Record number of courses at ADA meeting

Event includes live-patient demonstrations and more than 300 workshops and courses

With a record number of hands-on workshops, education-in-the-round live-patient demonstrations, hands-on cadaver workshops and open and clinical science forums, the American Dental Association Annual Session has educational opportunities covering virtually every aspect of dentistry.

The event runs from Oct. 31–Nov. 3 in New Orleans, with some preconference courses also on the agenda.

Attendees can select from more than 300 lectures and interactive learning experiences, including advanced courses, "fast tracks," "Presidential Whistle Stop," "Progressive Perio," "ADA Town Hall," "SoMe Media Panel" and, of course, unlimited opportunity to exchange ideas with colleagues from across the globe.

There are also learning opportunities on the exhibit hall floor, with "ADA CE Live," which includes hands-on opportunities with some of the industry’s latest technology and solutions. The exhibit hall also includes the new "Health and Fitness Center" and "Dental Office Design Center" making their debut at the 2013 meeting.

Among the most recent courses to be added to the agenda are learning labs and super sessions on "Women in Dentistry" and "Geriatric Patient Care." The learning labs are a new type of interactive course for the meeting, featuring physical tools designed to engage both sides of a participant’s brain — with the intent of opening new ways of thinking. Offered for no extra fee, the learning labs enable attendees to gain peer-to-peer insights in small group environments. Spaces are limited, so meeting organizers encourage early sign-up.

In the super sessions, attendees can further the discussion of what was covered in the smaller learning labs. Sketches, audio commentary and photos of the activities in the learning lab will be shared so a

• See COURSES, page A3

ADA ANNUAL SESSION A3–A6
• Hands-on C.E. and other courses still open for registration
• Dr. Ron Kaminer: Prep it and fill it for minimally invasive restorations
• Dr. Frank Milnar: Immediate dentin sealing and adhesion
• Research presented by world’s top student clinicians

MEETINGS A8–A16
• Toronto Academy of Dentistry
• Greater New York Dental Meeting
• AAAP/ADIS implants courses
• Yankee Dental Congress
• Pacific Dental Conference
• Smiles in the Sun
• Journées dentaires internationales du Québec

INDUSTRY NEWS A17–A47
• OralID oral cancer screening device
• Upgrade your old NOMAD
• New handpieces from NSK
• BioLase offers laser mini-clinics
• Fix insertion path for BruxZir bridge
• Saddle-style stool from Orascoptic
• Rotograph Evo 3D, 3-in-1 functioning
• BEAUTIFUL Flow Plus in four shades
• Journées dentaires internationales du Québec
Esthetic dentistry may not make patients happier

When assessing patients for esthetic dental procedures, it might be just as important to evaluate mental health as oral health. Recent research suggests that some patients who are dissatisfied with their appearance will feel the same after such dental work, no matter how objectively successful a procedure is.

This is a finding in a study by Sharmila Sarin, supervised by Dr. Koula Asimakopoulou, and colleagues from King’s College London. The team presented its research, “In pursuit of the perfect smile: When assessing patients for esthetic dental treatment would influence satisfaction with the outcomes of esthetic dental procedures,” in September at the British Psychological Society’s Division of Health Psychology annual conference in Brighton, England.

In the study, 60 participants completed the Slade Body Satisfaction Scale and a “visual analogue scale” assessing satisfaction with their appearance before and after their dental work. Each also completed a short version of the “Big Five” personality test before his or her procedure.

Happier before means happier after
Irrespective of the dental work performed, people who were happiest about their appearance before receiving esthetic dental treatment were those that were the happiest after treatment; dissatisfaction with one’s appearance persisted after esthetic dental work.

According to Sarin and Asimakopoulou: “We wanted to establish whether personality and the views that people have about their appearance before receiving esthetic dental treatment would influence satisfaction with the outcomes of esthetic dental procedures.

“We found that it is in the patients’ and dentists’ interest to ensure that patients receiving esthetic dental work start from as high a point of satisfaction with current appearance as possible. This will enhance the chances that they will be satisfied with the results of esthetic dental treatment. Neuroticism is also likely to interfere with satisfaction with esthetic dental work.”

The conclusion: Dentists need the support of psychologists to enhance patients’ satisfaction with their appearance before embarking on esthetic dental procedures.

(Source: King’s College London, The British Psychological Society and Science News Daily)
Cadaver workshops take learning beyond theoretical
Some registration slots still open for the innovative hands-on training opportunities at the ADA Annual Session

There are still seats available for the ADA’s innovative “Hands-On Cadaver Workshops” at the ADA Annual Session, Oct 31–Nov 3.

The seven, three-hour cadaver workshops will be held at the Louisiana State University Health Science Center. “The facility at LSU will allow participants and instructors to maximize all of the teaching tools available in a true clinical learning application,” said Dr. Alan W Budenz, clinical director in 2012, and the presenter of one of the workshops this year. “This is not theoretical information; it is focused on improving your daily practice of dentistry.”

The seven workshops are:

- “Crown Lengthening,” by Dr. Jon Suzuki, Oct. 31, 11 a.m.–2 p.m. (course 5230).
- “Soft Tissue Grafting with Autogenous and Allogeneic Tissue,” by Dr. Peter Shatz, Oct. 31, 3–6 p.m. (course 2235).
- “Anatomy of the Masticatory System: Clinical Application and Dissection,” by Dr. Henry Greimillion, Nov. 1, 8:30–11:30 a.m. (course 6230).
- “Mini Dental Implants,” by Raymond Cheu, Nov. 1, 2–5 p.m. (course 6231).
- “Cadaver Dissection of TMI and Associated Structures,” by Dr. Mark Piper, Nov. 2, 8:30–11:30 a.m. (course 7230).
- “Clinical Application and Dissection,” by Dr. Mel Hawkins and Dr. Alan Budenz, Nov. 2, 2–5 p.m. (course 7231).
- “Detection and Diagnosis of Oral Lesions for the General Practitioner,” by Dr. Bill Carpenter and Dr. Homer Asadi, Nov. 3, 8:30–11:30 a.m. (course 8230).

The advance registration deadline had passed at press time, but the $795 fee for a cadaver course hadn’t increased. Each course includes shuttle rides to and from LSU and light snacks. Shuttles pick up participants from the convention center 45 minutes before the start time and depart LSU 15 minutes after the end of each workshop. Other hands-on workshop options at the annual session include:

- “The Ultimate Bonding Experience Workshop,” by Dr. Bud Mopper, Oct. 31, 8–10:30 a.m. (course 5209) or 2–4:30 p.m. (course 5219), $315 per person.
- “Crown Lengthening Workshop,” by Dr. Timothy Hempton, Nov. 1, 9 a.m.–1 p.m. (course 6223) or 2–6 p.m. (course 6224), $315 per person.
- “Utilizing Laser Technology in a Periodontal Environment,” by Dr. Samuel Low, Nov. 2, 8–10:30 a.m. (course 7209) or 2–4:30 p.m. (course 7211), $315.
- “Detection and Diagnosis of Oral Lesions for the General Practitioner,” by Dr. Bill Carpenter and Dr. Homer Asadi, Nov. 3, 8:30–11:30 a.m. (course 8230).

Other selected fee and free courses still have openings as well. For information or to register visit www.ada.org/session.

(Source: American Dental Association)

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New Orleans, Louisiana: Booth 2765

(Source: American Dental Association)
Ron Kaminer, DDS, uses Shofu products to ‘Prep It and Fill It’ for minimally invasive, esthetic restorations

In a Dental Tribune Study Club session sponsored by Shofu Dental Corp. at the American Dental Association Annual Session in New Orleans, Ron Kaminer, DDS, will share his experiences with the use of adhesive materials and flowable composites in minimally invasive dentistry. Kaminer answered questions posed by Dental Tribune to reveal a few details about what attendees can expect from the session, which will be presented in the annual session’s exhibition hall.

DTSC Symposia in New Orleans

Dr. Ron Kaminer presents “Prep It and Fill It: Minimally Invasive Options for Restorative Dentistry” on Thursday, Oct. 31, from 11 a.m. to 12:30 p.m., in booth No. 3487 as part of the DTSC Symposia. You also can learn more about Shofu’s products, current promotions and other offers at the Shofu booth, No. 2251.

Your session is titled “Prep It and Fill It: Minimally Invasive Options for Restorative Dentistry.” Can you provide brief overviews of what you will cover?

Like our medical colleagues’ work, dentistry is heading in a minimally invasive direction. As dentists, we must be ready to adapt and investigate different preparation types as well as new materials that lend themselves to this trend. During this session we will cover some advances in tooth preparation for operative dentistry, simplifying posterior contacts and using new adhesive materials and flowable composites to achieve outstanding esthetic results.

Who should attend this session?

This program is ideal for general dentists and assistants.

If there are just one or two core concepts you’d like attendees of your session to leave with, what are those?

There are many new materials today that make routine dentistry easier and more predictable. Shofu’s BEAUTIFUL Flow PLUS is one of those materials. It is super esthetic, wears extremely well, and, because of its chemistry, it is bioactive. Clinically, if we adhere to manufacturers’ recommendations, we can achieve lifelike esthetics and sensitivity-free restorations time and time again.

Your session is sponsored by Shofu. How did you end up associated with the company, and what attracted you to its products and services?

As an opinion leader and consultant in the dental profession, my responsibility includes seeking out companies with outstanding, easy-to-use products and fostering long-term relationships with such companies. Shofu’s products are scientifically based, well thought out and stand the test of time. There is not much more a key opinion leader could ask for when working with a company.

What is it that has made you such a big fan of BEAUTIFUL Flow Plus specifically? BEAUTIFUL Flow Plus is strong (highly filled) but very esthetic. Sometimes it does not even require polishing, as I will show in the presentation. It comes in two viscosities: zero flow, which flows a little, and low flow. So there is something for everyone. If you place it in a preparation, it self-levels and does not run everywhere. And, finally, because of the proprietary GIOMER chemistry, it is bioactive, so it is ideal to use on a high-caries patient.

Any final thoughts?

Anyone can achieve outstanding results just by changing a few products he or she is currently using. Remember: If nothing changes, nothing changes.

New materials: ‘If nothing changes, nothing changes’
Get predictable restorative results with immediate dentin sealing, powerful adhesives, minimally invasive mindset

Frank J. Milnar, DDS, AAACD, provides guidance on some of VOCO’s latest products

By Robert Selleck, Managing Editor

It’s hard to resist a company-sponsored presentation featuring an educator who’s willing to test anybody’s products and promises to never to claim which is best — and instead simply delivers the facts and lets the students come to their own conclusions about what’s better or best. Such is the case with two Dental Tribune Study Club presentations sponsored by VOCO at the American Dental Association Annual Session in New Orleans.

The presentations feature Frank Milnar DDS, AAACD, speaking on two topics that naturally flow together: “Immediate Dentin Sealing and Contemporary Adhesive Strategies” and “Incorporating Minimally Invasive Concepts to Ensure Predictable Restorative Results.” Milnar agreed to answer a number of questions from Dental Tribune to give attendees a little better idea of what to expect from the sessions.

Would you provide brief overviews of your sessions?

Regarding “Immediate Dentin Sealing and Contemporary Adhesive Strategies,” today’s dental practices must know when and how to use total etch, selective etch and universal self-etch adhesives.

I’ll provide easy-to-understand guidelines for each. Attendees will leave with an understanding of the technologies, greater knowledge about the benefits of immediate dentin sealing and a better understanding of why the adhesive layer is the most important layer of a restoration.

In “Incorporating Minimally Invasive Concepts to Ensure Predictable Restorative Results,” I provide information and tips that will help practitioners quickly select products and develop the techniques required to create minimally invasive injectable composite restorations and prevent sensitivity. Attendees will learn how the properties of composite resins affect their longevity — which is critical to the goal of maximizing lifelong preservation of as much natural tooth structure as possible.

I’ll also provide simple-to-follow explanations of the chemistry that creates adhesion — and the next generation of injectable composites, with a focus on understanding when and where to use them.

Have there been some recent advancements in immediate dentin sealing products or techniques? Do you cover these in your sessions?

Yes. First, most clinicians don’t know what “immediate dentin sealing” is. I would bet 95 percent have not heard of the concept. Brannstrom’s hydrodynamic theory of 1966 showed that the movement of fluids in the tooth due to trauma promotes dentin sensitivity. Sealing exposed dental tubules prevents movement of fluid, thus reducing postoperative sensitivity. Immediate dentin sealing also protects the tooth from bacterial invasion. It’s often referred to as “sealing for healing.”

Cutting into deep, vital dentin creates a portal for bacterial invasion. Also, according to Dr. Franklin Tay, when cut dentin bleeds water — there can be a significant negative effect on the restorative bonding sequence.

When talking about immediate dentin sealing in 2006, Pascal Magne advocates sealing the dentin at the time of the preparation appointment, then the enamel can be bonded at the final appointment of cementation.

How do you determine which new products or techniques you need to be using with your patients — and when?

That goes to adhesion. The adhesion layer is the most important layer in your restoration. Universal dentin bonding agents, or DBAs, are simpler, faster and employ easy-to-understand methods and techniques.

One example is VOCO’s Futurabond U (universal) dentin bonding agent. The challenge of determining which of these various products or techniques to use on the patient spills over to the next seminar, which gets into techniques connected to minimally invasive dentistry. The two go hand in hand. First, you have to have materials, adhesion and chemistry that correspond to smaller preparations. Then you need to know how to master the techniques.

Who should attend your sessions?

The entire staff. It’s helpful when the entire team understands the chemistry, the preparation, the indications, the contra indications and the proper implementation of all these next-generation products.

If there’s just one or two core concepts you’d like attendees of your sessions to leave with, what are those?

When you pre-cure DBAs prior to impressioning, you don’t get collapse of the collagen fibers during cementation. Immediate dentin sealing is ideal for minimally invasive prepss. Also you seal fresh-cut dentin on the spot, to eliminate the adverse effects of microbiology.

Adhesion, today — in any form — creates reparability. And that’s the new gold standard of our time. Preserve as much dentin and enamel as possible, with minimal trauma to the tooth. Immediate dentin sealing really promotes all of this.

