ADA members, guests, dentistry companies to meet in U.S. capital

National museums to host welcome reception

ADA 2015, billed as America’s Dental Meeting, is Nov. 5-10 in Washington, D.C. Registration details can be found at ADA.org/meeting, and a current list of planned courses is available at eventscribe.com/2015/ADA.

Fun at the museums

New this year is an off-site welcome reception included in the cost of registration, scheduled for the evening of Thursday, Nov. 5. Host sites are two of the world-renowned Smithsonian museums, the National Museum of Natural History and National Museum of American History. Both museums will be closed to the public, giving attendees private access to the exhibitions. At press time, the event remained open to registered attendees, however, because space is limited, the ADA is encouraging prospective attendees to register for ADA 2015 as soon as possible to secure a spot.

Another social event on the meeting agenda also features a visit to a museum. Attendees can sign up for a tour of the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore, scheduled for Saturday afternoon, Nov. 7. The $40 event is worth two C.E. hours. The 7,000-square-foot museum offers visitors the opportunity to view 40,000 historic artifacts, including George Washington’s ivory denture, as well as interactive exhibitions designed to inspire people to make healthy choices about oral health.

Distinguished speaker series

The opening general session and distinguished speaker series, Thursday morning, Nov. 5, will feature Eleanor Clift and Charles Krauthammer. Clift (formerly with Newsweek) is the Washington, D.C., correspondent for The Daily Beast and is a regular McLaughlin Group panelist. Krauthammer, a Pulitzer Prize-winning syndicated columnist and commentator, also is a contributor for Fox News and appears nightly on Fox’s evening news program, “Special Report with Bret Baier.”

Vast exhibit hall

The exhibit hall, featuring more than 550 exhibitors, will feature hands-on courses, a dental office design center, a live-patient CAD/CAM stage and many other
DENTSPLY, Sirona commit to merger

DENTSPLY International Inc. and Sirona Dental Systems Inc. have announced that the boards of directors of both companies have unanimously approved a definitive merger agreement that the companies say will result in the world’s leading manufacturer of professional dental products and technologies.

The merger will create a combined company with the largest sales and service infrastructure in the dental sector, with 15,000 employees globally. “This is an exciting day for both companies, for the dental community and for patients around the globe. We are bringing together two world-class companies that share a culture of innovation and will foster the development of differentiated, integrated solutions for general practitioners and specialists, particularly in the highest growth segments of the dental industry,” said Jeffrey T. Slovin, president and CEO of Sirona. “Combining Sirona’s proven digital solutions and equipment with DENTSPLY’s leading consumables platform creates the most comprehensive dental solutions offering available to meet customer demand in every key segment. I look forward to leading the talented teams of both Sirona and DENTSPLY as we drive the global digitization of dentistry, offer superior solutions to customers and patients and create ‘The Dental Solutions Company’.”

The combined company will be called DENTSPLY SIRONA and trade on NASDAQ under the symbol XRAY. The headquarters will be in York, Pa., DENTSPLY’s current headquarters. An international headquarters will be in Salzburg, Austria.

Offering extensive product and services platforms in consumables, equipment and technology, the combined company will provide a comprehensive set of complementary offerings and end-to-end solutions to enhance patient care. According to the two companies, dental professionals across the globe will be supported by the largest sales and service infrastructure in the industry, backed by leading distributors, to deliver a product range designed to meet an increasing global demand for digital dentistry and integrated solutions.

“We are excited about bringing together two industry leaders,” said Bret W. Wise, chairman and CEO of DENTSPLY. “DENTSPLY SIRONA will offer a comprehensive vice infrastructure in the dental sector, offering superior solutions to customers and patients and create ‘The Dental Solutions Company’.”

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• MERGER, page A10
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The Oral Health Alliance paid homage to Dr. Anthony Volpe at its recent annual gala, held once again in Chicago. A man of commitment and honor, Volpe is worthy of recognition, with endless achievements, including a recent trip to Israel to assist in Dr. D. Walter Cohen’s initiative, “Bridges to Peace.” Volpe has been involved in Israel’s oral health development for more than 20 years, supporting among other things both the Hebrew Dental School and the Palestinian Dental School. The two schools are known for their program that enables students to switch schools to interchange knowledge — truly building bridges to peace.

Often when an organization honors an individual, it is with great preceding fanfare, in part to draw a large contingent of supporters to help make the event an enthusiastic affair and financial success. In this instance, to its credit, the Oral Health Alliance did not announce the honor prior to the meeting. Yet even without advance notice, the vast room was filled to capacity with Volpe admirers. Donations to OHA’s charitable efforts were flowing, much of it via an auction that raised funds supporting OHA’s efforts to advocate for and deliver oral health to the world’s most underserved populations.

The award presented to Volpe is truly commendable, honoring a man who has encouraged all aspects of dentistry and oral health for his entire professional life — all with generosity, humbleness, enthusiasm and grace. He and his wife of more than 50 years, Marlene, have always lived as an example of decency. His leadership role in research with Colgate-Palmolive led the way to so many positive products and services of immeasurable benefit to the public’s oral health. When it was time to pass the baton to continue Colgate’s contribution to society and the business of oral health, Volpe accomplished the task like a father handing off to a son, remaining available as a loyal contributor — with insights and opinions when asked. He is a born leader. A champion of decency, faithfulness and leadership. He readily praises the many teachers and others who helped form him as they furthered the field of dentistry, including notables such as Dr. J. Manheim, Dr. A. Dragni and Dr. D. Walter Cohen. Volpe has supported all areas of dentistry, including through his involvement with the International Academy for Dental Facial Esthetics and schools such as Rutgers.

When the gala evening commenced, Volpe graciously took me to his table and sat me next to him — surrounded by some of the ADA’s top leaders and their spouses. It was just a few years ago that Volpe raised $29 million for the ADA Foundation, specifically earmarking the funds solely for increasing dental health and delivering associated information to dentists, dental students and the public — not for marketing or lobbying.

A telling anecdote illustrates Volpe’s character: When this deeply religious man obtained a personal meeting with the Pope, he used the visit to speak of providing toothbrushes and improved oral health to countries with the greatest need.

The Oral Health Alliance presented Volpe with this honor not to recognize research, business acumen and service in advancing oral health, but to simply say “thank you” to a classy, wonderful individual who just so happens — to our good fortune — to be a dentist. As Dr. Milke and JoAnn Alfano so succinctly said, “(We) and the professional field thank you for your leadership, achievements, generosity, integrity — but most of all — for your friendship.” Personally, I am fortunate to have Tony as a friend and colleague. The OHA filled the vast room to honor him without financial magnetism and without prior announcement. I personally, professionally — and as a friend — just wish to add my own, “Thank you uncle Tony.”
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Pacific Dental Conference plans to include a St. Patrick’s Day twist

Because opening day of next year’s Pacific Dental Conference coincides with St. Patrick’s Day, conference attendees will get to enjoy the holiday with a Western Canada flavor — while also earning C.E. credits. The PDC, which typically attracts more than 12,500 dental professionals, will be from March 17–19 in Vancouver, British Columbia.

More than 130 local, North American and international speakers will present 150 open sessions and 36 hands-on courses covering a variety of topics. Attendees also will be able to explore Canada’s largest two-day dental tradeshow (with more than 300 exhibitors), getting the year’s first chance in Canada at seeing the latest in dental equipment and services.

