners prefer to use depth grooves to guide crown preparation. The Great White Ultra bur is well suited to this task. The depth grooves are placed quickly and evenly to the desired preparation depth (Figs. 28a–d) at the same time that the location of the margin is determined.

The depth grooves are joined, maintaining the selected depth of the preparation and the location of the restorative margin (Fig. 29a, b). The occlusal surface is reduced to an ideal depth and shape (Figs. 29a–c) and the preparation, completed within a matter of minutes, is viewed from the occlusal (Fig. 29d).

It is reasonable to expect that Great White Ultra burs can be used for multiple tooth preparations, and that they can be cleansed effectively between patients. There are two important steps to follow for the proper steriliza tion of multiple-use tungsten carbide burs.

Step 1: Burs should be cycled through an automated washer such as the Hydrim (SciCan, Toronto, Canada), that provides rapid and effective washing, rinsing and drying with a single push of a button. (The instru ments may be cleaned manually, but they should be pre-soaked to loosen debris and handled with extreme care to avoid skin punctures. Avoid cold sterilizing solutions that contain oxi dizing agents that can weaken carbide burs. Ultrasonic systems can be used as well. The re-use of solutions in these systems is less than ideal, however. Separate the burs from each other in a bur block during ultrasonic immersion to prevent damage to the cutting surfaces. Brush any remaining debris away with a stainless steel wire brush. Rinse and dry the burs.)

Step 2: It is only at this point that sterilization can be initiated. The importance of this step cannot be overstated. Only the effective steriliza tion of burs eliminates the threat of cross contamination to patients and staff. Steam autoclaves will effectively sterilize carbide burs, but some units may allow surface corrosion to develop. Metal bur blocks may promote galvanic corrosion and should be avoided. Both dry-heat sterilizers...
and chemi-claves can be used without corroding or dulling carbide burs.

Conclusion
Great White Ultra burs are an innovative solution for the crown and bridge tooth preparation process. The differential reduction provided by the varied cross cutting of the bur’s active surface allows intraoral multitasking.

Great White Ultras simplify the clinical procedure by reducing the circumferential bulk of the tooth and preparing the final margin at the same time.

Rapid cutting, less structural stress and a more adhesive surface are additional advantages.

References

About the author
Dr. George Freedman is a founder and past president of the American Academy of Cosmetic Dentistry, a co-founder of the Canadian Academy for Esthetic Dentistry and a Diplomate of the American Board of Aesthetic Dentistry. He is the author or co-author of 11 textbooks, more than 600 dental articles, and numerous Webinars and CDs, and is a team member of REALITY. He lectures internationally on dental esthetics, adhesion, desensitization, composites, impression materials and porcelain veneers. A graduate of McGill University in Montreal, Freedman maintains a private practice limited to esthetic dentistry in Toronto, Canada.
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CBCT: changing diagnosis and treatment planning

By Daniel McEowen

Since the introduction of cone-beam computed tomography in 1999 in the U.S. market, there has been a gradual shift in radiography paradigms. Many of the early adopters were unfairly accused of overuse of this radiology technology with comments such as, “If you have a hammer, everything looks like a nail,” or, “It’s way too much radiation compared to a panoramic, and the information isn’t that valuable.”

Others in the specialty fields or general dentists who had placed many implants over the years said, “It wasn’t needed and with enough experience no one would need it.” Interestingly enough, I had not met one of those doctors who had actually used the technology, much less purchased one to use in their own office.

As technology has improved in the last 10 years, we now have CBCT machines that rival periapical radiographs in clarity and diagnostic capability. The days of using 2-D images as the only diagnostic tool are fast approaching an end. As this technology progresses, dentists and patients will demand the best quality 2-D and 3-D images to diagnose and treatment plan their dental needs.

There are more than 17 manufacturers in the CBCT market today, offering a wide variety of machines. Some manufacturers offer machines that perform a multitude of tasks from a very large full head view to reconstructed panoramic, 2-D and 3-D images of every size with moderate to good resolution. Other manufacturers have chosen to use a smaller, flat-panel detector to give extremely high-resolution images for accurate diagnosis.