Worth noting, too, in terms of other products offered by the sponsor, VOCO. There are various products that support immediate dentin sealing and adhesion by stabilizing the oral environment prior to and following restorative dentistry. An example from VOCO is Remin Pro, which has calcium phosphate fluoride and xylitol. VOCO Pro, Profluorid L and Profluorid

DTSC Symposia in New Orleans

Dr. Frank J. Milnar presents “Immediate Dentin Sealing and Contemporary Adhesive Strategies” on Friday, Nov. 1, from 11:15 a.m.–12:15 p.m. and “Incorporating Minimally Invasive Concepts to Ensure Predictable Restorative Results” on Friday, Nov. 1, from 12:45–1:45 p.m. Both presentations take place in the Dental Tribune Study Club booth (No. 1952) in the exhibit hall as part of the DTSC Symposium at the American Dental Association Annual Session. You also can learn more about VOCO America products, current promotions and other offers at the VOCO booth (No. 1959) in the exhibit hall.

Varnish also are great products to use with immediate dentin sealing and non-invasive dentistry.

Some might argue that “minimally invasive” and “maximum esthetics” can be a “one or the other” decision. Is that ever the case?

Not really. Everything you do has a consequence in dentistry. Short or long term.

You decide whichever one it is. And then you employ the techniques, materials and chemistry that support being minimally invasive.

• See SEALING, page A6

FRANK J. MILNAR DDS, AAACD, is a graduate of the University of Minnesota School of Dentistry. He is an accredited member of the American Academy of Cosmetic Dentistry and a board examiner for accreditation. Milnar maintains a full-time practice in St. Paul, Minn., emphasizing appearance-related dentistry. He has published numerous articles about the direct placement of composites, shade selection and porcelain materials and is on editorial review boards for dental journals. He has been voted “Top Dentist” for the last several years in the Minneapolis/St. Paul Magazine. He has been voted by Dentistry Today as one of the top 100 dentists contributing to dental education...
ADA/DENTSPLY student research program builds future leaders and advances science in dentistry

In more than 450 dental universities across the globe, more than 5,000 dental students each year dig into the foundations of dental science. The International Association of Student Clinicians — American Dental Association (SCADA) program

• See STUDENTS, page A8

In New Orleans
Meet the 2013 SCADA student clinicians, view their research and earn C.E. credits from 1–4 p.m. Saturday, Nov. 2, at the 2013 ADA Student Research Post- er Exhibit, in Hall B, Level One, Room B21, of the Ernest N. Morial Convention Center. Learn more about DENTSPLY in booth No. 2501/2601 in the exhibit hall at the ADA Annual Session.

• SEALING, page A5

The good news is, for maximally esthetic results, we now have minimally invasive materials in flowable materials that can ensure we can still be esthetic at the same time. This is a new era. Minimally invasive dentistry is based on emerging science.

What are some of the newer products you’re using that make “minimally invasive” and “maximum esthetics” easier to mutually achieve?

We now have new flowable composites that have high fill rates, which means they are enduring. You can actually use these as universal composites for minimally invasive preparations. We can have a variety of opacities, translucencies and effects, which is to say “enamel effects” in a flowable syringe to achieve esthetics. This is the key to the whole thing. That’s why I’m really keen on these new flowables such as VOCO’s GrandioSO Flow. There are two flowable types — heavy- body and regular, depending on if you want the material to move or stay in place once put in the preparation.

How do you determine which new products or techniques you should be using?

The essence of this is for the dentist and the auxiliary to determine where you are in the sequence before you prepare.

The minimally invasive dentist understands the product and the chemistries and the preparation guidelines before he or she takes a handpiece and puts it on the tooth. The minimally invasive dentist will focus more on the enamel that can be remineralized — and use that in the preparation instead of simply focusing on removal of decay and much of the enamel around it.

The minimally invasive dentist would stabilize the oral environment using a variety of the aforementioned products, such as Remin Pro or Proflourid, before starting the restorative sequence. Otherwise you are building in an undesirable environment that will decrease the longevity of your work. You must answer the basic question: Are you a physician who diagnoses? Or are you a surgeon who cuts? Those are big questions today. Are you going to be “proactive” or “reactive” in your mindset?

Ultimately, we want to avoid a repeat repair small. If you’re orthodox, like a surgeon, every time you cut that tooth again to replace, there’s more trauma to the tooth. You want to avoid that. If you conserve the tooth structure, you have more strength surrounding the tooth instead of more vulnerability.

Your sessions are sponsored by VOCO. How did you end up associated with the company, and what attracted you to its products and services?

When VOCO was first coming into this market, is an example. It does it all. It stands the product and the chemistries or techniques you should be using.

I cross-train myself on many of them. I don’t do detailed scientific analysis on products. I watch my assistants to see how rapidly they embrace and adapt to something — and how a product can help us work together.

VOCO’s Futurabond U, which is its new-est launch, is an example. It does it all. It does all the chemistries. You can use one bottle for every clinical procedure. It’s one of many new products in this area in the marketplace.

That’s where the industry is today. Everything is universal. One bottle does it all. It’s better when your assistants understand the product, can inventory it — can bring it out and dispense it, knowing this is where we are in the preparation sequence. It’s better when they know when we’re ready for adhesion, whether there’s light or no light, whether we have zirconia or resin. These new products make that predictable chemistry. They had predictable materials. That’s how I got introduced to German chemistry. I published an article about it, and that’s when I met the people from VOCO America. I was one of the first teachers in the U.S. for VOCO composites and provisional. I felt that they had predictable products that were easy to understand.

I used the products predictably in my office with my assistants. And VOCO is strong on science. I can create artwork when there’s strong science supporting it. I am a very creative person. I rely on science to take care of itself (as with immediate dentin sealing). Then, I can mimic nature and create natural esthetics in a very predictable manner.

Any final thoughts?

I try to base much of my thinking on this simple question: “What technique, what preparation, what adhesion would you like in your mouth, doctor?” I don’t just teach for VOCO. There are lots of other companies with good products out there.
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76th Annual Winter Clinic packs an entire dental convention into a single-day event

The Winter Clinic is the largest one-day dental convention in North America, where dental professionals come to learn from world class speakers and explore and save on products and services. The 76th Annual Toronto Academy of Dentistry Winter Clinic is Friday, Nov. 8. The single-day event features 24 separate programs in contemporary dentistry, offering something for the entire dental team.

This year’s clinical program covers a broad spectrum of topics and includes an examination of the way digital technology is transforming the workflow in the dental office; demonstrations of cutting-edge tools and equipment; specialized techniques for prosthetic tooth repositioning; the use of lasers in periodontal therapy; a discussion of current views on the use of X-rays as a diagnostic tool; advice on the latest legal requirements for health and safety in the dental office; and how to meet the demands of the modern dental practice through healthy habits and humor.

Among the sessions: “Death, Taxes and Other Disasters: A Silver Linings Financial Playbook for Dentists,” “Managing Adverse Outcomes,” “The Future of Practice Values: Good-bye Routine Recall ... Hello Healthy Patient and Practice,” “To Polish or not to Polish? – That is the Question.” There also are five category-I core courses scheduled. And the event will include a full exhibit floor with a wide selection of dental products and service providers offering demonstrations and special show pricing.

Education sessions spill over to the exhibit floor, too, with topics such as “Preparing Your Practice for a Medical Emergency,” “Technology in Your Practice” and “Are Your Patients Still Practising Unsafe Sports?”

For more information or to register, you can call the Toronto Academy of Dentistry at (416) 967-5649, or all the details can be found online at www.tordent.com.

Leila Soto Villamil shares her research at the 2012 ADA meeting.

According to DENTSPLY representatives, the company’s history of innovation in dentistry has continued to advance the practice of dentistry. And one way DENTSPLY encourages innovative thinking is through its long-standing support of SCADA. DENTSPLY has been the program’s sole sponsor since the program’s inception in 1959.

According to DENTSPLY representatives, the ongoing sponsorship supports the company’s mission, “For Better Dentistry,” by developing the next generation of dental scientists, educators and visionary leaders — while advancing the science of dentistry.

Attendees at the ADA Annual Session in New Orleans can meet the 2013 SCADA student clinicians, view their research and earn C.E. credit from 1–4 p.m. Saturday, Nov. 2, at the 2013 ADA Student Research Poster Exhibit, in Hall B, Level One, Room B21, of the Ernest N. Morial Convention Center. For C.E. credit, reference course No. 7399 and verification code No. 9117.
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Greater New York Dental Meeting expands scope of educational programs

By Jayme McNiff Spiciatte
Greater New York Dental Meeting

On the exhibit floor: Free C.E.

The Greater New York Dental Meeting (GNYDM), Nov. 29–Dec. 4, expands to more than 1,500 exhibit booths housing more than 600 companies. The ongoing partnership between the GNYDM and the U.S. Department of Commerce International Buyer Program provides an opportunity to meet worldwide senior level volume buyers as well as receive export counseling from government specialists to increase sales.

- **Collaboration** brings dentists and technicians together by providing a designated laboratory exhibit area on the GNYDM exhibit floor, specialized education, demonstrations, digital dentistry and technology to engage technicians and dentists side-by-side in an integrated, hands-on experience.
- **Three tech pavilions** are being added to the exhibit floor, focusing on CAD/CAM, cone-beam and lasers.
- **New dentists’ program** focuses on startup strategies and pathways to practice ownership for the new dentist.
- **Women’s program** focuses on challenges facing the female practitioner, including personal stories and professional advice on women’s lifestyles in dentistry.
- **Dental assistant pavilion** will be open on the exhibit floor each day of the meeting.
- **“Real World: Dentistry for the Restorative Practice”** will be presented by Dr. Robert Lowe at the Friday, Nov. 29, opening session, at the New York Marriott Marquis Hotel in the Westside Ballroom fifth floor.
- **Botox, Dysport and dermal filler seminars, demonstrations and workshops**. These hands-on workshops introduce procedures on actual patients to teach dentists how to use Botox/Dysport and dermal fillers in their practices. They’re offered Sunday, Monday and Wednesday.
- **More than 100 hands-on workshops** feature the latest technological advances and the newest dental materials.
- **Sleep medicine**: With three days of the latest research and awareness of dental sleep medicine, you’ll be able to learn how to establish dental sleep medicine protocols in your practice, identify patients at risk, integrate medical practice systems and treat patients successfully.
- **Learning and lunch panel discussions** are being offered Sunday and Tuesday. Attendees receive free C.E. and a free lunch at the close of the program. Space is limited.
- **Invisalign Expo**: Three days (Sunday, Monday and Tuesday) of Invisalign programming will be available for the entire dental team, enabling you to learn how to incorporate Invisalign into your practice.

To expand hospitality to attendees from across the world, the GNYDM is offering free multilanguage courses in French, Italian, Portuguese, Russian and Spanish. The live dentistry arena, a 430-seat high-tech patient demonstration area, offers revolutionary concepts in treating patients with new materials and applications. The demonstrations take place on the exhibit show floor every morning and afternoon Sunday through Wednesday. There is no cost to attendees.

With three major international airports, Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) — and with discounted hotel rates for those attending the meeting, it should be easy for attendees to enjoy all that New York City has to offer at the beginning of the holiday season.

The GNYDM has room blocks at 39 hotels in Manhattan, with free round-trip bus service to the convention center. Visit the hotels and transportation page online at www.gnydm.com for room rates. And, as always, registration for the GNYDM is free.

(Source: Greater New York Dental Meeting)
DENTSPLY International proudly supports the International Association of Student Clinicians – American Dental Association (SCADA) Program

Congratulations to the 2013 Student Clinicians

U.S. SCADA Contestants

Nourhan Abdel-Rahim
Chad Allen
Tyler Allen
Ting An
Jonathan An
Ashley Asono
Miles Ball
Elise Bouja
Wesley Buchman
Charles Burchfield
Luisa Noemi Campos
Chad Carter
Deborah Chau
Ronald Chung
Jordan Contrucci
Devon Cooper
Peter Davidson
Erin DeWitt
Rachel Ecker
Emily Elbakis
Steven Feldman
Louis Formica
Adam Fitzgerald
Sean Geary
Melissa Gilbey
Molly Hague
Eric Harriman
Emily Harry
Jonathan Havener
Frances Herrero-Nieto
Hong-Yuan "Serena" Hsin
Jordan Jacobs
Paul Johnson
Kang Ko
Melissa Landin
Manisha Mahdija
Richard McKinney
Deepak Mehta
Amanda Merikos
Tanner Moir
Christina Mueller
Nicholas Nagaki
John Nguyen
Samuel Oh
Hunter Owen
Katie Paels
Ciera Scales
Hun Shim
Amy Tran
Kevin Scott Vakani
Mary Vaughan
Abigail Wesley
Matusz Wieczorek
Richard Witty
Peter Wolff
Sean Seung Yoon

International SCADA Awardees

Mark Franks
Belinda Hsu
Alianna Junaid
Sebastien Jungo
Anna Lee
Poon Nakeido
Nerea Robles
Katharina Schäfer
Erik Schlegelnitz
Ming Yu Tan
Krista Vasankari
Rajita Vemani
Shuo Wang
Jing-wen Yang
Cathy Tsai Yi-Wen
Zeynep Ceren Pehlivan

Meet this year’s SCADA student clinicians and earn CE credits by viewing their research at:

2013 ADA Student Research Poster Exhibit
Ernest N. Morial Convention Center
Hall B, Level One, Room B21
Saturday, November 2, 2013
1:00 PM - 4:00 PM
Course #7399; Verification Code - 9117

Supporting today’s student scientists. Building tomorrow’s dental leaders.
Head to Jamaica for AAIP/ADIS hands-on implant courses

The American Academy of Implant Prosthodontics (AAIP) will join with its affiliates, Atlantic Dental Implant Seminars (ADIS) and the Linkow Implant Institute, to present five-day comprehensive basic implant training courses and three-day intermediate courses in 2014 for dentists who have completed the basic course, in Kings-
ton, Jamaica, at the University of Technol-
ology, School of Oral Health Sciences.

At the AAIP/ADIS Spring 2013 basic implant course in Kingston, Jamaica, above, Dr. Mike Shulman lectures to students, right, Shulman lectures on implant instruments; and left, Sheldon Winkler with student Dr. Olga Eliseeva of Kazakhstan. Photo/Provided by AAIP

The next AAIP/ADIS basic implant semi-

nars are scheduled for Jan. 4–8 and July
2–6. The intermediate implant dentistry
courses are scheduled for March 29–31 and
Oct. 11–13. Details can be obtained at www.
adisseminars.com or (201) 788-7665.