For most attendees, C.E. credit is given for general attendance (up to five hours) and individual courses (up to 20 C.E. credits). Online registration opens Oct. 15 at www.pdcconf.com. Special hotel rates are available now.

(Source: Pacific Dental Conference)

IAPA event 20 years in the making

The 2015 International Association of Physiologic Aesthetics/LVI Conference and 20th Anniversary Gala will be held from Oct. 22–24 at the LVI Global campus in Las Vegas.

The anniversary will be celebrated with a gala dinner and dancing on Friday, Oct. 23, at the Red Rock Resort and Hotel. Another highlight is the keynote by award-winning journalist Lisa Ling, host of the CNN show “This is Life, with Lisa Ling.” A panel discussion titled “The future of dentistry” will be moderated by Dr. Bill Dickerson and will feature as panelists: Dr. Jonathan Shenkin, ADA first vice president; Dr. Craig Varsho, assistant dean for institutional advancement, Arthur Du Gonz School of Dentistry; Dr. Gordon Christiansen, Dr. Ron Jackson, and Dr. Omer Reed.

Wide variety of speakers, topics

Other speakers and topics scheduled for the event include: Dr. Joe Hickey, MD, on heavy metal toxicity; Dr. Keith Holden on nutrition, Brad Kearns with “Primal blueprint”, Dr. S. David Buck and Dr. Tim Gross on orthodontics, Dr. Sahag Mahseredjian with “NMD and Micros”, Dr. Mike Reece with “Dentures are profitable”, Sherry Blair, CDA, with “My first day”; Kimm Knight with “No fee, no doctor consult”; Drew Matthews with “Be your own brand”; Patrick McKeown with “Butekyo: Breathing for health”; Joy Moeller, RDH, on myofunctional therapy; Dr. Paul Moore with “Acute pain management”; Dr. Keith Blankenship on sleep apnea; Dr. Norman Thomas with “Importance of physiology”; and Jill Taylor, RDH, with “Genetics in dentistry.”

For more information and registration/membership details visit www.theiapa.com or call (888) 584-3237.

(Source: International Association of Physiologic Aesthetics/LVI)
Smallest dimensional attachment system designed to be compatible with all implants

Rhein’83 OT Equator has a reduced vertical profile of 2.1 mm and diameter of 4.4 mm

Rhein’83, a global producer of precision attachments on removable prosthesis, describes its OT Equator as the smallest dimensional attachment system on the market. It has a reduced vertical profile of 2.1 mm and diameter of 4.4 mm [metal housing included]. It is compatible with any implant brand.

Because of its shape, Equator provides superior stability when compared with traditional attachments, according to the company. It corrects divergence of up to 25 degrees, the company reports. Functionality is guaranteed by coupling of attachment and cap.

Caps are available in four colors, based on levels of retention — from a minimum of 0.6 kg to a maximum of 2.7 kg. Caps should always be used with metal housing.

To learn more about OT Equator, you can contact the company by email at info@rhein83usa.it or by telephone at (877) 778-8383.

You can visit the company online at www.rhein83usa.com to learn more about all of its products and services, including the OT Equator.

(Source: Rhein’83)

Double your benefits with better mixing

Many dental products are used only once, including mixing tips used to prepare cements, impression materials and temporary crown-and-bridge (C&B) material. Following application, the mixer and any material left inside is discarded. To help dentists work more efficiently and sustainably, Switzerland’s Sulzer Mixpac has enhanced its tried-and-tested mixers: The new T-MIXER™ is significantly shorter, so material can be mixed even more quickly.

For example, the new blue model saves about 0.4 ml of material per C&B application compared with its predecessor. If a dentist performs an average of four C&B sessions per day, this adds up to 350 ml of savings every year, which is equivalent to seven 50 ml C&B cartridges. Assuming average costs of $100 per temporary C&B material cartridge, the new T-MIXER helps cut annual material costs by approximately $700. And the mixing result is even better.

A T-MIXER’s endorsement by The Dental Advisor affirms its clinical evaluation. This product enables dentists to not only improve the health and well-being of their patients, but also make their business more efficient, according to the company.

Learn more about Sulzer’s T-MIXER product family from your specialty retailers and by viewing a short film at bit.ly/T-Mixer.

Reference
1. The Dental Advisor, published by Dental Consultants Inc., clinical evaluations of products.

(Source: Sulzer Mixpac)
Digital radiography in the dental practice has significantly saved time and provided the dental professional with more accurate diagnoses due to superior image quality over argentific film. One of the digital radiography options, phosphorus plate devices, gives the dental practice the ability to go digital in a way that is similar to film, but without the need for harmful chemicals or development time.

To use a phosphor plate scanner, the dental professional shoots an individual or series of X-rays and then leaves the room to run the digital plates through the scanner, placing the images into the electronic patient profile. This does save significant time over film; however, there can still be drawbacks. It can still be time consuming, images are sometimes placed in incorrect patient files and time is spent away from the patient. What has been missing is a true chairside solution for phosphorus plate systems.

For this reason, ACTEON has developed the first personal scanner, the PSPIX. The PSPIX is a phosphor plate system that is three times smaller than any other scanner on the market and is ideal to place in every operatory. The dental practitioner can shoot an X-ray and run the plate through the scanner in front of the patient, generating an image in under nine seconds. Immediate images lead to a quick diagnosis and the ability to educate the patient with a high-quality image. Workflow is improved, as is patient satisfaction and the practice’s revenue.

The PSPIX’s exclusive features provide each clinician with an efficient, affordable, compact and intuitive imaging solution. The efficiency of the device is evident in the automated process when inserting the film. The PSPIX automatically accesses the plate, detects the size, scans, optimizes the image and ejects the erased plate in a matter of seconds. Also, because of the large touchscreen controls, it takes very little time to teach the office staff how to operate the device.

With phosphor plate systems, it is obvious that a high-quality imaging plate (IP) is necessary to provide an excellent image. ACTEON provides imaging plates in a variety of sizes from a size 0 for pediatric offices all of the way to a size 4 for occlusal X-rays. The imaging plates are very flexible and are positioned like film, making them more comfortable for the patient. They are perfect for those who are unable to tolerate larger and more rigid digital sensors — such as patients with strong gag reflexes or smaller mouths. These plates, regardless of size, provide sharp and accurate images for a reliable diagnosis.

Like all of us in dentistry and medicine, ACTEON is concerned about infection control. For this reason, the PSPIX has removable parts that comply with the latest disinfection standards. The areas of the PSPIX that are most likely to come in contact with contaminated hygiene bags and plates can be removed and placed in a thermal-washer disinfector, which drastically reduces the risk of infection. The office also has the option to purchase autoclavable parts if it feels the disinfector is not enough.

To truly be easy to use, the scanner must easily integrate into an office’s existing imaging software. The PSPIX will work in most imaging software in both Windows and Mac environments. If the office does not have imaging software, ACTEON will provide that free of charge.

The PSPIX has been a welcome addition to my dental practice. It has been an investment that has paid for itself over and over again by increasing workflow and patient education. I would recommend having this device in every office.