PreXion 3D is one of those machines with an 8x8 cm and 5x5 cm field-of-view (FOV). When performing surgical procedures, the multiplaner views (slices) can be viewed in any plane and thickness. Three-dimensional views allow the doctor to do virtual surgery before doing any invasive procedures on the patients.

I have found that when showing patients their own scan and explaining it in the 3-D mode, there is greater acceptance and understanding of the treatment you have planned. It is true — “a picture is worth a thousand words.”

Another factor that cannot be ignored is the identification of defects not visible on panoramic or periapical films. This eliminates adding procedures during surgery that patients had not planned on. CBCT will change the way you view endodontology from the initial diagnosis to treatments. The ability to look at a tooth from virtually any angle eliminates surprises.

The high-quality images show...
Pediatric advanced life support (PALS) customized for dentists

By Heather Victorn

If you are a pediatric dentist, a family practice dentist who treats children or a dentist who performs pediatric sedation, you should consider taking a pediatric advanced life support (PALS) course.

Children are not simply small adults. Their anatomy and physiology is vastly different. Even practitioners who have attended advanced cardiac life support (ACLS) courses in the past should still seek additional PALS certification.

Leading sedation dentistry and emergency preparedness continuing education provider DOCS Education has expanded its curriculum to offer a top-in-the-nation PALS course customized for dentists.

Nearly every state requires dentists to have basic life support (BLS) or CPR for health care providers training. However, both courses only teach basic skills for sustaining a patient’s life and do not teach you how to use an automatic external defibrillator (AED) in the event of a cardiac emergency.

Furthermore, they do not address how to identify and treat the signs and symptoms that can lead up to a respiratory or cardiac emergency in children, particularly in the dental setting.

Recognizing these signs and symptoms can enable early intervention and prevent a small medical emergency from escalating into a large one.

Changes in behavior, mood or alertness can all be symptoms of an allergic response. Often times these first indicators of trouble are misinterpreted as simply nervousness or agitation. When taught to recognize the signs, the progression of respiratory and cardiac distress can often be resolved.

Because many of their allergies and sensitivities haven’t manifested themselves yet, treating children presents unique challenges.

“Children are history in motion,” says lead DOCS Education PALS instructor John Bovia, Sr. “Their history is developing moment by moment as they go through their formative years. They haven’t been labeled with certain allergies because they haven’t experienced them yet.”

DOCS Education’s PALS course teaches essential techniques for pediatric assessment and recognition of systems in distress, including airway obstruction, allergic reactions, respiratory insufficiency and hypoxemia.

Dentists learn standard pediatric emergency protocols and how to effectively run a mega-code emergency using dental office equipment.

The course also teaches participants how to use Broselow® Pediatric Tape, which provides pre-calculated emergency medication dosages based on a child’s height and weight.

Simulation is part of its foundation, and the course is designed to be user-friendly with an emphasis on practice drills performed on high-fidelity pediatric simulators.

These simulators provide real-time, real-world experience to maximize skill proficiency and preparation.

Training on how to use an AED on pediatric patients experiencing a cardiac emergency and understanding emergency drugs and their administration via intraosseous and other alternate routes of administration are covered in detail.

The next DOCS Education PALS course will take place on Nov. 6 and 7 in San Francisco. To learn more or register, visit DOCSeducation.org or call (866) 592-9617.

The recovery is already under way for select practices. In fact, some offices managed to avoid the full effects of this downturn altogether. In spite of the worst economy in several generations, these practices continued to grow. Maybe not as robustly as earlier in the decade, but they are still growing today.

Levin Group clients are among this elite group. They have the high-performance systems, the pro-active leadership and a well-trained team.

These dentists experience consistent growth and the freedom to spend 98 percent of their day in direct patient care — diagnosing and treating patients — while their team performs all administrative duties independently and effectively.