The basic course includes lectures, sur-
gical and prosthodontic demonstrations, hands-on participation on anatomic manikins and cadavers, diagnosis and treatment planning of implant cases, the construction of surgical templates, diagnostic wax-ups, the insertion of two to six implants by each participant, and sinus lifts under the supervision of the course faculty.

Upon completion of the basic 35-hour comprehensive implant training program, participating clinicians are able to accomplish the following tasks: identify cases suitable for dental implants, diagnose and treatment plan for preservation and restoration of edentulous and par-
tially edentulous arches, demonstrate competency in the placement of single tooth implants, soft tissue management, and bone augmentation, obtain an ideal implant occlusion, work as part of an im-
plant team with other professionals, and incorporate implant treatment into private practice with quality results, cost effective-
ness and profitability. Patient treatment is provided at the den-
tal clinic of the University of Technology, School of Oral Health Sciences in Kings-
ton, with personalized training in small-
groups. The courses are cooperative efforts of the Jamaican Ministry of Health, the School of Dental Sciences, and the Ameri-
can Academy of Implant Prosthodontics.

Dr. Mike Shulman is course coordinator, Dr. Leonard L. Linkow is course director, and

Dr. Sheldon Winkler is course advisor. Addi-

Founded by Dr. Maurice J. Fagan Jr., in 1982 at the School of Dentistry, Medical Col-
lege of Georgia, the academy supports and fosters the practice of implant prosthodon-
tics as an integral component of dentistry. The academy supports affiliate associa-
tions around the world, including Egypt, France, Jordan, Kazakhstan, Israel, Italy, Ja-
maica, Paraguay and Thailand.

The academy has published two text-
books, “The Dental Implant” in 1985, and

“Implant Prosthodontics” in 1990. The jour-
nal of Oral Implantology is the official pub-
lication of the academy. An annual conven-
tion and international meetings are held in cooperation with its affiliate and compo-
nent societies. It also offers continuing edu-
cation courses, and it sponsors a network of study clubs across the United States.

AAIP is designated as an Approved PACE Program Provider by the Academy of Gen-
eral Dentistry. The formal continuing edu-
cation programs of this program provider are accepted by ACO for fellowship, master-
ship and membership maintenance credit. The current term of approval extends to Dec. 31, 2015.

AAIP holds 31st annual meeting, ‘Implant Update — 2013’

The AAIP held its 31st annual meeting on Oct. 5 in Carefree, Ariz., at the Carefree Resort and Conference Center, in associa-
tion with Midwestern University College of Dental Medicine.

Themed as “Implant Update — 2013,”
the meeting featured top dental clinicians, including, Drs. David D. D’Alise, Robert J. Braun, Edward M. Feinberg, E. Richard Hughes, Leonard L. Linkow, Harold F. Mor-
ris, Matthew R. Young, and Messrs. Gil Mor-
lock and Christopher Torregrossa. Dr. M. Joe Mehranfar was general chairperson of the meeting, and Dr. Mahmoud F. Nasr served as moderator.

Major dental implant manufacturers and

several dental laboratories exhibited at the meeting.

Dr. Leonard L. Linkow, considered by
many of his colleagues to be the “father of oral implantology,” discussed “Five Decades of Dental Implants.” In 1992, New York Uni-
versity College of Dentistry created the first and only endowed chair in implantology in perpetuity, with Linkow as the recipient.

Dr. David D. D’Alise, founder of OCO Bio-
medical, spoke on “Osseous Fixation: Guide to Immediate Loading.”

Dr. Robert J. Braun, professor of oral and maxillofacial pathology, medicine and sur-
gery at Temple University School of Den-
tistry, Philadelphia, presented “Systemic and Dermatologic Contraindications to Im-
plant Placement.”

Dr. Edward M. Feinberg, director of the Westchester Academy of Restorative Den-
tistry, reviewed “Provisional Restorations: Key to Successful Implant Dentistry.”

Dr. E. Richard Hughes, an international lecturer on restorations and implants, pre-

sented “Hader Bar Retained Overdentures.”

Dr. Harold F. Morris, co-director of the Dental Implant Clinical Research Group and clinical professor of restorative dentis-
ty at Temple University School of Dentistry, Philadelphia, covered “Implant Stability at Uncovering: A Predictor of implant Suc-
cess.”

Dr. Matthew R. Young, who focuses on implant dentistry in his private practice, presented “Surgical and Prosthodontic Pro-
tocols for Single Unit and Full Arch Cases.”

Gil Morlock, with 35 years of experience in all aspects of dental office management and operation, discussed “The Art of Com-
munication in Dental Practice.”

Christopher Torregrossa, director of the dental practice group at Price Kong CPAs and Consultants, focused on “Industry Dy-
namics Impacting the Profitability of Den-
tal Practice.”

Officers of the academy are Dr. Sheldon Winkler, Scottsdale, Ariz., president; Dr. Harold F. Morris, Canton, Mich., president-elect; Dr. Mike Shulman, Clifton, N.J., vice president; Dr. Raul R. Mena, Plantation, Fla., secretary; and Dr. James Fagan, III, Atlanta, Ga., treasurer.

Membership information can be ob-
tained from the AAIP headquarters in Scottsdale by calling (480) 388-8062 or emailing swinklent@cox.net. You can learn more about the academy online by going to www.aaipusa.com.

(Source: American Academy of Implant Prosthodontics)
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Yankee Dental Congress expects about 28,000

By Yankee Dental Congress Staff

Overall health starts with oral health, and it all links up at the 2014 Yankee Dental Congress, when approximately 28,000 dental professionals will gather at the Boston Convention and Exhibition Center from Jan. 29 through Feb. 2.

The YDC provides opportunities to discover best practices, products and other resources to improve your dental practice, increase your knowledge and better serve your patients — regardless of your role on the dental team. With more than 300 hands-on courses, lectures, and workshops covering a wide variety of topics, the agenda has something on it for everyone.

The 2014 YDC will feature a number of new programs, including:

Botox and dermal fillers
Learn the anatomy, physiology, pharmacology, diagnosis, treatment planning and delivery of Botox and dermal fillers, brought to you by the American Academy of Facial Esthetics. These fast-paced, entertaining and educational courses are perfect for dentists and dental teams who are interested in joining the fastest growing area of dentistry.

Master practice marketing skills
This one-day symposium will help you expand your practice with the power of marketing. Master the essentials of marketing your dental practice using both conventional strategies and more modern web-based tactics to expand practice visibility and excellence.

The exhibit hall floor will feature products and technologies from more than 450 exhibitors, along with C.E. programs brought back by popular demand, including the “Dental Office Pavilion,” “High-Tech Playground,” “Healthy Living Pavilion” and “Live Dentistry.” The 2014 show floor also will have two new programs:

Catapult continuum
Discover the best in continuing dental education from the Catapult Group. It will bring you the most current and relevant information in dentistry on Thursday, Friday and Saturday during the congress.

Social media hot spot
Learn to draw new patients in and keep current patients connected to your dental practice using social media, including Facebook, LinkedIn, Twitter and Instagram.

On Thursday evening, share your passion for health, fitness and fun with colleagues, friends and family at Going for the Gold at Yankee, which is free for everyone.

On Friday evening, join the Massachusetts Dental Society for its 150th anniversary. Celebrate the legacy of the MDS at this free anniversary celebration with hors d’oeuvres, music and cash bar.

Visit www.yankeedental.com to get more details on all of the courses and events that Yankee has to offer and to register for the event.

Pacific Dental Conference: 135-plus speakers, 144 open sessions, 300 exhibitors

The 2014 Pacific Dental Conference, from March 6–8 (Thursday, Friday and Saturday) in Vancouver, British Columbia, features a varied selection of open C.E. sessions, hands-on courses and a live dentistry stage. One registration fee gives access to all 144 open sessions, which means no pre-selection of courses is necessary.

The variety of topics covered by more than 135 speakers means the entire dental team can access the latest information on dental technology, techniques and materials. Speakers in the 2014 lineup include John Kois, John Cranham, Sergio Kuttler, Greg Psaltis, Ross Nash, Derek Mahony, Rob Roda, Louis Malcmacher, Bart John-son, Jesse Miller, Rhonda Savage and Nancy Andrews.

Two days of ‘live dentistry’ on stage
With the University of British Columbia Faculty of Dentistry celebrating its 50th anniversary, the PDC will present the "UBC Speakers Series," featuring UBC alumni addressing a variety of topics.

The Live Dentistry Stage is back on the exhibit hall floor, with demonstrations on Thursday and Friday. On Saturday, the "So You Think You Can Speak?" program features 90-minute presentations by speakers who responded to a call for presentations and were accepted by the meeting’s scientific committee. A number of timely dentistry topics will be covered.

The exhibit hall should be busy with more than 300 companies projected to fill approximately 600 booths. Exhibition hours are 8:30 a.m. to 6 p.m. on Thursday and 8:30 a.m. to 5:30 p.m. on Friday.

Booking early recommended
Special hotel rates are available to PDC attendees, with early booking recommended to ensure availability. Reservations can be made directly with conference hotels via the links on www.pdconf.com. Registration opens Oct. 15 with early bird rates for all members of the dental team.

(Source: Pacific Dental Conference)
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Smiles in the Sun: Fishing ... and C.E.

What has 30 hands, a belly full of food and smiles all day? If you said “last year’s 15 very happy Smiles in the Sun fishermen,” the event’s organizers say you’d be right.

Every year, in concert with the Smiles in the Sun lecture series, the organizers host a fishing tournament on the Gulf of Mexico, one of the most plentiful fisheries in the world. Organizers say a trophy catch is almost a guarantee for all participants. Kingfish, amberjack, cobia and Spanish mackerel are just a few of the species likely to get hooked.

The half-day event, sponsored by Shofu Dental Corp. for 2013 and 2014, takes place on a custom charter fishing boat, piloted by an experienced local captain. Participants meet for breakfast at sunrise, share in the camaraderie of making new friends and renewing old ones, fish till everybody’s quivers are full and then retire to a local restaurant, where the catch is grilled, fried and baked. Plentiful “grog and sides” round out the meal. Cash prizes will be awarded for a variety of accomplishments.

The excursion takes place on the Wednesday before the lectures commence. So mark your calendars and register early if you want to participate. Cost for the fishing event is $165, which includes transportation, rod and reel, bait, breakfast and lunch.

You can register for the Smiles in the Sun meeting at www.smilesinthesun.net or by calling (631) 423-5200. Tuition is $595, and each accompanying person or team member is $295.

The Sixth Annual Smiles in the Sun Seminar will take place Thursday through Saturday, April 24–26, at the Longboat Key Club and Resort in Longboat Key, Fla. Educational programs are from 8 a.m. to noon and are CERP/PACE approved credit hours. Those wishing to participate in the tournament should arrive on Tuesday, April 22.

Note, too, that for each dentist you refer to the event, the dentist receives $100 off the fee, and you receive $100.

The event organizers say they look forward to sharing the smiles with you in April and they encourage you to remember that Smiles in the Sun provides: “Continuing education above and beyond the ordinary for a sensational experience.”

(Source: Smiles In The Sun)

JDIQ features more than 100 lectures and workshops in English and French

Following what meeting organizers describe as a highly successful convention this past spring, planning is now in full force for the 44th edition of the Journées dentaires internationales du Québec, which will take place from May 23–27 at the Palais des congrès de Montréal.

At the 2014 meeting, JDIQ will host the Association of Prosthodontists of Canada. Among the benefits expected from this joint venture, which also involves the Association of Prosthodontists of Quebec, will be a larger number of top speakers in implant and restorative dentistry — and a presence at the meeting of a larger number of prosthodontists from across Canada.

The annual meeting of the Ordre des dentistes du Québec continues to be one of the highest-attended dental meetings in North America. Above, an Invisalign lecture with Dr. Christian Fournier at the 2013 meeting. Photo/Provided by Ordre des dentistes du Québec.
Engineer joins fight against oral cancer

Forward Science CEO on mission to reverse climb in oral cancer — with easy, affordable detection

“Our primary goal as a company is to help save lives,” is how Forward Science co-founder and CEO Whitman recently answered a number of questions by Dental Tribune about his mission and the device.

Why should a dental practice be interested in your detection device? Early discovery of oral cancer could be the difference in life or death. If found early, oral cancer has an 80–90 percent survival rate, but most oral cancers are found at late stages, giving patients less than a 50 percent survival rate. OralID enables a clinician to discover oral cancer, pre-cancer and other abnormal lesions at earlier stages, thus saving lives.

What makes OralID different than other early detection instruments? OralID utilizes the same proven fluorescence technology that is the basis of other devices on the market. Our main goal for OralID was to answer the concerns we frequently heard from our clinicians about the other devices: ease of use and affordability. While designing OralID, all of our goals were accomplished. Utilizing the same proven fluorescence technology, OralID is a user-friendly oral cancer screening device that is half the cost of other devices, with no per-patient costs.

Is it difficult to learn how to correctly read what fluorescence technology reveals? Fluorescence technology has been utilized for decades now in other parts of the body, and is not difficult to use. Fluorescence technology provides another piece of data to assist the clinicians in their discovery and differential diagnosis protocol. Abnormal cells do not fluoresce, as they appear darker than normal tissue. Clinicians are encouraged to participate in our team training session so that they can familiarize themselves with the technology and protocols.

What does your training cover? Many practitioners are fully confident in their ability to technically master the screening process, but might be less confident in their ability to effectively share their findings with individual patients. Do you help OralID users with that challenge? We believe that every clinician deserves proper product training with every purchase. Our team training ensures that OralID is implemented properly and efficiently so it is utilized on every patient. Our training covers a variety of topics including: cancer education, latest trends in oral cancer, OralID clinical use and clinical cases, revenue opportunity and how to market using OralID.

And we do cover how to talk to patients, rarely will a general dentist have to tell a patient they have cancer. Because OralID is not a diagnostic device, a specialist usually communicates the diagnosis once a biopsy is performed.

What type of reception are you seeing in the industry for the OralID device? We now have hundreds of OralID users out there in just five months since the product’s release. The response has been fantastic. With the ease of use, low cost, our commitment to education and the dental profession becoming aware of an alternative to the existing adjunctive devices, we are excited about the future possibilities.

What do you envision widespread use of your product ultimately accomplishing? Several decades ago, cervical cancer was the No. 1 cancer among women. Because of regular screenings, cervical cancer today is not even in the top ten cancers in women in the U.S. Just as the mortality rates of cervical cancer have declined in the past half-century, we foresee regular oral-cancer screenings with adjunctive technology achieving the same results.