**DR. TODD C. SNYDER** earned a doctorate in dental surgery at the UCLA School of Dentistry. He specializes in high-quality esthetic dentistry and full-mouth rehabilitation. He trained at the F.A.C.E. institute for complex gnathological (functional) and temporomandibular joint disorders (TMD) and lectures internationally on dental materials, techniques and equipment. He was on the UCLA Center for Esthetic Dentistry faculty, codeveloping and codirecting the first and only comprehensive two-year postgraduate program in esthetic and contemporary restorative dentistry. He is on the faculty at Esthetic Professionals and is a consultant for numerous dental manufacturing companies, including ACTEON. He is founder and CEO of the non-profit Miles to Smiles children’s mobile-dentistry charity.
Health-care businesses are one of the most common sites of employee fraud

Your staff members are essential to the smooth functioning of your practice, and you rely on them to keep things going. But according to a 2014 report by the Association of Certified Fraud Examiners (ACFE), health-care businesses are likely to be victims of fraud, with yearly losses averaging $175,000 per practice. The same study also found that small businesses are disproportionately affected — and under protected — from fraud and employee theft.1

Three major types of employee theft plague health-care practices, according to the Medical Group Management Association.2 Here are the top three ways employees steal, along with tips for prevention:

- Removing cash from the daily deposit. If your practice accepts cash for copayments and other charges, an employee could take some of this cash and hope not to be detected. Warning signs that this might be happening generally come in the form of patient complaints when they’re being billed for something they’ve already paid for. You can help prevent this type of theft by blocking staff access to any means that could allow them to delete accounts, appointment records or payments. It may also help if the person accepting the cash payments isn’t the same person who fields patient complaints. Consider using software that records and reconciles payments, as well as video surveillance.

- Paying personal bills from company funds. Giving your employees access to checks and/or credit cards from your practice puts you at risk for internal theft. To help prevent this, you or a third-party firm should regularly examine outgoing funds, including credit card statements, bank statements and check records.3

- Falsifying payroll records. The person in charge of your payroll can adjust hours and/or pay rates beyond what you’ve authorized. Per the ACFE, this is generally the longest-lasting form of fraud, which means it has the potential to do great harm to your practice. It also occurs almost twice as often in small businesses as large ones.4 Your best protection is keeping a close eye on things. Personally review payroll payments regularly — and let your workers know this is part of your practice. The best way to combat fraud and employee theft is to prevent it before it happens.

References
3. Ibid.
(Source: PNC Financial Services Group)
Extract with confidence

**Ergonomics meet Scandinavian design and functionality**

LM Dental’s extraction instruments uniquely combine ergonomics, Scandinavian design and functionality for atraumatic tooth extraction. They feature comfortable, non-slip ErgoTouch handles and are well-balanced and light-weight, according to the company.

The instrument blades are made with DuraGradeMax supersteel, the same material LM uses for its periodontal cutters and cutting instruments. Blades stay sharp long and are very durable, according to the company.

**TwistOut**

The company describes the LM-TwistOut instruments (red) as being ideal for tooth extractions in situations where strong force, leverage or torque is needed.

**LiftOut**

LM-LiftOut luxating instruments (blue) are designed to perform typical extractions atraumatically. The instrument tip is introduced into the periodontal space and slowly advanced toward the apex of the root as the instrument is moved gently back and forth.

**SlimLift**

LM-SlimLift slim-design luxating instruments (purple) are created for the most atraumatic extractions. The slim profile results in less tissue trauma during the luxating procedure, enabling faster healing. The company describes the Slim-Lifts as being ideal for implant preparations.

Preparation instruments are supplied in convenient autoclavable cassettes that protect both the instrument and the handler during the maintenance cycles.

**Facts, figures from the companies**

The proposed transaction will create the world’s largest manufacturer of professional dental products and technologies with scale and breadth across all major geographic regions and offerings in each of the major dental categories. Benefits include:

- **Increased scale and product breadth:** The combination will result in a company with net revenue of approximately $3.8 billion and adjusted EBITDA of more than $900 million, excluding the incremental benefit of synergies. The combined company will have the industry’s largest sales and service infrastructure.
- **Strong commitment to innovation:** The combined company expects an enhanced commitment to innovation in consumables, equipment and technology under one roof, the new company will be able to deliver digital technologies and integrated solutions and workflows to enhance efficiency and patient care for general practitioners and specialists.
- **Total solutions provider:** With consumables, equipment and technology under one roof, the new company will be able to deliver digital technologies and integrated solutions and workflows to enhance efficiency and patient care for general practitioners and specialists.

**Additional senior leadership positions**

Additional senior leadership positions will be named at a later date. The transaction, which is expected to be completed in the first quarter of 2016, is subject to the receipt of certain regulatory approvals and other customary closing conditions and approvals.

**ADA BOOTH 2003**

You can visit booth No. 2003 (LM/Planmeca) in the ADA 2015 exhibit hall to learn more and to feel the comfort-able non-slip ErgoTouch handle technology.

(Source: LM-Dental)

(Source: DENTSPLY and Sirona)
NovaPro™ flow

THE FIRST NANOFIBER
Reinforced Nano-Hybrid
Restorative Composite

STRENGTH through INNOVATION

NANOVA

Made in USA
The newly released NovaPro™ Flow has superior performance due to the incorporation of calcium phosphate nanofibers in conjunction with nanoparticle technology, according to Nanova Biomaterials. Most flowable composites on the market use nanoparticles to improve only polishability, while maintaining strength. Nano-hybrid technology is best described as having a box of basketballs, tennis balls and golf balls to achieve a higher fill percentage. NovaPro Flow is the first and only composite to add the patented nanofiber technology to the current nano-hybrid composite, significantly improving the mechanical performance, according to the company.

Nanova Biomaterials Inc., established in 2004 and based in Irvine, Calif., has developed and manufactures this revolutionary nanofiber technology used in the flowable composite. According to the company, these innovative fibers significantly improved the currently available composite. Simply described, nanofibers are fibers that are less than 100 nanometers in diameter, which is approximately 1,000 times smaller than a human hair. This small size gives the fibers their strength by reducing the possibility of defects in a cross-section. In addition, fibers reinforce composites by adding to the tensile, bending and shear strength of the composite. By utilizing nanofibers with nanoparticles, the material is reinforced, similar to rebar in concrete, providing a stronger, longer-lasting composite with very low shrinkage. NovaPro Flow was designed to have optimal handling and finishing properties, and it doesn’t require any special polishing tools to perfect the desired finish and look expected from a flowable.

NovaProTM flow is FDA cleared for all Classes (I, II, III, IV, and V) of restoration. Other cleared uses include: • Base/liner for Class I or II • Minimally invasive procedures • Pit and fissure sealants

Since placing his first implant nearly 45 years ago, Dr. Jack Hahn has spent much of his career as a clinician and innovator thinking of ways to make implant therapy more patient friendly as well as the patient. From his conception of the first tapered implant to his design of the recently launched Hahn™ Tapered Implant System, Hahn’s efforts have been driven by the desire to continually improve products and procedures in order to make treatment simpler and more predictable.