It is this very reason that updated systems allow all dentists to experience greater professional satisfaction. Some of the proven systems we teach our clients include:

- Greenlight Case Presentation®: Get 95 percent of patients saying “yes” to all forms of treatment.
- Power Cell Scheduling®: A scientific method of time management that increases production per-chair while greatly reducing practice stress. Increase production capacity by 50 percent.
- The Hygiene Maximizer®: Use your hygiene time for more than just clinical care — educate patients about your full range of services. Add $100,000-$200,000 in new production.
- Stage III Customer Service®: Treat all patients like VIPs and convert new patients into long-term patients. Increase patient referrals by 20 percent.
- Power Scripting®: Know what to say and how to say it for all patient interactions. Have all routine conversations documented in writing!
- The Immediate Collections Process®: Help all patients afford treatment while collecting monies owed on time. Collect 99 percent of fees at the time of service.

By implementing these systems and mastering training techniques, practices are recovering and growing during these difficult economic times. These systems are a few of many that our Levin Group experts teach clients.

The value of team training

For every new system, team members must train to understand and use those systems effectively. The goal of systems training is to make experts out of every staff member.

Once the team has completed training, practices see growth almost immediately. The improved confidence and skill level of the team members enables them to independently operate all practice systems, freeing you to focus almost entirely on direct patient care.

Conclusion

Recovery is happening for those dentists who’ve taken the necessary steps to safeguard practice growth. No matter what kind of economic conditions develop in the future, the right systems and advanced team training will lead you toward financial independence sooner.

All dentists can choose recovery over survival. Which will you choose?

Dental Tribune readers are entitled to receive a 20 percent courtesy on the Levin Group’s Total Practice Success™ Seminar held for all general dentists on Oct 16 and 17 in Chicago. To register and receive your discount, call (888) 973-0000 and mention “Dental Tribune” or e-mail customerservice@levingroup.com with “Dental Tribune TIPS” in the subject line.
Making a ‘perfect product’ even better
An interview with DEXIS Sales Regional Manager Jeff Hales about the new Platinum Sensor

By Robin Goodman, Group Editor

What’s new with DEXIS these days?
DEXIS is a very unique product, and what I mean by that is that DEXIS had the best product on the market — we’ve had more users, more happy owners than any other company on the market, and DEXIS had the most awarded digital X-ray system — but the company didn’t sit still with it.

It went ahead and took, in my opinion, a perfect product, and made it better. It improved upon some of the things that have always made DEXIS a wonderful product.

For example, there’s no dead space on the sensor, it’s 100 percent active and the corners are rounded, which gives you the ability to do a full mouth series in less than five minutes with a single sensor.

Also, the way the cord is designed is unique.

There are several patents on the sensor; which make it easier, more ergonomic to fit in the patient’s mouth, so you get all of your images digital.

In addition, there is a direct USB. DEXIS took all the components and electronics out of the USB box and integrated it into the sensor.

So there’s no additional USB box with this system, making it easier and more portable to move from operatory to operatory.

With that said, there is image quality. Image quality with the DEXIS classic sensor was fantastic, yet with the new Platinum Sensor, it’s even improved.

There are more than 16,000 shades of gray. It gives you the ability to see things that most sensors cannot pick up.

And in fact, it’s even better than film. It’s very rare to have a sensor that not only is as good as film, but actually better.

If summarized the high points that you think would stand out for a practitioner, what would you say?
First, it’s patient comfort: the ability to get any shot whether you are dealing with children or adults.

Second, it’s ease of use of the software: it’s easier to use than anything out there. Third, it’s the image quality.

Those are primarily the three biggest things that DEXIS does.

In fact, we’ve done shootouts with other companies out there, doing a side-by-side comparison, and I just did one last week.

I was in Salt Lake City with a very analytical dentist I’ve worked with for about six months who has been doing a lot of research and wanted to have everything under the sun.

He finally decided the best way for him to do it was to have everybody come into his office, so the three top players in digital X-ray were there.

We were there, and two of our competitors were there. And, I have to say, it was not even a close contest, and the dentist bought from DEXIS.
Every year in the United States, 30,608 emergencies occur in dental offices, according to the American Dental Association. In order for them to respond when one of them inevitably occurs in their office, dentists must have an appropriate emergency response plan and appropriate emergency response equipment to match.

Savalife’s Quick Response M100 emergency drug kit includes the pre-filled syringes, sprays and inhalants needed to quickly and effectively treat common patient emergencies, including those related to angina, asthma, insulin problems, allergic reactions, fainting, heart attacks and more.