In New Orleans

Learn more about the OralID oral-cancer detection device by visiting the Forward Science (OralID) booth (No. 2957) in the exhibit hall at the American Dental Association Annual Session. Additionally, you can get details about a free OralID training session by visiting www.oralid.com or by calling the company at (855) 696-7254.

The OralID Kit includes an OralID device, two pairs of filtered eyewear, batteries and patient brochures. Photo/Provided by OralID

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What type of reception are you seeing in the industry for the OralID device? We now have hundreds of OralID users out there in just five months since the product’s release. The response has been fantastic. With the ease of use, low cost, our commitment to education and the dental profession becoming aware of an alternative to the existing adjunctive devices, we are excited about the future possibilities.

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Drive patient loyalty and profitability with online engagement management solution

By Diana P. Friedman

A loyal community of patients is the foundation of any successful dental practice. Loyal patients keep their appointments and pay on time, give referrals and engage in other behaviors that drive profitability for your practice.

Patient engagement management, the process of consistently interacting with patients to positively influence behaviors like these, should be a priority for your practice. The cornerstone of an effective patient engagement management strategy involves interacting with patients where they spend their time — online. Make sure the online patient engagement system you choose can deliver the following.

Provide anytime, anywhere patient access and interaction
According to research conducted by Sesame Communication, 74 percent of patients said being able to access information online anytime makes them more likely to stay with their dentist. Patients manage many aspects of their lives online on mobile smart devices, and they expect their dental practice to plug into this world too.

Today patients want 24-hour access to information on their chosen internet-connected device. An online patient engagement system that isn’t optimized for any mobile device a patient might use will compromise the patient experience and ultimately damage their loyalty to the practice.

Support comprehensive online patient engagement services
Automated reminders are a key aspect of any patient engagement system. A recent study from Sesame Communications found that 36 months after implementing an automated appointment reminder system, practices had reduced no-shows by 22.95 percent. This translated to $31,456.88 in incremental production revenue.

Automated reminders are just one component of an effective online patient engagement management system. A comprehensive portal should also let patients:
- View and manage appointments
- Select contact methods and preferences
- Access financial records and image data
- Pay bills online
- Print insurance forms
- Provide feedback and referrals

Practices should make sure their system addresses a broad spectrum of patient engagement touch points and makes it easy for practice staff to manage patient interactions. Practices must also have an intuitive portal to administer the system, monitor key practice metrics and ROI, improve staff productivity and identify clear opportunities for improvement.

Final thoughts
Your practice faces a supreme challenge: Implement a loyalty-generating patient engagement strategy without straining resources or budget. Effective patient engagement tools are a cost-effective means of improving patient engagement and loyalty with the end results of improved practice efficiency and profitability.

References

Diana P. Friedman, MA, MBA, is president and chief executive officer of Sesame Communications. She has a 20-year success track record in leading dental innovation and marketing. She has served as a recognized practice management consultant, author and speaker. She holds an MA in sociology and an MBA from Arizona State University.
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*WaterLase Diode Product Systems (TPS™ and ProLase™) are associated with Non-Absorptive Procedure (NAP) (dental/OSA) treatment. New Attachment Procedure is indicated for full periodontal regrowth and reattachment therapy. Root Canal Preparation is indicated for reattachment and regeneration of periodontal tissues. **NAP** is an acronym for the National Association of Periodontists and the American Academy of Periodontology.
For almost a decade, Aribex has been quietly ripping the X-ray system off the wall and into the hands of the dental team. Aribex manufactures a handheld, completely mobile X-ray system called the NOMAD.

According to the company, one NOMAD does the work of multiple, wall-mounted X-ray systems, which can save the typical dental practice thousands of dollars in equipment costs. Moreover, because the NOMAD enables dental team members to safely and effectively stay with their patients during X-ray procedures, a bitewing series can be completed in half the time required by a wall-mounted system.

Unlike conventional wall-mount and portable X-ray systems, the NOMAD is lightweight, rechargeable (battery-powered), and can go anywhere. Dental professionals around the world have been choosing the NOMAD as their preferred X-ray device, in and out of the office, with almost 13,000 NOMADs now in use.

Building upon the successes of previous innovation and design, Aribex recently introduced the NOMAD Pro 2, providing the same mobile convenience and cost savings as previous models while increasing durability and performance.

“The Pro 2 is exactly what our customers want,” said Ken Kaufman, general manager of Aribex. “We asked our customers how we could improve our marquee product. We listened, designed prototypes, asked for feedback, and iterated until we met their requests. The end result of all of that hard work is the Pro 2. It’s simply the world’s best handheld X-ray system yet.”

The newly designed battery handset, with infrared connectors, together with a new charging cradle, improves the system’s durability and boosts battery performance. “One consistent comment we heard from our customers focused on the charging station,” said Kaufman. “Our engineers spent hours working with customers, researching new solutions. Our final design is a big improvement, and our customers will agree.”

Durability also is enhanced by a re-engineered user interface that is more scratch and moisture resistant. “The operatory environment can be hard on equipment, particularly our products that are easily carried from operatory to operatory,” said Kaufman. “The NOMAD Pro 2 will stand up to repetitive antiseptic and cross-contamination control.”

To learn more, contact your equipment dealer, an Aribex sales representative, or visit www.aribex.com/ to learn more. Photo/Provided by Aribex
NSK launches new products in 2013, plans more for 2014

Engineers start with patient safety and handpiece efficacy, then keep improving versatility, accessibility, visibility, maneuverability and practitioner comfort

By Robert Selleck, Managing Editor

More than 17,000 individual parts go into the production of NSK handpieces, and close to 90 percent of those parts are built and tested in-house by NSK. This total-control approach in the manufacturing of its products is how the company backs up its slogan, “Expect perfection.”

According to Rob Gochoel, NSK Dental director of sales and marketing, the company adheres to that same “expect perfection” philosophy in its commitment to product development. Key to that commitment is the communications chain NSK continues to build in North America — linking dental professionals to NSK product engineers.

Because NSK handles every step of product development in-house — research, design, manufacturing and testing — feedback from customers is quickly funneled directly to the people who can take action. “We’re constantly seeking out and receiving feedback in our product development efforts,” Gochoel said. “It’s all about making dentists more productive. Coming up with improvements that make dentists’ lives easier — and make their patients more comfortable — is key.”

In 2013, with the year still not over, NSK has launched two major products. At least one more is expected to be out before year’s end. And at least two are far enough along that 2014 launches are already on the calendar.

Here’s a summary from Gochoel of recent launches and soon-to-launch major products and their release dates:

• March/April 2014: a new handpiece released by NSK in 2013 by visiting the NSK booth (No. 3093) in the exhibit hall at the American Dental Association Annual Session. You’ll be able to get a closer look at other popular NSK handpieces and products and learn more about products launching in 2014. It’s also an opportunity to share your own clinical needs with NSK staff (the result could be a product in your hand sooner than you think).

• May 2013: Ti-Max Z45L — the world’s first 45-degree electric handpiece: the Ti-Max Z45L from NSK. Photo/Provided by NSK Dental

In New Orleans

In New Orleans

Hold and test for yourself the new handpieces released by NSK in 2013 by visiting the NSK booth (No. 3093) in the exhibit hall at the American Dental Association Annual Session. You’ll be able to get a closer look at other popular NSK handpieces and products and learn more about products launching in 2014. It’s also an opportunity to share your own clinical needs with NSK staff (the result could be a product in your hand sooner than you think).
Biolase focuses on dental laser education and new technology at ADA Annual Session

Laser educators to host mini-clinic learning events in Biolase booth in exhibit hall

In New Orleans

Two types of educational opportunities are available in the Biolase booth (No. 1539) in the exhibit hall at the American Dental Association annual meeting:

1) Traditional 20-minute lectures on specific clinical procedures that can be performed on day one by new WaterLase iPlus owners.
2) Mini-clinics in the booth using the lasers and extracted teeth to demonstrate different cutting techniques.

As a world leader in dental lasers, Biolase kicks off the fall season with a strong emphasis on educating dentists on the clinical and practice benefits offered by the company’s technology lineup, including WaterLase iPlus. With a large presence at the American Dental Association Annual Session in New Orleans, anchored by its exhibit hall booth (No. 1539), Biolase is offering mini-clinics, lecture and other educational opportunities focused on its range of high-tech products, starting with WaterLase iPlus.

In addition to celebrating 15 years of WaterLase technology and innovation, Biolase will also be showcasing its newest award-winning products, including 3-D cone beam systems from NewTom and TRIOS digital intraoral scanners from 3Shape.

“It is more important to us than ever to offer as much education and learning opportunities for dental professionals,” said John Bernhard, Biolase director of marketing. “This booth at the ADA is a manifestation of the company’s commitment to sharing our years as a leader in dental lasers with dentists who are just now investigating the technology. We’ve also made sure we have plenty of hands-on time available with our 3-D imaging systems as well, which are truly some of the most exciting tools available in our profession.”

The primary focus of the Biolase ADA exhibit hall booth will be on the WaterLase iPlus, the company’s best-selling all-tissue laser system. Celebrating 15 years of innovation and advancement, WaterLase technology has reached the ultimate application with the WaterLase iPlus, the company’s most advanced laser system ever.

For tooth cutting, the WaterLase iPlus helps to eliminate microfractures associated with the traditional dental drill, as well as thermal damage and cross-contamination risks. Additionally, the laser’s...
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Fluorescence image taken with SmartFilterID & smart phone

Be part of our official product launch at the 2013 ADA in NEW ORLEANS
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precision allows minimally invasive treat-
ment with less removal of healthy tooth
structure and soft tissues. WaterLase iPlus
can greatly improve efficiency in a dental
practice, minimizing time required for
the onset of anesthetic, performing mul-
tiquadrant procedures in a single patient
visit and expanding the range of proce-
dures offered.

WaterLase iPlus is indicated for a wide
range of soft- and hard-tissue treatments,
including comprehensive periodontal
procedures (such as deep pocket therapy
with new attachment and subgingival cal-
culus removal) and endodontic treatment
(such as root canal shaping and cleaning).

Two types of educational opportunities
are available in the Biolase booth (No. 1539),
including traditional 20-minute lectures
on specific clinical procedures that can be
performed on day one by new WaterLase
iPlus owners, as well as mini-clinics in the
booth using the lasers and extracted teeth
to show cutting techniques.

Also on display in booth No. 1539 at the
ADA is the newest diode laser from Bio-
lase, the EPIC Total Diode Solution. Packed
with one category-exclusive feature after
another, the EPIC sets a new standard in
diode laser performance and value, ac-
cording to the company. A graphical touch
screen set with up to 20 common soft tis-
sue procedure presets — plus 20-minute
full mouth whitening and FDA-cleared
temporary pain relief at the dentist’s fin-
gertips. Plus, EPIC can be a financial boon
for many practices because of the in-
tegrated, FDA-cleared protocols for la-
sor hygiene and peri as an adjunct to
scaling and root planning. Plus, a new
ComfortPulse setting reduces pulse
length to as little as one 10-millionth
of a second to avoid heat buildup at
the surgical site, for fast tissue cutting
with less patient discomfort.

Another new addition to the Biolase
line-up is the 3Shape TRIOS digital in-
traoral scanner system. The TRIOS dig-
ital solution, which includes a hand-
held scanner, operator’s control cart
and intuitive software, provides faster
impression taking, improved accu-
racy and clinical results, reduced need
for retakes, and less adjustment and
grinding. TRIOS’ unique features in-
clude spray-free scanning, high accu-
racy optimized for an extensive range
of indications, clinical scan validation,
online communication with the den-
tal lab and intuitive Smart-Touch user
interfacing.

Finally, Biolase will be offering full-
sized models of NewTom Cone-Beam
Computed-Tomography (CBCT) technol-
yogy. The technology is relatively new to
dentistry, and is a more compact version
of standard medical CT imaging that uses
a cone-shaped X-ray beam to obtain a mul-
titude of radiographs that construct digi-
tal 3-D models of maxillofacial anatomies.
NewTom VG3 has one of the finest image
goods of any CBCT system available in
dentistry, along with a minimal dose of
radiation to patients. A small footprint, a
full 360-degree scan, a small focal spot,
50-percent higher resolution, seven fields
of view — everything works to deliver su-
per-sharp images.

Dentists who use NewTom CBCT tech-
nology in their practices report increased
treatment plan acceptance, improved
diagnostic capabilities and other advan-
tages.

In recent months, Biolase launched the
NewTom VG3, a pano/ceph device that is
scalable and expandable to 3-D cone beam
imaging at a later date. The VG3 offers en-
try level affordability without sacrificing
top-of-the-line features, including mul-
tiple fields of view, a removable 2-D sensor
and much more. The VG3 also offers pat-
tented Safebeam™ Technology, which gives
off the lowest possible dose of radiation to
patients.

(Source: Biolase)
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VISIT HANDLER AT BOOTH #3003 AND ENJOY THE FULL HALLOWEEN
Not all handheld X-ray systems created equal

By Dr. Joel Gray

As a recent article on [www.dental-tribune.com] points out, there are some safety issues with handheld X-ray units made in China and Korea, as well as elsewhere outside of the United States. There are two sources of radiation from an X-ray system — leakage radiation from the X-ray tube and scattered radiation from the patient.

The leakage radiation is minimized by placing highly absorbing material, such as lead, around the X-ray tube. The major issue with the handheld X-ray units is the scattered radiation — that is, X-rays that are scattered from the patient toward the operator. In fact, about 20 to 30 percent of the X-rays are scattered from the patient toward the person holding the device.

The X-ray units from outside the United States, which are under FDA scrutiny, do not provide any protection from X-rays scattered from the patient. These systems look like a large camera that you hold with both hands. There is no shielding provided by these handheld systems; that is, the user’s hands are exposed to all of the X-rays scattered from the patient. Consequently, the user’s hands are going to receive a radiation dose that will probably exceed the radiation-protection limits for skin and extremities. Therefore, these units should not be handheld.

Staff radiation dose lower with handheld X-ray than wall-mount

We evaluated one handheld X-ray unit manufactured in the United States (NOMAD, Aribex Inc.) and compared staff doses with those for the same staff using conventional wall-mounted systems prior to acquiring the handheld systems (Gray et al. 2012). This handheld system uses a proprietary shielding material around the X-ray tube, resulting in leakage radiation levels that are virtually immeasurable. In addition, it has an integral leaded-acrylic shield that protects the user from radiation scattered from the patient.