To produce what he considers his best design yet, Hahn elected to work with a team of trusted implant experts at Gildewell Laboratories — comprising individuals with whom he had successfully collaborated in past efforts, such as with the popular NobelReplace® implant (Nobel Biocare, Yorba Linda, Calif.). In Gildewell Laboratories’ President and CEO Jim Gildewell, CDT, whose own career track record includes numerous innovations within the dental industry, Hahn found a partner equally committed to enhancing the quality of treatment while reducing the cost of care.

After meeting with Jim, it was clear that we shared the same goal of expanding the availability of high-quality treatment to more patients. We both wanted to do something that would give back to an industry that has given us so much,” Hahn said of the partnership that has brought his idea for a better implant to life. “But I didn’t want to put my name on the product unless it made an impact. I wanted to add nanofiber technology to today’s composite to add nanofiber technology to today’s nano-hybrid composite, to significantly improve mechanical performance.

Hahn couldn’t be happier with the results of this partnership, which has coupled his expertise on the surgical aspect of implant design with Jim Gildewell’s history of excellence in restorative dentistry. “Working with Gildewell Laboratories has allowed me to develop an advanced implant that improves the quality of treatment,” Hahn said. “Its engineering team has the technology and know-how to bring design concepts to life with astonishing speed and precision, and their expertise on the prosthetic side of implant dentistry has been invaluable in creating an implant that is as simple to restore as it is to place. “We were able to fine-tune a design that accounts for everything I’ve learned since the original tapered implant came out nearly 45 years ago. They translated my conceptual drawings into prototypes and then into implants that could be placed with great efficiency, zeroing in on the exact thread design and drilling protocol needed to keep the implant engaged with a maximum amount of bone.”

Hahn Tapered Implants offer for swift insertion to maximize clinical efficiency, precise control during placement to optimize positioning in challenging situations and exceptional primary stability to facilitate immediate loading. From tight anterior spaces to molar extraction sockets, the implant is ideally suited to the ever-growing demands of modern implant dentistry. Engineered and manufactured in an ISO-certified facility featuring high-precision Swiss-type lathes and multi-axis milling machines, Hahn Tapered Implants are compatible with popular surgical instrumentation already used in many implant practices. A simplified surgical protocol includes implant-specific drills that precisely control both the diameter and depth of the osteotomy. The system also includes a complete assortment of prosthetic components to support the full range of traditional and custom restorative protocols.

With a career that speaks volumes on the importance of continual innovation, Hahn is proud to have his name associated with an implant that contributes to the forward progression of implant dentistry while reducing the cost of treatment. “The better we make implant design, the more accessible we can make implant dentistry to doctors so they can improve their practices and the quality of life of their patients,” Hahn said.

(Images: Gildewell Laboratories)
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CODA approves accreditation process for dental therapy education programs

The Commission on Dental Accreditation (CODA) voted in August to implement the accreditation process for dental therapy education programs.

The CODA adopted accreditation standards for dental therapy education programs at its Feb. 6 meeting. Subsequent to that, the CODA requested additional information from communities of interest surrounding criteria 2 and 5 in its Principles and Criteria Eligibility of Allied Dental Programs for Accreditation document.

On Aug. 7, the CODA determined that these criteria had been met and voted to implement the accreditation process for dental therapy education programs. Currently there are two dental therapy education programs in Minnesota.

“The adoption and implementation of dental therapy education standards is a significant milestone,” said American Dental Hygienists’ Association President Jill Rethman, RDH, BA. “These new providers are helping to address unmet oral health needs of the public and create a new career path for dental hygienists.”

ADA, AGD response

The American Dental Association and Academy of General Dentistry separately issued statements in news releases in response to the accreditation step by CODA.

“ADA: The ADA believes it is in the best interests of the public that only dentists diagnose dental disease and perform surgical and irreversible procedures.”

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ADA, AGD response

The American Dental Association and Academy of General Dentistry separately issued statements in news releases in response to the accreditation step by CODA.

“ADA: The ADA opposes the standards and their implementation. The standards require a curriculum of only three years post-high school, and then these nondentists are able to perform surgical and irreversible procedures without requiring the direct or indirect supervision of a dentist.”

The ADA and AGD have repeatedly contested the contention that challenges with the new programs are operational in only two states. There is an obvious lack of wide-spread support from public or professional communities for dental therapy programs.

Highlights in the approved standards

Following are a few highlights from the approved dental therapy standards.

Program length: The educational program must include at least three academic years of full-time instruction or its equivalent at the postsecondary level.

Advanced standing: The program may grant credit for prior coursework toward completion of the dental therapy program. This credit may be given to dental assistants, expanded function dental assistants and dental hygienists who are moving into a dental therapy program.

Supervision: The dental therapist provides care with supervision at a level specified by the state practice act.

Overview of practice: Dental therapy’s minimal scope of practice is outlined in the standards by listing the competencies required within the dental therapy curriculum. Some of the assessment skills such as evaluation, charting, patient referral and radiographs are listed. Preventive functions include, but are not limited to subgingival scaling and dental prophylaxis, application of preventive agents, dispensing and administration of non-narcotic medications via oral or topical routes as prescribed by a licensed health-care provider based on state laws. Restorative/surgical procedures include simple extractions of primary teeth, fabrication of temporary crowns, pulp capping, preparation and placement of direct restorations.

Relation to state statutes: All authorized functions of dental therapists in the state in which they practice must be included in the curriculum at the level, depth and scope required by the state.

Program director: The dental therapy program director must be a licensed dentist or a licensed dental therapist who possesses a master’s or higher degree and must have a full-time administrative appointment as defined by the institution.

You can learn more about the dental therapy standards for accreditation online via www.adha.org/resources-docs/ CODA_Accreditation_Standards.pdf.
B2

Left, in Colonial times, if you had a tooth that needed to be pulled and there was no doctor in town, you went to the barber (despite a royal decree against it), whom, if you were a well-to-do young woman, could also shave your head for a wig fitting. Above, poppies bloom in Williamsburg this summer.

In terms of hygienists working on commission, they are typically tethered to their cell phone and prefer to be the single "point of contact." Regardless of the pay structure, hygienists with too many holes in their schedule run the risk of losing office hours. While ZoDoc may enable a patient flying in from Singapore to schedule and confirm an appointment at 2 a.m., when an office is closed, I doubt this particular app would have a big edge over Everseat to "get the patient seen sooner." Also, while my knowledge of computing is minimal, it seems to me some programs may offer less of a chance for a dental office computer to become hacked or potentially infected with a subscriber's virus. Internet security questions will be prevalent as more and more scheduling apps become available.

Most of the scheduling apps have a dropdown menu for medical or dental specialties. I liked the Everseat presentation that allows for the bio and photo of the hygienist to be added separately from the dentist's information. On one of the sites, a dropdown search yielded the word 'Dysport' under specialties. Still being in "dental-think" mode, my immediate reaction was "what the heck is dysport? One of those new multicolored mouthguards for hockey players?" I am now taking great delight in the fact that I am not old enough to be familiar with every popular facial filler available at the dermatologist.

Having the name of your practice visible for the tech-savvy patient has become increasingly important. It needs to be either in a search-engine return for the prospective patient or a convenient download application for the established patient. Wouldn't it make sense to have your "appointment-app" logo highly visible while patients are tap-tapping onto their cell phone in the waiting room? Tech attracts tech. I would even add the app symbol to all print advertising and the office website.

