The role of dental restorations used for provisional and indirect restorative procedures has changed dramatically in the past several years. These restorations are no longer regarded as temporary restorations but rather as provisional restorations with distinct functions and purposes. Provisional restorations have become a vital diagnostic and assessment tool to evaluate function, color, shape, contour, occlusion, periodontal response, implant healing and overall esthetics. An accurate fit and margination is essential to ensure and maintain pulpal health.

Material selection
It has always been said that patients don’t know what they like until they see something they don’t like. Start by talking to patients about the steps during the restorative phase and give reassurance that the provisional restorations are a blueprint for the final restorations. We will need their help in the shade selection and functional aspect in this stage of the restoration.

Choosing a provisional material that not only blends with the natural shade of the teeth is easy while choosing a material that mimics natural tooth structure, polishes well and has an appearance of translucency and vitality but performs with strength and outstanding elastic modulus is more difficult. Oxford Temp by Oxford Scientific Dental Products is a provisional crown and bridge material formulated with multifunctional methacrylic esters but without methylmethacrylate.

Shades of material
If a patient is looking for a standard shade to blend with his or her natural teeth, the assistant can choose any standard shade for anterior or posterior provisionals. If the patient has chosen a whiter shade based on the Chromoscope Shade Guide (Ivoclar Vivadent) or the Vita 3D Bleach Shade Guide (Vident), Oxford Temp has shades that reflect on these choices by offering the Oxford Bleach shades for those patients that want whiter than A1.

Fabrication of direct anterior provisional restorations
Before fabricating the provisional, fabrication of the putty matrix is formed with Express Putty (3M ESPE) over the wax up. After removal of the putty matrix, refine the matrix with a light body wash (Imprint 2, 3M ESPE) and seat back on the wax-up to capture all the detail that was designed in the wax-up. Allow the impression material to set.

Lubricate all gingival tissues facially and lingually along the gingival margins with a vitamin E oil that is very viscous, such as Elieve from Centrix.

Load the Oxford Temp toward the facial, making sure that the tip of the material is kept submerged in the material as it is extruded and not lifted until the teeth in the matrix have been entirely filled. This will help eliminate voids and bubbles. Seat the putty matrix on preparations and allow Oxford Temp to sit for four minutes, and do not remove until that time.

Using a timer will help to make sure that you don’t pull the matrix too soon. After the timer has gone off, remove the putty matrix.

Remove all material with an explorer or scaler off the margins and tissue. By using Oxford Temp, the material is released at the margins, which allows the assistant to remove the excess without asking the dentist to come and remove the excess with a carbide bur. Make sure all material is removed off the tissue and occlusal surfaces.

With Oxford Temp you’ll notice that the material is flexible and allows one to perform these steps with ease. In most cases, the Oxford Temp provisional is only polished with a Jiffy brush, by Ultradent, as the final step.

Fabrication of posterior provisional restorations
The dentist finalizes preparations and now the patient is ready for the provisional restoration. In most cases, dentist are leery of fabrication of a four-unit provisional.

Oxford Temp’s superior properties of compressive and diametrical tensile strength with elastic modulus allow us to feel comfortable that we are fabricating a provisional restoration that is going to last for the patient, without breaking for the duration of the final restoration.

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New Piezon Master 700

Get a feel for perfection with the new Piezon Master 700: versatile, simple and hygienic

The formula for no pain
The new Piezon Master 700 is a symbiosis of intelligent technology and unequalled precision. A perfect match between the Original Piezon LED handpieces and the Piezon No Pain module for instrument movements perfectly aligned with the tooth. An incomparable fit when used with EMS Swiss Instruments made of ultrafine biocompatible surgical steel.

The result is a treatment, which irritates neither teeth nor gingiva — and which delivers extra smooth tooth surfaces without abrading the oral epithelium. This development from Swiss-based E.M.S. Electro Medical Systems comes close to perfection. Still more features result in an easier and quicker handling for more efficiency without affecting patient comfort. Everyone benefits, all feel good — patient, practitioner, the whole practice.

Features
Versatile
Two integrated bottles, two handpieces, two magnetic handpiece holders and a multifunctional foot control allow for a versatile use of the Piezon Master 700. Customers choose and easily switch between different antiseptic solutions, a variety of handpieces and tips, between endo and standard mode. By simply switching on or off ultrasound, irrigation or power boost, they personalize the PM700 for each treatment and application. Versatility means personalization.