The results of our study indicated that the users of the handheld X-ray system received lower radiation doses than they did when they were using conventional wall-mounted systems.

Buyers should beware that not all handheld X-ray systems are created equal and not all of those being sold on the web have been reviewed by the FDA.

Handheld X-ray units should have sufficient shielding to minimize leakage radiation from the X-ray tube and an integral shield to protect from radiation scattered from the patient.

In New Orleans

See a demonstration of the new NOMAD Pro 2 at the Aribex booth (No. 2506) in the exhibit hall at the American Dental Association Annual Session and learn about trading in your old working NOMAD Dental for a $1,400 rebate on the NOMAD Pro 2.
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The patient presented with a fractured root on tooth #9. The patient wore a flipper, which served as a transitional appliance throughout the healing phase.

The matching gingival contours of the zirconia custom abutment conformed well to the emergence profile established during the healing phase.

The optimal esthetics, margins and emergence profile of the final IPS e.max® restoration were set up by the patient-specific contours of the custom healing abutment.

Clinical dentistry by Timothy F. Kosinski, DDS, MAGD

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How to fix a flawed path of insertion for a BruxZir bridge

By Michael C. Ditolla, DDS, FAGD
Director of Clinical Research and Education, Glidewell Laboratories

Our weekly Web series “Chairside Live,” which highlights a case recently received at the lab in each episode, continues to be a great way for me to share useful clinical tips and discuss potential pitfalls with our dentist viewers. If you have yet to tune in, episodes can be viewed on the Internet on-demand at www.chairsidelive.com or also on YouTube and iTunes.

In this issue’s featured Case of the Week from Episode 58, I look at a case prepared by a dentist for a posterior BruxZir® bridge (Glidewell Laboratories, Newport Beach, Calif.). Even though the preps look really good, the path of insertion for the bridge is not ideal; in fact, one of the preps will require modification if the bridge has any chance of seating properly. The good news is we have a novel way at the lab of helping dentists accomplish a case like this. Let’s take a look at the case.

Case of the Week, Episode 58

Walking through the all-ceramic department the other day, I noticed this case (Fig. 1) sitting on a technician’s bench with some paperwork next to it. It’s a nice-looking case for a BruxZir bridge on the lower left. There’s nothing wrong with prescribing a BruxZir bridge for this case, but I might have opted for a PFM bridge instead because the metal framework makes it the strongest bridge we have. (In reality, the strongest bridge we have is a cast-gold bridge without any ceramic material on it, but, unfortunately, the lab cost — and the cost to the patient — would be equivalent to the GDP of a small nation. Also, it would not be very esthetic and would weigh about four pounds!)

I noticed the doctor provided us with enough occlusal clearance, and that there is some super-eruption of tooth #15 (Fig. 2). You may have heard me say that I haven’t done a single-unit PFM since about 2009 when we introduced our BruxZir material, and, for the most part, I either do IPS e.max® (Ivoclar Vivadent, Amherst, N.Y.) restorations in the anterior or BruxZir restorations in the posterior. But when it comes to bridges like this one, I still think there is a use for porcelain-fused-to-metal because even though BruxZir restorations are strong (view our “Hammer Test: BruxZir versus PFM” video at www.bruxzir.com), they’re still an all-ceramic.

With a span like we see in this case, there is a possibility that the BruxZir material can fracture. So while prescribing a BruxZir bridge for this case would be fine, if you’re wondering if there’s still a place in your professional life for PFMs, this would be it.

Looking at the stone model from the occlusal view (Fig. 3), you’ll notice how we look down the path of insertion that there aren’t any visible undercuts on the bicuspid. However, we’re not able to see the mesial-lingual section on the molar.

At the lab, we are able to scan a model like this (Fig. 4) and import it into our CAD software. One of the neat things about doing this is we don’t have to just eyeball it because the scan clearly shows there’s an undercut.

Scanning the model also allows us to measure where the undercut is. As you can see here (Fig. 5), green dots are used to mark the margin all the way around the molar.

Then we can rotate the scan and the software marks exactly where the undercut is. Here (Fig. 6), the circled portion identifies the undercut and the extent of it. How do we pass this information on to you, the dentist? Rather than having the patient come back in to re-prep the undercut area and take another impression, we would like to take the information from the scan and transfer it to you along with the bridge, so that you can make the necessary adjustments to get the bridge to fit without having to schedule the patient for an additional appointment. Some dentists aren’t comfortable doing this, and that’s fine. Sometimes we, as a lab, aren’t comfortable doing this either. You might have to specially request this and, frankly, if you aren’t able to do it this way, you might even have to pay for the remake.

But what if we gave you a more predictable way to reshape the area and get rid of that undercut? We can do that today. In fact, as we look at the original stone model again (Fig. 7), we can see where we’re not going to be able to draw because of the undercuts along the molar on the mesial-lingual. This was clearly identified in the scan in Figure 6.

One way to do this is to make a prep guide, which you can see here (Fig. 8). This represents the same case, but now the undercuts have been removed. When we scan the prep guide, we will be able to see that we no longer have any of the undercuts that we had before.

With the scan of the prep guide, we can see the green dots marking the margins all the way around (Fig. 9). We have eliminated all the undercuts we had in the first scan. So what does ‘You’d be surprised how often we send doctors reduction copings and, for whatever reason, the necessary reduction is not done. I’m not sure if this is due to a lack of understanding about how to use a reduction coping or if dentists think it’s only a suggestion’
Essentially, this coping replicates the take the multi-unit coping in and out. We want to know that it is seating all the some bleeding, we want the dentist to a little around the margin or there is coping down into place on the bicus - margin. Why is this? We want a clear, pid that the coping stops short of the 50 that the mesial-lingual of the molar that needs to touch the bicuspid at all; it's just the reduction coping to show you where it needs to be tapered back at an angle, which is why I prefer this method where the margins are trimmed a little short (Fig. 17). This makes it easier to see whether you've reduced enough. With the multi-unit reduction coping, you can try it in and out on the model, and then take it right to the mouth to confirm that it's seating the same way in the mouth as it is on the model. Us- ing the bridge itself would also give you a feeling for that as you pushed it down, but dropping in the reduction coping to check how it's seating and then reducing a little more makes this process easier. When you get close, you can drop in the actual bridge to check that the contact is good and that the occlusion is good when the patient bites together.

As you might expect, if we take the same prep guide zirconia framework and try it on the original stone model, it's going to fit on the bicuspid very well because the bicuspid had no modi- fications, but it's not going to fit onto the molar (Fig. 18). Looking back at the prep guide in relation to the original stone model in Figure 10, you can see that the mesial wall of the molar had to be tapered back at an angle, which is where we lost a little bit of the height. This gives you an idea of how much tooth structure had to be removed for the framework to seat all the way and the permanent bridge to have a chance of seating properly.

Conclusion
As the dentist, you have a few choices in a case like this. You could have the patient come back in for another ap- pointment to reshape the molar so the bridge will fit; or, rather than reshaping the back tooth, you could propose plac- ing two implants between the bicuspid and the molar and then two single-unit crowns — though getting the patient to agree to this might be a stretch. Al- ternatively, you could have the lab make you the actual bridge and a prep guide at the same time. Then, before trying in the permanent bridge, you could ad- just the mesial and mesial lingual por- tions of the molar until it seats all the way down in the mouth like it did on the prep guide.

If there are no contact issues or oc- clusion problems, you know the bridge is all the way down and you have saved yourself and your patient a return ap- pointment.

For this third approach to be success- ful, however, you will need to anes- thetize the patient and be committed to doing the necessary preparation to get the bridge seated all the way and in one piece — especially if you’re doing a zirconia bridge without any kind of at- tachment, stress-breaker or telescopic coping. Whether you want to schedule a separate appointment or try to seat the bridge using the prep guide, the lab is more than happy to guide you in achieving clinical success.
**Orascoptic puts focus on ‘head-to-toe’ ergonomics**

**New saddle stool and loupe frame designed to improve ergonomic conditions for clinicians**

For more than 30 years, Orascoptic has been designing and manufacturing award-winning surgical loupes and illumination systems that improve the performance of dental professionals. Orascoptic’s vision is that every health care procedure in the world will be performed with superior visualization, under the best ergonomic conditions, to drive the best patient outcomes.

The company is working to achieve its vision through the research and development of cutting-edge dental technology. Much of the inspiration behind Orascoptic’s innovative products stems from its willingness to keep challenging the status quo throughout the dental industry.

**Superior visualization**

According to the company, the people at Orascoptic believe that as long as health care professionals need superior visualization under the best ergonomic conditions, Orascoptic will remain on the forefront of delivering quality and cutting edge technology.

Orascoptic product developers are aware of the specific needs of the dental and eyewear industries and are working to develop new products to meet these needs. By listening to and interacting directly with customers, the Orascoptic research and development team is able to understand the needs of dental professionals and translate those needs into award-winning solutions.

According to the company, the resulting products are designed to deliver superior visualization, while improving ergonomic conditions that can help prolong dental careers.

Orascoptic recognizes the repetitive stress and strain that a dental professional’s body is subjected to on a daily basis. After supporting better posture among healthcare professionals for more than three decades with magnification, it should come as no surprise that Orascoptic is launching the BodyGuard Pro line of ergonomic chairs.

*Photos/Provided by Orascoptic*

When paired with the company’s award-winning frames, loupes and LED headlights, such as the new Ultimatum frame (pictured with loupes), the BodyGuard Pro saddle stool from Orascoptic, right, brings dentists and hygienists closer to the company’s goal of the complete ‘head–to-toe’ ergonomic practice.

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**BodyGuard Pro — saddle stool**

The new Orascoptic saddle stool delivers an adjustable, antimicrobial seat that is uniquely built for all dental professionals.

The BodyGuard Pro stool allows the clinician to move easily across carpet or hardwood floors with set casters; it reduces cleaning time with the new Silvertex antimicrobial fabric and provides a custom fit for all shapes and sizes.

With four simple adjustments, the stool reduces lower back strain, provides an improved balance point and proper sitting for dental practice. The repetitive stress and strain on a body can take its toll — and Orascoptic’s saddle stool is designed to help dental professionals practice in comfort. When paired with the company’s award-winning loupes and LED headlights, the BodyGuard Pro stool puts dentists and hygienists one step closer to the complete ‘head–to-toe’ ergonomic practice.

**The Ultimatum — new frame for Orascoptic loupes**

Developers at Orascoptic not only research and develop cutting-edge technology for superior visualization but follow the trends with frames that are iconic and fashionable. Orascoptic continues its partnership with the Italian designer Rudy Project and its world-renowned craftsmen, to release the Ultimatum frame.

According to the company, the Ultimatum provides a stylish design that meets the high quality and functionality needed to perform everyday procedures in a dental practice. This new frame is uniquely built for the dental industry, meeting safety glass criteria and available with side shields.

**Magnification — Loupes**

With Orascoptic, dental professionals can experience the difference that high-quality optics can make when performing dental procedures. According to the company, Orascoptic sets the industry standard with the high-definition loupes, which are renowned for the strong resolutions they provide across a deep and wide viewing field.

Orascoptic loupes help dental professionals practice in comfort. The use of loupes has been associated with decreased back and neck pain, as well as reduced eye fatigue.

Orascoptic loupes are custom manufactured for your unique working distance, angle of declination and facial geometry. The company is so sure that a purchaser of one of its loupes will love it that it offers a 45-day money-back trial period.

All Orascoptic telescopes are also backed by a lifetime warranty, giving you peace of mind and helping to ensure that you will be enjoying your loupes throughout your career. Choose the magnification that is right for you.

**Illumination — LED headlights**

To complete the ‘head–to-toe’ dental ergonomic practice, Orascoptic offers the perfect companion to your loupe system — an LED headlight. Its headlights will make it easier to navigate your work area and see the critical details that can be missed with the naked eye.

Dental LED headlights provide shadowless lighting across the oral cavity to enhance visualization, improving depth of field and reduce eye fatigue.

Applying non-pulsating, constant-current technology, Orascoptic has created the award-winning Endeavour headlight. This lightweight, yet powerful LED system features the miniature ‘gum-drop’ headlight that delivers a high-quality focused beam for better visibility, as well as advanced “capacitive touch” controls.

(Source: Orascoptic)
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A brief history of orthodontics

More than 100 years ago, and before renowned orthodontist Edward H. Angle, dentists realized they could move teeth into a more esthetic position by applying various mechanical devices to the teeth. This, in turn, caused apposition and deposition of bone in areas where forces were increased or decreased. Teeth could be moved into a more esthetic position, and so the orthodontic profession was born.

Angle clearly stated his view that it was unethical to extract teeth for orthodontic purposes and proved that, with his complex fixed appliances, he was able to expand the arches and align the teeth. The problem at this stage was that a lot of these cases (possibly most of them) relapsed.

So Tweed, who was Angle’s student, suggested that the extraction of teeth was the only way to get stability. In the 1950s, extraction orthodontics became the normal practice after the Australian orthodontist Percy Raymond Begg developed the first straight wire appliance, which required less wire bending skills than previous methods.

Today, self-ligating brackets are considered as the key to non-extraction orthodontics. Angle would be amused if he were around today. Has the stability of orthodontics changed? No. The orthodontic profession has accepted that to expect case stability using fixed appliances without fitting permanent retainers is both impractical and unrealistic.

Progress in orthodontic stability is achieved by advances in flowable composite, rather than advances in orthodontic technique. The Australian Society of Orthodontists (ASO) website is an example of the widespread acceptance that stability is not possible with tooth-centered orthodontics.

From the ASO website: “Teeth may have a tendency to change their positions after treatment. The long-term, faithful wearing of retainers should reduce this tendency.”

Myofunctional therapy

Understanding how the oral muscles and the tongue influence the jaws and dental arches far predates Angle. The history of myofunctional therapy dates back to the 15th century in Italy. In 1906, American orthodontist Alfred Rodgers experimented with facial muscle exercises and, in 1918, wrote a paper titled “Living Orthodontic Appliances,” in which he said that muscle function alone would correct malocclusion. In 1907, Angle’s textbook “Malocclusion of the Teeth” detailed the effects of oral habits on occlusion.

Angle said that in his view, every malocclusion has a myofunctional cause. Myofunctional therapy became the popular “adjunct to orthodontics” in the 1960s and 1970s, when Daniel Garliner created the Myofunctional Institute in Florida.