Having a dental office website with an "appointment-request" option is not the same as merely clicking onto a visible available appointment-time.

Many hospitals are already starting to offer this app option. It's just a matter of time before dentistry offers patients more control over their appointment slots. A patient cell phone app in the pipeline is being developed by LocalMed.com. According to its website, "93 percent of GenY respondents said they would switch doctors for one with better online access." A "schedule-now" widget by LocalMed gives your office website direct integration with Eaglesoft or Dentrix.

Patients also can use this widget to schedule appointments through insurance company dentist directories. Current cost is $99 a month for two providers. Following are brief descriptions of a few other reliable medical apps that might be of interest to dental professionals. Most are free from iTunes.

- BetterDoctor (BetterDoctor.com) may not support making appointments online, but it does give you the option of Yelp reviews and supports "location finder" on cell phones. According to the BetterDoctor website, "No-show rates for same-day appointments are half that for appointment made three weeks in advance."
- The Medvana app (Medvana.com)

• WILLIAMSBURG, page 84

When I returned home from my holiday, I read an article in my local newspaper about a medical app that lets patients schedule their own appointments online. Patients also could fill out registration forms and verify insurance acceptance. While the concept seemed great, the $250-per-month, per-doctor price tag did not. I decided to investigate further. Another app offered a starting price of about $40 a month with each individual staff member added an extra $10. The more costly application offered real-time appointment slots with computer integration, enabling patients to instantly grab the time slot they wished. Patients aren't seeing your entire schedule, just a short list of available appointments. A patient in pain will drive a long way if it means being seen that same day or on a Saturday.

These applications seem so much easier than surfing through the Yellow Pages and making countless calls. Plus, there is the added stress of guessing if your insurance is accepted. During regular business hours, it seems that there is only one "instant-message" of difference between the higher-cost and lower-cost app service: patients directly placing their names into an office scheduling software system. Unless the receptionist is extremely busy, out for lunch, or just not paying attention — I don't see where there would be much of a time lag between a request for an appointment and a confirmation when comparing Everseat and ZoDoc.
Designs for Vision introduces LED DayLite™ WireLess™

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AND Micro 3.5x Scopes™

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Start conversations with patients about doing the ‘Daily 4’

Throughout the month of October, the American Dental Hygienists’ Association (ADHA) and the Wrigley Oral Healthcare Program (WOHP) are partnering for the sixth straight year to provide dental hygienists and the public with a wide range of resources and information as part of National Dental Hygiene Month (NDHM). This year’s campaign is focused on dental hygienists starting a conversation with patients about “Doing the Daily 4” — brushing teeth twice daily, flossing each day, rinsing with an antimicrobial mouthrinse and chewing sugar-free gum after eating or drinking when brushing isn’t possible.

This year’s NDHM will feature a number of dental hygienist-focused initiatives, including resources and materials geared to help hygienists and patients start discussions about good oral health, samples and educational materials that can be used for community service projects and patient education; a free continuing education course for dental hygienists that looks at the important role saliva can play in preventing oral health issues; and unique dental hygienist-related contests through social media. Plus ADHA members will receive a special thank you message from the organization and the Wrigley Oral Healthcare Program to help celebrate their and the vital role they play in bettering the health of their patients.

In addition, for the sixth year the Wrigley Company Foundation, in partnership with the ADHA Institute for Oral Health (IOH), will offer community service grants of $2,500 or $5,000 to dental hygienists who are pursuing projects intended to improve their community’s oral health. Since 2010, more than 63,400 patients have already benefited from this program in the United States. More information about the grants and the IOH can be found at www.adha.org/institute-for-oral-health.

The ADHA encourages dental hygienists and the public to share their outreach efforts and thoughts on Facebook (www.facebook.com/joosadha), via Instagram (instagram.com/joosadha) or on Twitter (twitter.com/ADHADOTORG). Include the hashtag #NDHMM2015 with your submissions. Resources also can be found on the NDHM webpage at, www.adha.org/national-dental-hygiene-month, including fact sheets in both English and Spanish and research on the benefits of chewing sugar-free gum after meals to help prevent cavities and other oral health problems.

(Sources: ADHA and WOHP)

- WilliamSBURG, page B2

finds the lowest price for prescriptions near you. I have first-hand experience of a young patient pulling up this app while still seated in the dental chair. In the time it took for the doctor to write up the chart, she already knew which pharmacy to go to. The app is in English and Spanish.

- The First Aid Hygiene app by the American Red Cross, also in English and Spanish, uses simple language and icons to help with medical emergencies. It includes a preparation area for all sorts of emergencies.

- Triage is a search app covering a broad spectrum of health care, including doctors, doctors, and care facilities. Think of it as an interactive WebMD. You tap on a body part and a list of symptoms appears. It can direct you to the appropriate specialist or facility. It supports 20 languages.

- I’m looking forward to any future automations developed for the business of dentistry, but also those that will assist in the improvement of patient care. What a joy it would be to “bump” a cell phone to a patient’s phone to acquire their list of medications and allergies. Right now I patiently wait while the patient (often elderly) pulls out a crumpled piece of folded paper from a wallet. It is usually full of crossed-out lines and scribbles, leaving me to guess at the list I have to transcribe into my computer.

- Pedicine (Pedicineapp.com) has an initial download that is free, but adding additional family members is $1.99 each. This app stores useful family medical histories in a safe and convenient way.

Who can think straight enough to remember surgery dates and every allergy when sitting stressed out in a waiting room? Your phone can.
Wireless and unconnected:

‘WireLess’ headlight is self-contained

From one platform to another, expanding your “WireLess” illumination possibilities across your eyewear options. The LED DayLite WireLess weighs only 1.4 ounces and, when attached to a pair of loupes, the combined weight is half the weight of integrated cordless lights/loupes. The LED DayLite WireLess produces more than 40,000 lux at high intensity and 25,000 lux at medium intensity. The spot size of the LED DayLite WireLess will illuminate the entire oral cavity. The function of the headlight is controlled via capative touch. The LED DayLite WireLess is powered by a compact, rechargeable lithium-ion power pod. It comes complete with three power pods. The charging cradle enables you to independently recharge two power pods at the same time and clearly displays the progress of each charge cycle.

Micro Series: Smaller, lighter, stronger

Designs for Vision is showing the Micro Series together for the first time this fall. The Micro 3.xF Scopes use a revolutionary optical design that reduces the size of the prismatic telescope by 50%, while reducing weight by 40 percent, while providing an expanded-field full-oral-cavity view at 3.5x magnification.

The new Micro 3.5x Scopes are 23 percent smaller and 36 percent lighter than traditional 2.5x telescopes, and enlarge the entire oral cavity at true 2.5x magnification. The Micro Series is fully customized and uses the proprietary lens coatings for the greatest light transmission.

You can “See the Visible Difference”® yourself by visiting the Designs for Vision booths, No. 800 or No. 3029, at the ADA meeting and booth No. 3231 at the AAP meeting. Or arrange a visit in your office by calling (800) 345-4009 or emailing info@dfvmail.com.

(Source: Designs For Vision)

Best of Class, Technology: DentaPure Waterline Treatment Cartridges

By Crosstex Staff

Now in its seventh year, the Pride Institute’s “Best of Class” Technology Award continues unparalled in its integrity and approach to recognizing excellence in dental innovation. In 2005, Dentapure® Waterline Treatment Cartridges from Crosstex is one of those lauded as ‘Best of Class.’