Simple
With the Touch N’ Go front panel, the customer benefits from a hygienic and user-friendly interface. All settings (power, treatment mode) are operated by touch on a highly sensitive panel, which reacts even through surgical gloves.

Blue LEDs clearly display the current setting. Moreover, a modern flat design without joints or gaps is easily wiped and cleaned, and does not leave any space where debris, residue or bacteria may hide.

Hygienic
Benefit from the unit’s intuitive and automatic cleaning mode and follow the exact progress of the cleaning process. Of course, the Piezon handpiece LED, EMS Swiss Instruments and accessories are sterilizable up to 155 degrees Celsius. Safe for you and your patient!

Unique
With its 17 increments, the power setting perfectly suits any individual clinical requirement. The gentle start for endo applications will be gradually enhanced for scaling and preparation applications and finally boosted for restorative treatments. Simultaneously, continuous feedback control combines with intelligent Piezon No Pain technology to deliver a smooth sinus signal for gentle and pain-free treatment. Optimum instrument control and maximum visibility thanks to the LED’s circular light emission result in foremost efficiency in all applications.

The right formula for smooth tooth surfaces, maximum protection of the gums and virtually painless treatment.

Below: The balanced Piezon handpieces show how substantially improved illumination of the oral cavity can be achieved with the six LEDs arranged around the tip of the handpiece. (Photos/Provided by EMS)

Right: The Piezon Master 700: new ultrasonic scaler with integrated Piezon No Pain technology.

The procedure
A pre-operative impression is taken and set aside before preparation of a four-unit bridge. After preparation, Oxford Temp is placed in the pre-operative impression and placed back into the patient’s mouth on the preparations. After about 90 seconds, the pre-operative impression is removed and the provisional is trimmed for detail.

After marking the provisional margins and contact areas, mark the interproximal lines on both the buccal and lingual surfaces of the provisional to contour the interproximal separations. Place the separating disk in the handpiece and start with the interproximal separations between the margins to a depth of around 1 millimeter.

Use the separating disc in the interproximal area of the occlusal to give the look of single teeth. On the pre-molars, use carbide to contour the areas shown to define the buccal cusps. Make the mesial cusps on the lower first molars bolder than the distal cusps.

Contour buccal and lingual cusps. Work down into the depressions, rounding off the sharp interproximal edges. This gives the look of individual teeth. When trying in the provisional, check to see that there is going to be plenty of room for the patient to floss.

Starting in the central fossa, carve through the occlusal surface and down the buccal surface through the middle third area. With a pin grasp, apply enough pressure with the carbide to create a well-defined groove. Start in the distal fossa and work toward the distal at a 45-degree angle to produce the extra dissectional groove. Contour through the occlusal table and curve down the buccal surface toward the distal. On the lower second molar, start in the central fossa and go through the occlusal table. Curve the groove slightly toward the distal on the buccal surface and polish.

By using occlusal stains (Tetric Color, Ivoclar/Vivident; or Kolor Plus, Kerr), you can give the appearance of natural stain. Use a small amount, as this can be intense.

Dry the preparations, then with the dual cure Oxford Temp Cem, load the restoration and seat. Allow the material to set and remove the excess and adjust the bite.

Conclusion
With increased demands being placed on provisional restorations, new materials and techniques are being developed and some existing protocols are being refined to accomplish desired goals.

With the increase in patient demands for immediate esthetic results, provisional restorations need to mimic the final result in all aspects of shade, length, form and position, and the choice in dental material needs to be esthetic and functional like the final restoration.
You’ve heard it on the news: banks just aren’t lending. In addition, more and more practices are discovering that third-party financing isn’t the best option for their patients who need high-dollar dental work. One of the main reasons for this shift is that third-party companies have started approving fewer patients due to stricter credit criteria. This can mean that a person with good credit, who would have qualified for an interest free payment plan in the past, is no longer able to receive financing for dental work.

DentalBanc offers an alternative to third-party financing via credit checks and managed payment plans. Read below to learn about the benefits of assessing a patient’s credit risk and then contact DentalBanc to learn how Zuelke Automated Credit Coach (ZACC), used in conjunction with outsourced payment plans, can increase your case acceptance without creating extra work for your staff.