Garliner trained thousands of myofunctional therapists and wrote multiple books on the subject. The new etiology of malocclusion was confirmed by...
From the Front Office to the Treatment Room and every touch-point in between, Henry Schein has the solutions you need to connect your practice technologies. The size of your practice, your budget, and your patients’ needs are all important to the solutions required to increase workflow and enhance efficiency.

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rapid success in treating malocclusion with greater stability. Unfortunately, this success was not evident in 100 percent of cases. Arguably, the ensuing decades saw myofunctional therapy diminish in popularity because of the then time-consuming treatment being seen as only an optional little adjunct for cases where the patient exhibited tongue thrusting. Tooth-centered orthodontics with direct bonded brackets and super-elastic wires no longer warranted the “tongue thrust therapist” in all but the occasional cases.

Myofunctional orthodontics
Myofunctional orthodontics put forward that the cause of malocclusion was muscle dysfunction. From an early age, mouth breathing, thumb sucking, tongue thrusting or swallowing incorrectly can be observed in most children. All will have a developing malocclusion. The correction of these dysfunctional habits not only corrects the malocclusion (if treated early enough), it also has the potential to improve facial growth.

The problem with treating myofunctional habits early is that the compliant patient will no longer need braces. This is one of the biggest dilemmas facing an orthodontist today. Correct the causes early and the market for braces can be drastically decreased. However, treating children earlier at their optimal growth stage (between ages 5–8 years) using myofunctional orthodontic techniques can make orthodontic treatment later easier and more stable.

Once a practitioner can see the causes of a child’s malocclusion, it is possible to serve the growing demand from parents who do not want to delay treatment for their children.

Additionally, we now know that tooth-centered orthodontic treatment can achieve only short-term results unless fixed or removable retainers are used in the long-term. Parents must be made aware of this if they are to make an informed decision for their children. Should the problems be treated now, or should the patient wait?

Myofunctional orthodontics is not just about moving teeth. The first objective of myofunctional orthodontics is to have enough space for the tongue to sit in the maxilla. The second objective is to have the patient breathing through his or her nose with lips together.

If the patient is not breathing through his or her nose, then correct arch development and correct dental alignment cannot be achieved.

For patients unwilling or unable to correct their own dysfunctional habits (chronic mouth breathers, for example), correct dental alignment and arch development is possible only if the patient accepts wire and glue for life. Occasionally, patients do accept this, and so sometimes retainers are fitted under the direction of the patient or parent. This occurs for only a minority of cases.

Once you can diagnose the causes of the malocclusion, you are capable of resolving the malocclusion, rather than just treating its symptoms.

Treating the causes of the malocclusion, rather than just relying on mechanical forces to align teeth has great benefits for both patients and parents. If you’d like to learn more, MRC offers Myofunctional Orthodontic training.

Benefits of myofunctional orthodontics
Myofunctional orthodontics produces healthier patients who are able to grow without the detrimental habits that limit facial growth. Patients who stop mouth breathing are healthier and get fewer allergies and infections because of breathing through their nose. Fixing incorrect swallowing patterns and improving poor nutrition allows correct downward and forward facial growth and development.

Case after case using myofunctional orthodontics produces stable maxillary arch development and resolves lower anterior crowding with little mechanical effort. No braces are needed, and for the majority, no permanent retainers are required.

### References

**MYOFUNCTIONAL, page A32**
Together, We’re Helping Health Happen

Through participation in our Calendar of Caring programs, our valued customers have helped raise over $800,000 to help health happen!

Henry Schein Cares, our global corporate social responsibility program, is a source of pride for Team Schein Members around the world. Through many activities, we “help health happen” by expanding care to underserved populations.

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Flow Plus provides superior adaptation to the flowable consistency of BEAUTIFIL strength of a hybrid restorative. Flow Plus can be time consuming, presenting this new approach, dentists can achieve results. As published in JADA, a University of Florida study found that restorations containing S-PRG filler showed no failures, no harmful bacteria. Studies on BEAUTIFIL Flow Plus's sister product, BEAUTIFIL II, a hybrid restorative, highlight these results. As published in JADA, a University of Florida study found that restorations containing S-PRG filler showed no failures, no harmful bacteria. Studies on BEAUTIFIL Flow Plus's sister product, BEAUTIFIL II, a hybrid restorative, highlight these results.

All-in-one base, liner and restorative

Traditional methods of filling and packing hybrids can be time consuming, presenting technique-sensitive issues that may result in post-op sensitivity and/or failure of the restoration.

With BEAUTIFIL Flow Plus, material can be syringe-delivered where needed and cured in 2 mm increments all the way up to the occlusal surface. See Figures 2 and 3. Clinical trial, before and after Using a single material not only simplifies the steps to perform restorations, it also reduces inventory needs and helps facilitate both setup and cleanup — making for a more productive office.

Flowable adaptation with the strength of a hybrid

The flowable consistency of BEAUTIFIL Flow Plus provides superior adaptation to tooth structure when compared with hybrids according to the company. Because the material is flowed into the preparation, rather than being packed as with hybrids, dentists can achieve a tight marginal seal with minimal instrumentation. This helps reduce the occurrence of voids inherent in traditional hybrid packing techniques. Unlike other flowables, BEAUTIFIL Flow Plus is approved for all indications, making it perfectly suited for difficult to reach Class IIIs.

In addition to superior adaptation, BEAUTIFIL Flow Plus was specifically designed to stand up to the rigors of the occlusal surface and marginal ridge, according to the company. High filler content and unique chemical properties ensure that clinicians have all the material strength found in leading hybrids. Internal studies confirm that compressive strength, flexural strength, toothbrush wear and other mechanical properties are clinically equivalent to leading hybrids on the market. Using this new approach, dentists can achieve better adaptation, with a stronger material and fewer, less-complicated steps.

In New Orleans

Learn more about Shofu BEAUTIFIL Flow Plus, other Shofu products and the company's ADA show specials at booth No. 2251 in the exhibit hall. Among the specials: BEAUTIFIL Flow Plus Kit Trial Offer is $102.55 (2 x $50 value), and if you buy four BEAUTIFIL Flow Plus you get one BeautiBond unit - dose or bottle free. Also, on Thursday, Oct. 3, Dr. Ron Kaminer presents “Prep it and Fill it: Minimally Invasive Options for Restorative Dentistry,” from 1-2 p.m., in booth No. 3457 in the exhibit hall as part of the Dental Tribune Study Club Symposium.

It just stays put

One of the many distinguishing features of BEAUTIFIL Flow Plus is that it stays where you put it. Older-generation flowables tend to spill out of the prep. BEAUTIFIL Flow Plus provides precision stacking capabilities with no slump. This is particularly important when working at awkward angles or with fidgety patients.

Two distinct viscosities add to dentists’ treatment options. See Figure 4. “FOO” Zero Flow (0.0 mm of flow held vertically for one minute) is ideal for stacking, especially in the marginal ridge. “FO3” Low Flow (3 mm of flow held vertically for one minute) handles more like a traditional base or liner. That said, the mechanical properties for both viscosities are similar and can be used interchangeably. Both FOO and FO3 display self-leveling characteristics that make polishing easier than ever.

Clinically proven benefits

Shofu’s proprietary GIONER technology uses “Surface Pre-Reacted Glass” (S-PRG) filler, providing a wealth of benefits for high-caries-index patients, according to the company. Simply put, S-PRG filler is composed of a glass core with a surface-modified layer that protects the durability and esthetics of the glass from moisture, while still allowing beneficial ions to travel freely between the S-PRG filler and the oral environment.

Many competitive restoratives release fluoride initially, but deplete their charge within a matter of weeks. With S-PRG technology, fluoridated products, such as toothpaste and mouthwash, recharge the filler material, providing sustained preventative benefits over the life of the restoration.

Numerous independent clinical studies show S-PRG fillers to display biomimetic properties that help protect the restoration and surrounding tooth structure from harmful bacteria. Studies on BEAUTIFIL Flow Plus's sister product, BEAUTIFIL II, a hybrid restorative, highlight these results. As published in JADA, a University of Florida study found that restorations containing S-PRG filler showed no failures, no secondary caries and no post-op sensitivity during an eight-year period. A 13-year recall of these patients is under way.

Quality and durability

For decades, Shofu’s “Brownies,” “Greenies” and other polishers have been synonymous with quality and durability in dentistry. While many companies would be complacent as the “go-to” polishing company, Shofu has been on a mission to change dentistry for the better with innovative chemical restoratives such as BEAUTIFIL Flow Plus. Exceptional strength, handling and unique bioactive filler technology make it a product worth seeing for yourself.

New available: pit-and-fissure sealant

Building on the GIONER line of products from Shofu, is BeautiSealant Pit and Fissure Sealant. BeautiSealant is a tooth-colored, fluoride recharging, pit-and-fissure sealant that reduces treatment time by completely eliminating the need for phosphoric acid etch and rinse steps. Using an advanced, self-etching primer, BeautiSealant is gentle on teeth, yet delivers superior shear and tensile bond strength compared with leading phosphoric acid etched systems.

‘Changing dentistry for the better’

Flow Plus radiopaque, an injectable hybrid restorative with mechanical properties rivaling leading hybrids, adds more shade choices. (Photos/Provided by Shofu)
Universal registration material earns awards

The universal registration material METAL-BITE® is indicated for a broad variety of indications, such as icp-registration, face bow registration, dynamic antagonist registration and for surgical guides. The product is also optional scanable for CAD/CAM applications.

The product manufacturer, R-dental, describes the physical properties of METAL-BITE as being able to fulfill all requirements of dentists.

In late 2012 METAL-BITE was evaluated by the independent REALITY Publishing (Houston) and received its 2013 Four Star Award. Furthermore, among all evaluated materials, METAL-BITE was rated the No. 2 bite registration material for 2013 by REALITY. Additionally, in December 2012 the dark gray A-silicone received the 2013 Preferred Products Award from The Dental Advisor (Dental Consultants Inc., USA).

More than a decade after its introduction in 1999, METAL-BITE today is known to a large number of dentists worldwide. The product is available in commercial cartridges of 50 ml with 12 mixing cannulas.

To learn more, you can contact manufacturer R-dental Dentalerzeugnisse, in Germany, by telephone at +49 (402) 275-7617 or by email at info@r-dental.com. You can learn more online by visiting the website www.r-dental.com.

(Source: R-dental)

Henry Schein website connects dental practitioners to prospective jobs

Henry Schein Inc. has launched an online dental professional recruitment and placement platform to help its customers fill critical practice associate positions — and help both experienced dentists and graduating dental students find those positions.

The Henry Schein Nationwide Dental Opportunities website, operated by Henry Schein Financial Services (HSFS), is at www.dentalopportunities.com.

“Henry Schein is committed to helping dental practitioners succeed,” said Keith Drayer, vice president, Henry Schein Financial Services. “During these economically challenging times, graduating dental students and experienced practitioners are seeking practice transition assistance. We developed the Henry Schein Dental Opportunities website with this specific need in mind, and are pleased to provide the necessary tools and resources in a single platform to help place candidates in private practices, clinics and dental organizations of every category.”

At www.dentalopportunities.com, students, dental residents, former military dentists — as well as practicing dentists looking for a change — can search for opportunities in the geographic area they desire. The site offers hundreds of opportunities in a variety of settings and practice sizes, with some potentially leading to ownership.

For the practice owner, whether filling a position within a small private practice, a large group practice with multiple locations or other practice settings, the new website can help locate the right Associate (from an experienced specialist with years of experience to a new graduate looking for his or her first associate position).

Since 2001, Henry Schein Dental Opportunities has placed more than 2,000 dental professional candidates.

(Source: Henry Schein Financial Services)
Easy: Frame, focus, flash

The PhotoMed G15 digital dental camera is specifically designed to enable you to take all of the standard clinical views with “frame-and-focus” simplicity. The built-in color monitor enables you to precisely frame your subject, focus and shoot. According to the company, proper exposure and balanced, even lighting are assured.

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

Photos/Provided by PhotoMed

Vol. 5 of Dr. Douglas Terry’s supplementary DVD set illustrates the procedures, techniques and scientific concepts presented in the book “Esthetic and Restorative Dentistry: Material Selection and Technique (Second Edition).” The DVD begins with an introduction by Dr. Terry, followed by a demonstration showing the views most dental offices need to photograph as well as the technique needed to take each one of them.

For more information about the DVD, visit www.photomed.net, call (800) 998-7765 or stop by the PhotoMed booth (No. 918) at the American Dental Association annual meeting.

(Source: PhotoMed.)

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dental-tribune.com.

If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at data-base@dental-tribune.com and be sure to include which publication you are referring to.

Also, please note that subscription changes can take up to six weeks to process.
Developing clinician-focused solutions for practice success

Carestream Dental's portfolio includes digital imaging systems, imaging software and dental practice management software

By Carestream Dental Staff

As a company, Carestream Dental is based on three pillars that describe its distinguishing characteristics in the industry — workflow integration, humanized technology and diagnostic excellence. Together, these make up the Carestream Dental Factor. This driving force has made it possible for the company to carry on its tradition of developing products that help dental professionals capture detailed diagnostic information and deliver exceptional care to patients for more than 100 years.

Carestream Dental's roots date back to 1896, when Eastman Kodak introduced the first photographic paper designed specifically for dental X-rays. Then in 1963, Trophy introduced its first dental X-ray unit. Over the next four decades, Carestream Dental’s predecessors, Eastman Kodak, Trophy and PracticeWorks – continued this innovation in dental imaging by introducing extraoral radiographic film, digital radiography sensors, extraoral imaging systems and many other industry-leading products.

With a broad portfolio that includes digital imaging systems, imaging software and dental practice management software, Carestream Dental prides itself on developing, designing, manufacturing, selling and supporting its entire product line. By building all of the imaging products from the ground up and designing software in-house, Carestream Dental ensures that all of its systems work seamlessly together.

This quality control also extends to the company’s support. Because end users have to go to only one company for support — rather than having to identify the correct group to reach out to with questions — Carestream Dental product users consistently report a higher degree of satisfaction and better overall customer experience.

A new solution for CAD/CAM restorations

CAD/CAM (computer-assisted design/computer-assisted manufacturing) is a growing field in the dental industry — and for good reason. When performing traditional restorations, a dental practitioner must take an impression of the patient’s teeth, send them off to a lab and wait for the materials to come back before placing the permanent restoration. This procedure is not only tedious for patients, but it could lead to lost revenue if the patient never returns for the follow-up appointment.