“The panel comprising leading voices in dental technology who come together each year to discuss, debate and decide what products merit recognition. All technology categories are considered, but if there is no clear differentiator that sets a product apart in its category, then no winner is selected. Panelists who receive compensation from dental companies are prevented from voting in that company’s category. Over the years, the panel has developed a rapport that lends itself to candid and insightful analysis of the value of the different innovations and expansive conversations about how the evolving categories become more-or-less valuable to the general dentist. The spirited debate that follows results in a variety of products — obscure and well-known, basic and aspirational — being honored.”

“Technology decisions can be expensive and confusing for many doctors. Our job as ‘Best of Class’ panelists is to eat, sleep, live, breath and use technology in our general practices in real, everyday dentistry. We also have a chance to show and discuss these products with dental students and colleagues,” said Dr. John Flucke, writer, speaker and technology editor for Dental Products Report. “This allows us to provide recommendations that a doctor and staff can rely on to make informed decisions regarding their technology purchases.”

The panel consists of five dentists with significant knowledge of and experience in dental technology, including Shuman, Flucke, Paul Feuerstein, DMD, writer, speaker and technology editor for Dentistry Today, Marty Jablow, DMD, technology writer and consultant for Dr. BiCuspid, and Parag Kachalia, DDS, vice-chair of preclinical education, research and technology, University of Pacific School of Dentistry. "With each new product innovation — infection control and prevention is our No. 1 goal. The addition of Dentapure into the Crosstex family of products allowed us to offer a waterline treatment solution that was not only effective and compliant, but also safe for our customers. To learn that such an astute panel of dentists selected DentaPure as ‘Best of Class’ is not only an honor, but it is my hope that the acknowledgement will have more clinicians considering the treatment of their dental unit waterlines to safeguard patients and staff alike," said Gary Steinberg, president and CEO of Crosstex.

About Crosstex

A division of Cantel Medical Corp., Crosstex manufactures a wide array of infection prevention and control products for the health-care industry. Founded in 1953 and headquartered in Hauppauge, N.Y., Crosstex sells products, including face masks, which are 100 percent manufactured in its FDA-registered New York facility. Crosstex products are sold in more than 100 countries. In addition to the Dentapure Waterline Treatment Cartridges, products include sterilization pouches and accessories, patient towels and bibs, surface disinfectants and deodorizers, germicidal wipes, hand sanitizers, gloves, sponges, cotton products, saliva ejectors, evacuator and air/water syringe tips.

You can learn more and watch simple installation videos at www.DentaPure.com. You also can follow the company online by visiting www.facebook.com/CrostexProtects.
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The science of implant dentistry sees improvements and innovations every day. The American Academy of Implant Dentistry’s 64th Annual Educational Conference at Caesars Palace in Las Vegas, from Oct. 21-24, blends the classic with tomorrow’s innovations.

Attendees have the opportunity to earn as many as 20 hours of continuing education credit focused on implant dentistry. The theme of the conference, “Where Classic Principles Support Cutting-Edge Implant Dentistry,” serves as a reminder of the groundwork laid more than 60 years ago by dental implant pioneers. Caesars Palace serves as an ideal Las Vegas backdrop to fit the classic educational theme of the conference.

More than 1,000 implant dentistry professionals will hear from Dr. Carl Misch, one of those pioneers in implant dentistry, as he delivers one of the keynote addresses on Thursday afternoon, Oct. 22. Back by popular demand is Dr. Daniel Alam, who was the leading microsurgeon on the first face transplant performed in the United States. Alam brought the audience to its feet at the 2010 AAID Annual Conference. This year, he will inspire attendees with his presentation on “Face Transplantation: Past, Present, Future,” as the closing keynote speaker of the conference.

During the three and one-half days, world-renowned clinicians will review time-honored dental implant techniques and explore cutting-edge dental implants. They will evaluate the latest concepts in dental implant treatment planning and rethink the science and practice of implant dentistry.

“The AAID is known for ‘providing practical education for the practicing implant dentist.’ Not only is that found in the didactic and hands-on sessions but through the interaction of peers in the halls and at the social events during our conference,” said Dr. John Da Silva, president of the AAID.

“What happens in Vegas at the AAID Annual Educational Conference is not intended to stay in Vegas. Bring it home and put it to use immediately in your practice,” he added.

In addition to main podium presentations, attendees can choose from 16 hands-on workshops as well as 16 didactic seminars. Two days of team-oriented training are also offered.

A post-conference, full-day course on advanced soft- and hard-tissue grafting will be offered. This course includes hands-on experience on cadaver heads.

Next year’s AAID Annual Educational Conference will be held in New Orleans from Oct. 26–29.

Established in 1951, the AAID is the only dental implant organization that offers credentials recognized by federal and state courts as bona fide. Its membership, which exceeds 5,000, includes general dentists, oral surgeons, periodontists and prosthodontists from across the United States and 40 other countries.

The academy is known worldwide for its credentialing program in implant dentistry. The rigorous requirements, coupled with AAID’s commitment to educate patients about implant dentistry and the importance of using a knowledgeable, experienced and trained implant dentist, such as an AAID credentialed member, sets the academy apart. More information about AAID’s consumer outreach can be found at www.aaid-implant.org. Information about educational offerings, valuable member benefits, credentialing program and other offerings from the AAID can be found online at www.aaid.com.
California Implant Institute presents live patient surgical courses in Mexico

By California Implant Institute Staff

The California Implant Institute is pleased to present five-day, Level I and Level II comprehensive live patient surgical externship courses in Baja California, Mexico, this year.

Level I course

Attendees of the Level I course will implement step-by-step implant surgical protocols on live patients under the supervision of Louie Al-Faraje, DDS, and additional faculty. The five-day course will include eight hours of lectures on diagnosis and treatment planning of implant cases (around two hours each morning). Each attendee will place 10-15 implants and assist with multiple implants on live patients.

Course participants will increase their knowledge and skill in the areas of flap design, alveolectomy, implant placement, bone grafting and suturing techniques. Upon completion of the externship, attendees will have smoother transition from the classroom to surgically placing implants in their own offices.

All patients are carefully selected by the California Implant Institute faculty, and CT scans are provided for all patients. During the most recent program, 15 participants placed more than 170 implants, including immediate and computer-guided placements, and performed multiple bone-grafting procedures.

Level II course

Attendees of the Level II course will increase their knowledge and skill level in the areas of advanced implant surgical techniques, including lateral-window sinus lifting, maxillary and mandibular ridge expansions, CT graft and block grafting. Level II participants will work also with Piezotome and CO2 laser units, which are available at each Level II working station. Attendees will add advanced implant-related surgical procedures to their practice.

Upcoming courses

The live patient surgical externship in Mexico is provided four times a year. Each of the Level I and Level II programs offer 40 C.E. credits. Complete information on the externship, including tuition, testimonials, staff bios, accommodations and location, can be found at www.implanteducation.net, by calling (858) 496-0574 or by e-mail at info@implanteducation.net.