As convenient as it is necessary, the kit saves patients’ lives while also saving dentists’ practices, as appropriate emergency response can reduce dentists’ exposure to risk and liability.

What’s more, because the kit is free when practitioners sign up for Savalife’s Automatic Drug Refill Program, it allows dentists to invest their time and money where it belongs — with their patients.

For more information or to order, call (800) 933-5885 or visit www.savalife.com.
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InTouch Practice Communications earns top honors from ADA

Company’s messaging services receive prestigious ADA Business Resources endorsements

By Lauren McCormak, Firstline Media

If you are looking for new ways to maximize the potential of your practice, consider improving your patient relations with advanced messaging services. Professional on-hold messages and automated appointment reminders are powerful tools for connecting with current and future patients.

For the past 12 years, InTouch Practice Communications (formerly On Hold Advertising) has revolutionized the world of dental communications for thousands of dentists across North America.

The company’s name recently changed to InTouch Practice Communications, but its high standards for quality, great staff and tremendous products remain the same.

InTouch Practice Communications is the leading provider of such services for the dental community.

In fact, InTouch was recently awarded exclusive endorsements for both products from the ADA® Business ResourcesSM group.

InTouch Practice Communications Vice President Bill Schroeder said he was thrilled to be awarded the endorsements. He states: “The American Dental Association Business Resources group has done its research. It identified the need for our products within the dental community and conducted a thorough review of the firms in the industry. “This was far from a ‘rubber stamp’ endorsement. Analysts reviewed our financials, toured our production facilities, interviewed our employees and spoke with our clients.

“In the end, our years of providing great products and outstanding customer service were validated by this exclusive endorsement.”

InTouch Practice Communications currently offers PhoneTree automated appointment reminder systems for patient communications, a product that is trusted by more than 45,000 clients.

The system sends phone, e-mail and/or text message reminders to patients by using information already tracked in an office’s practice management software and asks patients to confirm their appointments before sending a report of all confirmed appointments to the practice.

Appointment reminders are beneficial to a dental practice in many ways. Dentists using PhoneTree see as much as a 42 percent decrease in missed appointments.

Reminders also reactivate missing patients by alerting them when they are overdue for a check-up.

Simply put, the PhoneTree system saves your practice thousands of dollars annually by retaining business that would otherwise be lost and reactivating patients that have been absent.

Using an on-hold message service is also very beneficial to your dental practice. Callers hear a targeted message that creates an interest in specific services offered by the practice.

For example, a message focusing on cosmetic whitening procedures translates into increased customer awareness and ultimately more sales of that service.

InTouch Practice Communications provides fully customized programs to meet the needs of every practice. A highly experienced staff of scriptwriters makes each on-hold message unique, professional and easy to understand.

Dentists often use on-hold messages to support the image of their practice. On-hold messages are the perfect vehicle for educational information.

The targeted messages are a great way to inform patients about the importance of oral health, and patients appreciate a practice that is interested in their well-being.

InTouch’s Flex Plus plan offers their on-hold message customers a tremendous amount of flexibility. This program not only allows for unlimited changes to their primary messaging, but also unlimited creation of “short subject” programs that are designed to deliver very specific, timely information about a product or service.

Use of these short subject programs practically guarantees a caller will hear a message about the matter at hand.

One of the most important aspects of any messaging system is ease of use. InTouch Practice Communications guarantees its products are simple to use and easy to change according to your needs.

Make sure to visit InTouch Practice Communications at the ADA 150th anniversary Annual Session in Hawaii. The company will be exhibiting in booths 823 and 718 in the ADA Business Resources endorsed provider area.

At the meeting, InTouch will offer its lowest prices of the year to those who place an order on the show floor. It will also give away a chance to win a helicopter tour for two over Oahu.

The winner will get to view Waikiki Beach, Diamond Head, the Dole Pineapple Plantation and Pearl Harbor from the beautiful skies over Hawaii.

To learn more, visit InTouch Practice Communications in Hawaii, call (800) 493-9003, or visit them company on the Web at www.InTouchDental.com.

Stop by and visit InTouch Practice Communications ADA Annual Session Hawaii booth Nos. 823 & 718

(Photo: Hawaii Tourism Authority/Kirk Lee Aeder)
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