To simplify this process, Carestream Dental has once again entered a new market with its CS Solutions for CAD/CAM restorations — and it certainly won’t be the last. Dental practitioners can choose to incorporate the entire product portfolio into their practice to perform restorations in only one appointment, or electronically send off the design or milling to their dental lab of choice.

CS Solutions is made up of the following products:

**CBCT System:** Using either the CS 9300 or CS 9000, dentists can scan conventional impressions to create accurate 3-D models. This innovative technique digitizes impressions so crowns can be quickly scanned and milled. In addition, the CBCT System offers practices a smooth transition to digital with a familiar impression workflow, so current CBCT owners receive added value.

**CS 3500:** With the CS 3500 intraoral scanner, dental practitioners can easily acquire true-color, 2-D and 3-D images to design crowns, inlays and onlays within their practice. Requiring no external heater, powder or trolley system, the CS 3500 features high-angulation scanning of up to 45 degrees and a depth of 16 mm. Additionally, the scanner includes a light-guidance system that provides feedback on image acquisition so practitioners can focus more on the patient — and less on the monitor.

**CS Restore:** Designed with users in mind, CS Restore software radically simplifies and automates the restoration design process, enabling dental practitioners to create natural and functional single-tooth restorations with fewer steps and clicks.

**CS 3000:** The CS 3000 milling machine gives practitioners the ability to mill and place a crown in one appointment. With a milling accuracy of +/- 25 μm, the system produces high-quality, anatomically accurate shapes without undercuts. In addition, the CS 3000’s compact design and vibration-free milling allows practitioners to use the machine anywhere in the practice, even chairside.

When developing CS Solutions, Carestream Dental’s product line managers worked with dental professionals across the globe to build a user-friendly and effective restoration solution — conducting test trials in the United States, Japan, Hong Kong, Italy and Germany to ensure a seamless workflow. The end result is a line of intuitive products that makes the restoration process easier and more convenient for dental professionals and patients alike.

About Carestream Dental

Carestream Dental provides industry-leading imaging, CAD/CAM, software, and practice management solutions for dental and oral health professionals. With more than 100 years of industry experience, Carestream Dental products are used by seven out of 10 practitioners globally to deliver more precise diagnoses, improve workflows and provide superior patient care.

To learn more about CS Solutions or Carestream Dental’s entire portfolio of imaging products and software, visit www.carestreamdental.com, call (800) 944-6365, or stop by booth No. 2139 at the ADA Annual Session in New Orleans for an in-person demonstration.
Sky’s the limit for cloud-based dental practice management

Curve Dental, developer of Web-based dental software, is quickly becoming the command central in the dental office by seamlessly integrating a growing range of practice-management tasks into its software platform. Recent expansions come via arrangements with Intuit’s DemandForce marketing/communications services and Bluefin Payment Systems to offer all-in-one payment-processing services.

Real-time marketing

The two-way integration between Curve Dental’s management software and Intuit’s DemandForce marketing and communication service enables DemandForce users to access appointment information in Curve Dental software to send automated appointment reminders to patients via email or text messages — and also helps practices build their online reputation.

The two-way data integration is significant for Curve Dental customers because it enables DemandForce and Curve systems to sync data in real time. That means when a patient confirms an appointment through DemandForce, the Curve management system will automatically update — leaving the practice to focus more on patient satisfaction.

“We are pleased to offer our customers a way to easily and seamlessly link their practice information with DemandForce,” said Jan Zipursky, president and chief operating officer of Curve Dental. “DemandForce offers a wide array of services that can help our customers avoid appointment cancellations and no-shows and thereby increase practice productivity. Moreover, DemandForce’s practice-marketing features can assist our customers in successfully competing on Google, social media and other popular sites.”

All-in-one payment solution

The partnership between Bluefin Payment Systems and Curve Dental creates an integrated, all-in-one payment solution within the Curve Dental software interface. Through the partnership with Bluefin, Curve Dental clients can process debit card, credit card and ACH payments right within the software interface. They can also easily set up schedules for recurring billing, choose to tokenize transactions for extra security, offer clients enhanced security features (such as point-to-point encryption) and provide online payment capabilities via a patient portal hosted by Curve Dental.

“Curve Dental is on the cutting-edge of innovation in dental software and is an ideal partner for Bluefin,” said Bluefin CEO John Perry. “We seek to partner with companies that offer differentiated products that allow customers to accomplish tasks in less time and with more efficiency.”

In addition to having access to a highly secure integrated payment product, Curve Dental clients will also benefit from a transparent and competitive pricing structure and one-on-one support from Bluefin and Curve Dental team members.

DemandForce and Intuit

DemandForce, an award-winning communication platform combined with best-in-class reputation and networking tools, is a powerful Web-based application that seamlessly integrates with existing workflow systems to help strengthen a business’s online reputation and leverage local network marketing.

Founded in 2003, DemandForce has collected more than 4 million consumer reviews, which are published across the Web, and has generated more than $3 billion dollars for its clients. Through the DemandForce Network, its end clients are connected to more than 45 million local consumers.

Intuit is a leading provider of business and financial management solutions for small and mid-sized businesses, financial institutions, including banks and credit unions, accounting professionals, and consumers. Its flagship products and services include QuickBooks, Quicken and TurboTax. Founded in 1983, Intuit had annual revenue of $3.5 billion in its fiscal year 2010.

The company has approximately 8,300 employees with major offices in the United States, Canada, the United Kingdom, India and other locations. More information can be found at www.intuit.com.

Bluefin Payment Systems

Based out of Atlanta with offices in New York, Chicago and Tulsa, Bluefin is a leading payment processor in the United States and Canada, providing secure payment solutions to Integrated Software Vendors, SaaS providers and enterprise management platforms in a variety of verticals including medical, dentistry, health/fitness, and more.

Through the company’s PayConex payment gateway, partners and merchants enjoy all major processing products, such as credit/debit/ACH, with the convenience of acceptance through the point-of-sale, virtual terminal or hosted e-commerce pay page. Bluefin’s security suite includes point-to-point encryption, transparent redirection, tokenization and store-and-convert processes. Bluefin partners with more than 100 software companies and serves 15,000 merchants.

Curve Dental

Founded in 2004, Curve Dental offers dental practices in the United States and Canada web-based alternatives to traditional dental software applications. Its office management solutions for dentists include cloud-based features such as scheduling, billing, reporting and digital imaging, allowing customers to accept patient data from any location at any time.

Privately-held, with offices in Orem, Utah and Calgary, Alberta, Canada, the company strives to make dental software less about computers and more about the user experience. Its creative thinking can be seen in the design of its software, which is built only for the Web. Contact Curve Dental at (888) 910-4376 or online at www.curvedental.com.

(Photos/Provided by 3Shape)

3Shape TRIOS Color praised for realistic colors

At the 2013 International Dental Show, which was held in March, 3Shape unveiled its TRIOS® Color digital impression-taking solution and invited dental-industry journalists to observe the new product in action.

Spectators taken by surprise

Because competitors had launched color scanning months earlier, the developers at 3Shape expected observers to wonder if the system would be as good or be just another late arrival. The live demonstration was performed by scanning a volunteer’s head, the TRIOS Color built a highly realistic 3-D image that can replace taking intraoral photographs.

In New Orleans

To learn more about the TRIOS Color digital impression taking, visit 3Shape in booth No. 2765, in the exhibit hall at the American Dental Association Annual Session.

The TRIOS Color digital impression-taking solution from 3Shape. Photo/Provided by 3Shape

The reason is that natural-looking colors make it easier for dentists to discuss and recommend treatment options. Natural colors also make it simpler for the dentist to distinguish between different types of restorative materials (metals, enamel, composite, etc.) to recognize bleeding areas, see color transitions on teeth and easily identify margin lines due to the enhanced detail. For orthodontics, this realistic 3-D image can replace taking intraoral photographs.

3Shape innovation: RealColor

3Shape developers worked all last year to create 3-D color scanning capabilities and realistic color capture. The result: RealColor Technology. Now, RealColor, in combination with 3Shape’s established TRIOS Ultrafast Optical Sectioning technology, offers a high performance color scanning solution that is fast, accurate and easy to use.

3Shape continues to provide the TRIOS standard non-color solution, thus offering dentists two choices, both available in TRIOS Cart or TRIOS Pod configurations.

(Photos/Provided by 3Shape)
The art of manufacturing

The people building products at Handler Red Wing International consider their work an art form

By Rick LaDuca, President & GM Handler Red Wing International

When was the last time you built something? I mean really built something, anything from scratch? Do you think you can do it? Do you have the tools to do it? Do you think our children will be able to do it? If we took a survey, the answers to these questions might be undesirable.

Grass roots manufacturing has been — and always will be — the cornerstone of growth and prosperity in America. Technology is only part of the manufacturing balance, and it is difficult to survive long term solely as a services sector country.

Why? The answer is simple. American companies can make money by providing services, of course, but much of that money just moves around within the United States. When American companies manufacture quality products, we can export and bring new money into the United States.

Yes, it can be that simple. America has been sending more cash and assets offshore than we have been bringing in for decades, and with it goes America’s wealth. The chart (Fig. 1) has been taken from the U.S. Department of Commerce, Bureau of Economic Analysis and is online for anyone to see. The U.S. trade deficit as of July 2013 was -$39.1 billion. America’s wealth is being distributed to other countries around the world.

New Jersey based, since 1920

Handler has been manufacturing products for the dental business since 1920. The company is still located in New Jersey. Over the years, Handler has developed excellent relationships with outstanding dental distributors in the United States.

Handler enjoys domestic distribution into other vertical markets, including jewelry, podiatry, audiology, medical, industry, pharmaceutical and hobby craft. Handler’s domestic market share in the dental community is still very strong and remains as the core source of revenue.

Handler employs manufacturing people, some of whom have 20-plus years of tenure. The work we do to build our Red Wing products and new Pro Tech Lite series of benches and furniture is an art form. I am privileged to be a part of something so special. Manufacturing is of course done by the numbers. We use planning tools, engineering masters, procedures and instructions and we employ safe and lean manufacturing techniques. But to work with people who take such great care and effort into crafting each piece of equipment and each product that leaves Handler is an art, much like preparing food in a fine restaurant. Everything on the manufacturing floor, from sourcing to planning to building to testing to packaging to shipping, must flow much like the paint brush of a skilled artist.

However, it is becoming very difficult to find skilled manufacturing people, because they are few and far between. Handler’s factory is automated, incorporating technology into the manufacturing process. We use a robust, state-of-the-art, Oracle-based ERP system customized to our portfolio of products for efficiency, and we incorporate lean manufacturing strategy. However, it is the people, the artists at Handler who manage the system and actually build the products we ship every day.

Handler’s mission is to foster leadership behavior that facilitates the vision of delivering flawless products and services. Every employee is trained and focused on the value of the goods and services that are manufactured for the benefit of our customers. Ongoing communication, problem solving process, training and development, monitoring and inspection are leadership tools we use to strive toward the ultimate target of zero defects.

Handler has been exporting American made Handler Red Wing products to many areas around the world for decades. And here is the good news that zeroes in on the topic of exporting. Handler has recently opened up distribution in China. Handler is proud to grow our business globally. Handler is a small part of a large dental community and behemoth economy. We know that Handler exports are not going to make much of a difference in the American trade deficit. However, we are encouraging everyone to think about America’s position as a global leader and superpower. Think about how we developed as a nation. Think about vocational education and our kids being able to build, whether for themselves or for someone else. Think about becoming an artist, an engineer, a manufacturer.

American made: A selection of dental-sector products manufactured by Handler Red Wing. (Photos/Provided by Handler Red Wing International)
In New Orleans

To learn more about the new Rotograph Evo 3D dental imaging system, visit Villa Sistemi Medicali (Villa Radiology Systems) in booth No. 1056 in the exhibit hall at the American Dental Association Annual Session. Contact the company by phone at (203) 262-8836, or visit the company online by going to www.villaus.com.

Villa Sistemi Medicali recently introduced its new Rotograph Evo 3D dental imaging system with three-in-one functionality: panoramic, cephalometric and 3-D.

According to the company, the new machine is based on the highly regarded mechanical platform of the Rotograph Evo, now adapted mechanically and electronically to operate with the latest cone-beam technology enabling 3-D reconstruction of the jaws. At the core of the Rotograph Evo 3D is what the company describes as being an “innovative flat-panel detector using amorphous silicon technology associated with cerium iodide (CaI) scintillator.”

Because of the system’s ability to work in either a panoramic or 3-D modality, pan images are acquired directly and not reconstructed from a volume, thus they have the same layout usually visible on traditional pan units. Because of the unit’s 3-D field of view of 8.5-by-8.5 cm, the entire dental status of the patient can be visible at a glance, without the need to make different exposures to obtain it.

Complete diagnostic tool

According to the company, the result is a complete diagnostic tool featuring the most advanced technology; yet it’s easy to use just like a dedicated dental panoramic system.

To provide users maximum flexibility and safeguard the unit as an investment, the company reports that it designed the Rotograph Evo 3D with the capability of being integrated with a digital cephalometric arm or upgraded at a later stage if the need should arise.

To contact the company

You can contact Villa Sistemi Medicali (Villa Radiology Systems) at (203) 262-8836, or you can learn more online by visiting www.villaus.com.

(Source: Villa Sistemi Medicali)
Advance Implant
LIVE Surgery and Prosthodontics in JAMAICA!

Basic Implant Dentistry: 5 Day course
35 C.E. credits, Jan. 4-8, 2014 & Jul. 2-6, 2014

Intermediate Implant Dentistry: 3 Day course

The basic implant course provides an incredible hands-on learning opportunity to place 6 or more implants on provided live patients at a Jamaican Dental School Clinic. Our world-class clinicians and educators offer a comprehensive learning experience for general dentists and specialists. Price: $7,000 includes 5-day course tuition, hotel (7 nights), meals and island transfers.

The intermediate implant course is intended for dentists who completed the AAIP/ADIS introductory implant seminar, and caters to an unlimited implant curriculum. Price: $5,200 includes 3-day course tuition, hotel (5 nights), meals and island transfers.

For more information or to register, please visit www.ADIseminars.com
Buying dental equipment? Don't leave end-of-year tax savings on the table

Henry Schein Financial Services team can help you navigate complex tax codes to achieve immediate savings

Dentists who are starting, growing or remodeling a dental practice may want to start thinking about end-of-year tax savings because outfitting a practice is more affordable than ever.