Academic director

Dr. Al-Faraje is a private practitioner as well as the founder and director of the California Implant Institute, which conducts a one-year fellowship program in implant dentistry. He is a fellow of the American Academy of Implant Dentistry and a diplomat of the International Congress of Oral Implantologists and the American Board of Oral Implantology.

Dr. Louie Al-Faraje is founder and director of the California Implant Institute.

A look at surgical implant placement by recent participants of the live patient surgical courses provided by the California Implant Institute. Photos/Provided by California Implant Institute
MASTER OF ORAL IMPLANTOLOGY PROGRAM

San Diego, CA  One-year and two-year tracks available

Curriculum

- Over 60 days of academic in-class learning.
- Hands-on training on human cadaver specimens.
- Hands-on LIVE patient training: Perform over 30 surgical implant placements and up to 20 bone-grafting procedures on LIVE patients. All patients provided by the California Implant Institute. In addition, you will assist with just as many cases for more exposure.
- Hands-on All-on-Four® training, including the restorative phase, on LIVE patients.
- Hands-on computer-guided implant surgery on LIVE patients.
- Hands-on advanced implant prosthodontics training.
- Oral sedation certification training.
- Research module with academic assignments.

Overview

The Master of Oral Implantology Program at CII is designed for general dentists as well as specialists in the fields of prosthodontics, periodontics, and endodontics who have no prior experience in Oral Implantology or have already taken the first step toward training but now would like to develop more practical skills and scientific knowledge in order to provide safe, appropriate, and efficient treatments. Participants will benefit from lecture, hands-on cadaver, and live-patient courses while growing through interaction with our international faculty, guest lecturers, and fellow students.

This graduate program consists of 6 modules: Didactic/lecture module, Hands-on cadaver training module, Surgical live-patient training module, Implant prosthodontics module, Oral sedation certification training module, and a Research module. Please visit our website for curriculum details, schedule, and dates.

One-year and Two-year tracks available.

Faculty Members

Louie Al-Faraje, DDS
Diplomate, American Board of Oral Implantology  
Academic Chairman, California Implant Institute

James L. Rutkowski, DMD, PhD
Diplomate, American Board of Oral Implantology  
Past President, American Board of Oral Implantology (2009)

Saj Jivraj, DDS, MSc
Former Section Chair for Fixed Prosthodontics and Operative Dentistry, University of Southern California (USC)

Mamaly Reshad, DDS, MSc
Former Section Chair for Fixed Prosthodontics and Operative Dentistry, University of Southern California (USC)

Christopher A. Church, MD
Diplomate, American Board of Oral and Maxillofacial Surgery  
Director, Loma Linda University Sinus and Allergy Center  
Associate Professor, Department of Otolaryngology – Head and Neck Surgery, Loma Linda University School of Medicine

Patrick Palacci, DDS
Head of Biomechanics Osteointegration Center in Marseille, France

www.implanteducation.net  
info@implanteducation.net  
T +1 858 496 0574
AO continues to expand global reach

The Academy of Osseointegration (AO)’s Japan Chapter Charter recently held its inaugural scientific meeting at the Tokyo International Forum in Tokyo. More than 300 delegates representing implant associations from all across the country gathered to discuss the theme “The Science of Implants and Associated Biology” and learn from an international lineup of speakers.

Dr. Takashi Sumi, Ichinomiya-City, Aichi, Japan, the AO Japan ambassador, organized the one-day scientific program, which exemplified the successful network AO is creating internationally through its Charter Chapter initiative. For more information about AO’s Global Outreach, including how to start a charter chapter, visit www.osseo.org/CharterChapters.html.

“The quality of all the presentations was outstanding, with sound scientific basis, relevant clinical applications and a very high quality of clinical cases and photography,” said Dr. Stephen Jacobs, Glasgow, Scotland, vice chair, AO Global Program Development Committee. “It was inspiring to see so many clinicians gathered together between AO’s Annual International Meetings to continue learning and growing together.”

The day kicked off with Sumi and Drs. Kenji Takeshita, Tokyo, and Kunihiko Teranishi, Tokyo, addressing the delegates, welcoming them to the meeting and explaining the philosophy and purpose of the Charter Chapter initiative.

AO President Dr. Russell Nishimura, Westlake Village, Calif., then welcomed AO members and non-members alike to the largest academy event ever held outside North America. He urged non-members to join the AO family, benefit from membership and support the growth of the academy into the foremost international dental implant organization in existence.

The morning was given over to the international speakers, with Dr. Michael Norton, London, AO vice president and chair of the Global Program Development Committee, followed by Dr. Jacobs, presenting the first two lectures on immediate implant placement, including options of managing the immediate provisionalization of adjacent anterior teeth. After a short break, Professor Tara Aghaloo, Los Angeles, AO board member, delivered her lecture on “Alveolar Bone Regeneration and Tissue Engineering.” These first three lectures were assisted by simultaneous translation into Japanese.

A traditional Japanese lunch was followed by six short lectures by some of the most prominent Japanese members, in Japanese, with the subject matter including inter-implant soft-tissue management, three-dimensional site development, sinus augmentation and photofunctionalization. The speakers were Drs. Takahiro Ogawa, Los Angeles; Hideaki Katsuyama, Yokohama, Japan; Tadakazu Obama, Eiji Funakoshi, Fukuoka, Japan; Yoshinori Nameta, Tokyo; Seiichiro Kinjo, Okinawa, Japan; Akiyoshi Funato, Ishikawa, Japan; and Masana Suzuki.

The meeting closed with Dr. Norton thanking Dr. Sumi and inviting everyone to meet again in San Diego for the AO Annual Meeting in February.

About the AO

With 6,000 members in 70 countries, the Academy of Osseointegration (AO) is recognized as a premier association for professionals interested in implant dentistry. AO aims to provide a nexus where specialists and generalists can come together to evaluate emerging research, technology and techniques, share best practices and coordinate optimal patient care using, evidence-based information.
A stable and comfortable solution for edentulous patients

ATLANTIS™ Conus concept

ATLANTIS Conus concept allows for friction-fit, non-resilient prosthetic solutions for fully edentulous patients and is designed for optimal chewing function, sense of taste and oral hygiene.
OCO Biomedical’s proprietary two-step guided surgery kit and system highlighted at AAID

By OCO Biomedical Staff

OCO Biomedical, a global leader in world-class dental technology, training and instrumentation, will highlight its guided surgery kit, which features the world’s first two-step guided surgery system, at the 64th Annual American Academy of Implant Dentistry Annual Education Conference, to be held Oct. 21 - Oct. 24, at Caesars Palace.

Exhibition hall hours are Thursday, Oct. 22, from 9:30 a.m. to 5 p.m., Friday, Oct. 23, from 9:30 a.m. to 7 p.m. and Saturday, Oct. 24, from 9:30 a.m. to 1 p.m.

The OCO Guided Surgery System is an exclusive and proprietary addition to OCO Biomedical’s already extensive product line. According to the company, the system continues to receive positive response in both the domestic and international marketplace as evidenced by increased sales and the incorporation of the system into the majority of treatment-planning software and surgical guide providers’ offerings.