At this year’s American Dental Association Annual Session, the Henry Schein Financial Services team can help show practices how to take advantage of the complex federal tax code to achieve immediate savings, while obtaining the best financing rates for equipment, technology and renovations to increase the practice’s aesthetic appeal, efficiency and effectiveness.

While it is currently one of the most advantageous times ever to make capital equipment purchases, the possibility of comprehensive tax reform and modification of the accelerated depreciation limits may change that soon.

By leveraging the deductions of Section 179 now, however, dental practitioners can take advantage of a $500,000 benefit that allows them to deduct all or part of the purchase price of qualifying purchases (equipment, technology and off-the-shelf software). Without another modification this year by Congress, the amount is scheduled to return to $25,000 in 2014.

“The golden goose may stop laying eggs if Congress decides to reduce this favored business equipment incentive for small businesses, like dental practices,” explains Keith Drayer, vice president of financial services at Henry Schein Inc.

Section 179 deduction limits have reduced the after-tax costs of acquiring depreciable business property by accelerating the tax deductibility of some or all of the costs of acquiring the assets.

“Tax consequences aside, many practices are struggling to balance technology costs while using the latest, most efficient equipment. However, with favorable deferred payment options of six to nine months, an office can start generating revenue using new equipment before year-end, pay for it next year and maximize the after tax savings this year. “It is the best fiscal medication for dental practice to be financially strong,” Drayer said.

To learn more about year-end equipment financing — or if you have general questions about practice and/or patient financing options — you can visit Henry Schein Financial Services in the Henry Schein Dental booth (No. 2419) in the exhibit hall at the ADA Annual Session.

In New Orleans

To learn more about year-end equipment financing — or if you have general questions about practice and/or patient financing options — you can visit Henry Schein Financial Services in booth No. 2419 at the ADA Annual Session.

About Henry Schein Inc.

A Fortune 500 Company and a member of the NASDAQ 100 Index, Henry Schein employs nearly 16,000 Team Schein Members and serves more than 775,000 customers.

The company offers a comprehensive selection of products and services, including value-added solutions for operating efficient practices and delivering high-quality care. Henry Schein operates through a centralized and automated distribution network, with a selection of more than 96,000 branded products and Henry Schein private-brand products in stock, as well as more than 110,000 additional products available as special-order items. The company also offers its customers exclusive technology solutions, including practice management software and e-commerce solutions, as well as a broad range of financial services.

Headquartered in Melville, N.Y., Henry Schein has operations or affiliates in 24 countries. The company’s sales reached a record $8.9 billion in 2012, and have grown at a compound annual rate of 17 percent since Henry Schein became a public company in 1995. To learn more, visit www.henryschein.com.

(Source: Henry Schein Inc.)
The Future of Digital Dentistry is Here!

Henry Schein has a digital solution for every step of care.

- Offering customized product and equipment choices
- Integrating with practice management software solutions
- Connecting to the digital dental highway
- Providing expert customer service and support

Leading the Way  Connecting Dental  Enhancing Patient Care

Exclusively Distributed by

1-800-645-6594
www.henryscheindental.com
No. 1 way to find a dentist: Healthgrades

More than 225 million visitors use www.healthgrades.com yearly to find, choose and connect with health care providers
During the past 12 months Healthgrades tracked more than 20 million searches for dental care providers. But just as important, Healthgrades users don’t just search — they schedule appointments. More than half (54 percent) of Healthgrades visitors will schedule an appointment. Among those who schedule, 95 percent make an appointment within the first week that they search, and 38 percent schedule the same day.

Healthgrades visitors appear to be an ideal target audience for growth-minded dental care providers. So what should your practice do to harness this traffic and fill your schedule?

Optimize visibility and patient conversion with Healthgrades enhanced profile

Healthgrades offers a basic profile that practitioners can “claim” for free. It includes limited information about your practice such as name and address. However, the basic profiles also include third-party ads and advertisements from competitor practices. Most critically, the basic profile does not provide visitors with a way to schedule an appointment with your practice. Healthgrades visitors can submit a review of your practice, but they are not verified as your patients. While a basic profile is better than no profile, its ability to earn your practice top ranking or convert visitors into patients is severely limited.

Partnership with Sesame Communications

Healthgrades has established a partnership with Sesame Communications, and as of October 2013, dentists will be able to work with Sesame to secure an enhanced profile, which will offer several strategic advantages over a standard profile — giving your practice better access and exposure to prospective patients seeking a new dentist.

Enhanced profile benefits

A Healthgrades Enhanced Profile from Sesame provides practices with:

- **Priority placement in searches:** A Healthgrades Enhanced Profile gives your practice higher placement and greater visibility to patients searching for a dentist in your area. The enhanced profile provides premium positioning in the “Featured Listing” section at the top of the page as well as in organic searches.

- **Click-to-request appointments:** Enhanced profiles enable patients to request an appointment with your practice simply by clicking a button on their Healthgrades profile. This quick, automated process removes a potential barrier for patients looking to make an appointment, enabling your practice to optimize the conversion of site visitors into new patients.

- **Complete, practice-branded profile:** Enhanced Profiles offer comprehensive doctor and practice branding, including full bio, address, procedures, location directions and detailed contact information. Healthgrades research shows that visitors to a complete enhanced profile will spend four times longer on your profile, which, again, will drive new patient conversions.

To get more information on Healthgrades Enhanced Profiles, visit www.healthgrades.com, today Healthgrades Enhanced Profiles are available only from Sesame Communications.

With millions of prospective patients ready to schedule an appointment the moment they find the right dentist, a Healthgrades Enhanced Profile is your best opportunity to engage this valuable audience and fill your schedule with new patients.

**Final thoughts**

New patient acquisition is the bloodline of practice growth and profitability. For many dental practices, online search has become a primary source for new patient opportunities. Healthgrades is a highly compelling channel, with millions of prospective patients ready to schedule an appointment the moment they find the right dentist.

A Healthgrades Enhanced Profile is your best opportunity to engage this valuable audience and fill your schedule with new patients.

**References**

2. www.pewinternet.org/Reports/2013/Health-online/Summary-of-Findings.aspx
Crest + Oral-B

wants to know...

Are you a Pro?

Nominate yourself or a deserving colleague for the Crest® + Oral-B® Pros in the Profession® Award, honoring four hygienists that go above and beyond the call of duty to promote patients’ oral health. Visit facebook.com/professionalcrestoralb to learn more and enter.*

Winners will receive:

• Exclusive all-expenses-paid trip to the P&G Innovation Center in Kronberg, Germany
• $1,000 prize
• And more!

For more information, visit dentalcare.com or the Crest + Oral-B booth at select dental conventions throughout the year.

* NO PURCHASE NECESSARY. Nominees/Romninee must be legal residents of 48 contiguous U.S. & D.C. who are of the legal age of majority prior to date of entry, are 18+ (except residents of AL and NE who must be 19+) and residents of MS who must be 21+). Nominations must be dental professionals who have had any interaction with the nominee. Nominees must also be an employed dental hygienist who is licensed in the U.S. and has been in current dental practice setting located in the 48 contiguous U.S. or DC for at least 2 years prior to date of nomination. Void where prohibited. The Pros in the Profession Awards Program starts 12:00 am ET 9/12/2013, ends 11:59 pm ET 9/16/2014. Sponsor: The Procter & Gamble Company LLC.

For Rules, visit https://apps.facebook.com/crestoralb/.

2013 P&G
Job openings increasing for most dental workers, including hygienists (sort of)

According to the dental job board www.dentalcrossing.com, job opportunities for dental hygienists are “picking up greatly.” The website in September reported 445 dental hygienists job postings awaiting suitable applicants in markets across the United States. Of those opportunities, 303 had been added during the week immediately preceding release of the statistics.

In a news release with statistics and analysis covering all dental jobs, DentalCrossing reported that the dental hygienist job listings confirm the ongoing need for hygienists that has led to the opening of many new dental hygiene schools in various regions of the United States since 2007.

In the release, DentalCrossing also referenced that 80 percent of dental hygienists participating in a 2013 RDH eVillage job benefits survey stated that the new schools were contributing to creating a surplus of dental hygienists, with not all hygienists looking for work being able to find jobs.

DentalCrossing reported that the surplus in certain markets is likely working to the advantage of recruiters who are requiring full-time dental hygienists to work on holidays or who are hiring hygienists to work on only a part-time shift basis. About 2,280 of the 2,111 hygienists participating in the survey reported that they worked full time and worked on many national holidays. Full-time opportunities, according to 80 percent of those surveyed, were hard to come by.

The DentalCrossing news release reported that the dental hygiene job benefits survey identified that employers prefer hiring multiple part-time hygienists to avoid paying benefits, leading at least one respondent to question why the position of dental hygienist appears on top-10 jobs rankings.

DentalCrossing reported that according to the Bureau of Labor Statistics “Occupational Outlook Handbook: 2012-13 Edition for Dentists,” employment in all areas of the dental profession is expected to grow by 21 percent from 2010 to 2020. This is speedier than the average for all occupations.

The latest job-search data from www.dentalcrossing.com is in line with that growth projection. The website reported 6,390 active dental jobs in the United States that needed to be filled, suggesting that dental work opportunities are abundant in many regions across the country. Dentists have become an important part of the lives of teens, tweens and the elderly, and demand for dental services is growing.

Growing public awareness of studies linking oral health to overall health is supporting the increase in new dental jobs, according to DentalCrossing CEO Harrison Barnes. A preview of this is presented on www.dentalcrossing.com. It’s not just dentists and hygienists in demand. More than 2,040 dental assistant jobs were posted, including 88 in Texas, 272 in California, 160 in Tennessee, 228 in Pennsylvania and 218 in Ohio.

About DentalCrossing
DentalCrossing is part of the Employment Research Institute, which is one of the most powerful and comprehensive organizations dedicated to helping professionals find jobs that will enhance their careers. Employment Research Institute covers more than 120 industry-specific and 120 location-specific job boards. The service aggregates every job opening it can find into one central location. The website also offers a seventy-two-hour free trial to new members.

Industry commentary
My journey as a dental hygienist

By: Kareen Wilson, RDH

We all live to be an inspiration to others. At my alma mater, Loma Linda University, there is a statue in front of the dental school that carries the inscription, “To make man whole.” That statue and inscription was there to remind us that it is our duty to inspire and make our patients whole. It can be your children, spouse, loved one or people around you that you want to influence and change their life for the better. As a hygienist, I know that I inspire my patients to live healthy and happy lives.

Through clinical education, I make sure that my patients have all the knowledge to create their happiness through a beautiful and healthy smile. I also strive to use my physical skills to bring joy and relief from discomfort by improving their oral health.

Crest Oral-B Pros in the Profession Winners from the program’s second year: Kasha Lower, RDH, from left, Olga Torres, RDH, Donna Caminiti, RDH, Hayley Wood Klauer, RDH, Kareen Wilson, RDH, and Julie Kroeker, RDH. Photo/Provided by Crest Oral-B

*See JOURNEY, page C2*
Crest Oral-B continues to recognize registered dental hygienists who go above and beyond the call of duty with the third year of the Pros in the Profession awards program. These awards acknowledge the pivotal role hygienists play in their patients’ lives in addition to their unwavering personal commitment to promoting good oral health.

“We have seen extraordinary entries over the past two years. We believe it is only fitting that we must continue to honor those hygienists whose passion shine through in their everyday work,” said John Sciallachi, with scientific communications for P&G Oral Care. “These individuals dedicate countless hours to furthering the oral health cause, so we are pleased to be able to applaud their public service.”

In 2014, Crest Oral-B will reward four exceptional dental hygienists who consistently display dedication to their patients and their craft. Winners receive an all-expense paid trip to visit the Procter & Gamble & German Innovation Center at Kronberg, Germany; $10,000, a recognition plaque, and recognition in periodicals and announcements on the Crest Oral-B for Dental Professionals Facebook page and on the www.dentacare.com consumer website.

From now until March 2014, nominations can be submitted via a nomination tab on the Crest Oral-B for Dental Professionals Facebook page. For the first time in the program, hygienists may nominate themselves. Nominations can also be submitted by dentists, fellow hygienists, dental assistants, professional colleagues and academic colleagues. Additionally, Crest Oral-B will be present at dental conventions throughout the year, where applications can be submitted onsite.

To be considered for the program, nominees must meet the following criteria: RDH with two or more years of clinical/professional experience after graduation from dental hygiene school, participation in community service; examples of work that goes above and beyond the call of duty.

“I think of my patients as a reward from the award, that Crest Oral-B has decided to continue rewarding those in our profession,” said Ann Benson Ross. “I’ve learned an immense amount from the experience and have been afforded so many new opportunities, so I encourage all to take part, as I know so many of us out there deserve the honor.”

To learn more about Pros in the Profession, including how to nominate yourself or a colleague for consideration, along with rules and regulations, you can visit the www.facebook.com/professionalcrestoralb or www.prosintheprosfession.com. For information about Crest Oral-B products and resources, you can visit the recently updated www.dentacare.com consumer website.

About Crest and Oral-B
Crest was the first oral care brand to secure the ADA Seal of Acceptance for a clinically proven fluoride toothpaste. Since introducing fluoride toothpaste 54 years ago, it is estimated that Crest has helped prevent more than half a billion cavities in the United States. Headquartered in Cincinnati, Ohio, Crest is owned and distributed by Procter & Gamble.

Oral-B is the worldwide leader in the more than $5 billion brushing market. Part of the Procter & Gamble Company, the brand includes manual and electric toothbrushes for every 90,000 residents. There are very few or any other dental professionals outside of the United States and many international markets.

About Proctor & Gamble
P&G serves approximately 4.8 billion people around the world with its large portfolio of well-known brands, which include Ace, Always, Ambi Pur, Ariel, Bounty, Charmin, Crest, Dawn, Downy, Duracell, Fairy, Febreze, Fusion, Gain, Gillette, Head & Shoulders, Iams, Lenox, Machy, Oral-B, Pampers, Pantene, Prestobarba, SK-II, Tide, Vicks, Wella and Whiskas.

The P&G community includes operations in approximately 70 countries worldwide. You can visit www.pg.com for the latest news and in-depth information about Procter & Gamble and its extensive portfolio of brands.

Editor’s note: For rules, regulations and nomination details for 2014 awards, visit www.facebook.com/professionalcrestoralb
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