“At our AAID exhibit, attendees will be able to preview and gain initial hands-on experience with our guided surgery kit and system,” said Charles Schlesinger, DDS, FICOI, OCO Biomedical chief operating officer and director of clinical affairs. “The simplicity of OCO’s instrumentation and the use of our unique two-drill protocol greatly benefits practitioners by increased accuracy and predictability of implant placement and drastically cuts down the time of actual surgery. The OCO Guided Surgery System will also be showcased at the upcoming OCO Live Surgery Event at the Greater New York Dental Meeting in November.”

OCO Biomedical representatives will be on site at booth No. 706 to demonstrate the OCO Guided Surgery Kit and System. In addition, the recently introduced OCO Biomedical 8 mm Engage implant, designed for immediate placement in the molar region, will be on exhibit. It features enhanced packaging and a streamlined delivery system for easier use, according to the company.

OCO Biomedical will also highlight an expanded line of regenerative solutions, which contain allograft, xenograft and alloplastic materials. Along with the expansion in grafting materials, the new OCO line includes a wide variety of collagen, ptfc and suture offerings. Additionally, special AAID attendee discounts will be available.

For further information and to register for the 2016 OCO Biomedical International Dental Implant Symposium, call OCO Biomedical at (800) 228-0477; visit www.ocobiomedical.com and stop by OCO Biomedical booth, No. 706, at the AAID Annual Educational Conference.

About OCO Biomedical

Established in 1977 and headquartered in Albuquerque, N.M., OCO Biomedical, Inc., is a privately-owned dental implant company. In addition to the company’s vast network of practitioners using OCO products in the United States, the company has an international network of distributors located in Asia, Central and South America, Europe and the Caribbean. OCO Biomedical is a world leader in creating and supplying patented, brand-name dental implant products, technology and AGD-Pace C.E. accredited education and training in North America.
Simple & Predictable

10 Years of Clinical Evidence

Simplicity
Single implant-abutment connection size - each abutment fits all fixture diameters.

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OsseoSpeed Profile EV: Offering 360-degree bone preservation, even in sloped ridge situations

When a standard implant is placed level with the lingual bone, the implant neck is exposed buccally, compromising soft-tissue esthetics.

When a standard implant is placed level with the buccal bone, unsupported lingual marginal bone is lost.

OsseoSpeed Profile EV is placed level with both buccal and lingual marginal bone, preserving soft-tissue esthetics and helping reduce the need for bone augmentation.

It is well-documented that crestal bone resorbs after tooth extraction or tooth loss. Often resorption is pronounced on the buccal side, resulting in a lingual-to-buccal sloped ridge. This situation occurs even if a standard implant is immediately placed in the extraction socket. Because bone-to-implant support is three-dimensional, it is important to have marginal bone support around the entire implant. Preserving the buccal and lingual marginal bone in a sloped ridge situation will also positively influence mesial and distal marginal bone levels, which optimizes soft-tissue esthetics. The OsseoSpeed Profile EV is a unique* implant specially designed to follow the existing bone in sloped ridge situations, maintaining soft-tissue esthetics and helping to reduce the need for bone augmentation, DENTSPLY asserts.

Simplicity and accuracy throughout your workflow

The OsseoSpeed Profile EV offers:

• Flexibility through a wide range of implant options: Available in straight and conical implant designs, 8–17 mm.
• Simplicity of an one-position-only* placement of all indexed components: The unique one-position-only placement for ATLANTIS patient-specific abutments and indexed prefabricated abutments makes the entire treatment procedure simple and predictable, from implant placement to the connection of the final abutment.
• Self-guiding* impression components for an accurate and predictable workflow: This design provides a time-efficient installation procedure and a predictable workflow between the clinician and dental technician.
• Supported by a full range of digital solutions: Digital solutions are available from the planning to the final restoration, offering the possibility of working with a completely digital workflow.

For more information, visit www.jointheev.com.

* Patent pending

To learn more about the OsseoSpeed Profile EV and other DENTSPLY products, visit www.jointheev.com.
Legacy™ 6mmL Implants
Short in Length, Long on Stability

NEW
short abutment options
now also available

Legacy™ 6mmL Advantages:

Industry-Compatible Internal Hex Connection
Provides a secure, anti-rotation implant-abutment junction

More Choices
Six widths (3.7, 4.2, 4.7, 5.2, 5.7 or 7.0mm)
Two surface options (SBM or HA)
Two implant body designs (Legacy2 with 3 long self-tapping grooves & greater taper than Legacy3 which also has 2 shorter self-tapping grooves)

Tapered Body with Double-Lead, Self-Tapping Threads
Speeds insertion while enhancing initial stability

Quadruple-Lead Micro-threads
Reduces crestal bone loss

Greater Surface Area
Increases stability and load-bearing capacity

All-in-1 Packaging Options
Three Packaging Options - each with Cover Screw and 2mm Healing Collar
Legacy2: S175 Fixture-mount is transfer and can be sectioned for use as temporary abutment
Legacy3: S200 Fixture-mount is transfer and can be sectioned for use as final preparable abutment
Legacy4: S225 2-Piece Fixture-mount is super-accurate transfer and final preparable abutment

Choose Legacy for the Widest Range of Dimensional Options

3.2 3.7 4.2 4.7 5.2 5.7 7.0
7 Diameters (mm)

6 8 10 11.5 13 16
6 Lengths (mm)

ADA Annual Meeting #2844
AAID Annual Conference #414

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Microdent introduces the new Ektos Implant at AAID

Visit booth No. 422 to learn more about the new implant system

Microdent Implant System will participate in the AAID’s Annual Education Conference as part of its continuing presence in the most prominent scientific congresses on implantology in the world.

The Caesars Palace in Las Vegas will be the site of the conference from Oct. 21-24 and will offer a scientific program that will cover topics such as “New Trends, Techniques and Technology in Oral Implantology.”

The scientific program includes star speakers, such as Dr. Jaime Lozada, director of implant dentistry at Loma Linda University and advisor to Microdent, who on Oct. 22 will offer a lecture titled “3D Printing Technology in Implantology.”

The course will discuss innovative techniques in 3-D printing for fabrication of anatomical models, surgical templates and future applications.

In addition and under the motto “Classical Principles that Support Innovation in Oral Implantology,” Microdent will show its new Ektos Implant System at booth No. 422 of the exhibit hall.

The Ektos’ hexagon-shaped universal internal connection prevents rotational movement and creates an effective connection sealing, according to the company. The implant design maintains Microdent’s characteristic external thread, renowned for its great primary stability.

Microdent is expanding its international reach through a strategic plan based on aggressive branding, continuing education and professional training courses to show the quality of its products.

Microdent developed the first atraumatic bone expander for placing implants, the sinus membrane-lifting device Cortical Fix, and now the Ektos Implant System, and you can see it all at for yourself at booth, No. 422, at AAID.

(Source: Microdent Implant System)

Resources

- Microdent: www.microdentsystem.com

‘Microdent is expanding its international reach through a strategic plan based on aggressive branding, continuing education and professional training courses to show the quality of its products.’
Quality as our objective

Microdent has specialized in manufacturing and marketing products for oral implantology. Our goal is to help with the important work of medical professionals who require the most accurate and high-quality equipment available.

Microdent products are backed by 30 years of manufacturing and clinical experience. That’s why many of the best-known implantologists in the world today use Microdent every day.

For more information please contact usa@microdentsystem.com or visit us at www.microdentsystem.com

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