With ZACC …
• You can identify the patients whose risk of non-payment is close to zero. This allows you to offer flexible, internal, financial arrangements, which assures measurably better case acceptance. (Even a tiny improvement to the rate of case acceptance in the average dental practice will generate thousands of dollars per year in additional net income!)
• You can identify patients whose credit history or financial instability yields a significant risk of non-payment.
• You can significantly reduce the number of failed and/or cancelled appointments as well as have far fewer instances of clinical non-compliance.

High credit-risk patients typically present a practice with more missed appointments and less clinical cooperation. Identifying these high credit-risk patients in advance will greatly diminish both of these issues.
• You can prioritize patient contact.

About the author
Marla Merritt is the director of sales and marketing for OrthoBanc LLC (OrthoBanc, DentalBanc and PaymentBanc). She has more than 22 years of experience in credit reporting and payment management. She wrote this article in conjunction with Paul Zuelke, developer of the Zuelke Automated Credit Coach (ZACC.) OrthoBanc, LLC, currently serves some 5,500 practices nationwide and maintains a 99 percent on-time rate for its clients.
Why are videos and other multimedia features being used more often on websites?

Research has shown that most website visitors do not read content on the website, especially on their initial site visit. This makes the role of multimedia features such as video very important. You can capture the attention of these potential patients with a high-quality production very quickly and help in forming a favorable opinion of your practice in matter of minutes.

Which search engines are the most important?

As most of your readers know, Google has the most prominent presence among online search engines. Yet, that also means other major search engines such as Bing and Yahoo! offer opportunities that may be overlooked by some of your competitors. In other words, because most people focus on Google to attract visitors to their websites, the costs per visitor on Google networks are higher than on other search engines. So while the number of total visitors coming from Google may be higher, the cost-per-lead on other search engine networks may be lower.

Is it important to offer promotions to online visitors?

It depends. If your goal is to convert the maximum number of visitors to patients of record, you do want to offer as much as you can in terms of promotions. If your goal is a more long-term image-building plan, then the focus should be on the quality services you offer as opposed to quick conversions.

What is the best way of capturing patient information online?

A website contact form is a great tool to capture visitor information that can be used to reach out to a prospective patient. You want to make the form very visible and easy to complete. Require only the minimum amount of information and, if you can, offer an incentive for the potential patient to complete the form.

What is a common mistake dentists make when it comes to website design and marketing?

I would say expecting immediate results. Just like any other marketing method, it takes time to find the necessary exposure online. Prospective patients need to see you more than just once before they are ready to trust their dental health to you. Website design and marketing has to have both long-term and short-term goals and planning to be successful.

For more information, please contact Solution21 at (877) 423-8125.
Henry Schein Dental, ADHA unveil ‘Dream Center’

Henry Schein Dental, the U.S. dental business of Henry Schein, Inc., the largest provider of health care products and services to office-based dental, medical and animal health practitioners, and the American Dental Hygienists’ Association (ADHA) unveiled the ADHA/Henry Schein Dream Center during the ADHA’s 88th Annual Session. The Dream Center is the first-ever, hands-on operatory experience built on the exhibit floor of ADHA’s Annual Session.

The ADHA/Henry Schein Dental Dream Center featured a full operatory with five product stations for attendees to explore the latest in dental hygiene technology. The stations included: Salivary Diagnostics (OralDNA Labs); Loupes and Infection Control (Orascoptic and Kerr TotalCare); Ultrasonics (DENTSPLY Professional); Spectra and Caries Detection Aid (Air Techniques, Inc.); and Lasers (Ivoclar Vivadent). In the center of the product stations, DentalEZ Group sponsored a full operatory experience.

Each product station in the ADHA/Henry Schein Dental Dream Center included a five-minute educational interaction with a sponsoring company representative to give participants the opportunity to receive a one-on-one, hands-on experience with featured products.

Note: ZACC was developed by Paul Zuelke who, after 10 years in the banking and finance industry, started his dental consulting business in 1980. In the 31+ years since, Zuelke & Associates has taught and trained well over 1,000 private dental clients the value of in-office credit granting. His clients are among the most productive and profitable within the profession, he said. Zuelke is the author of the book, “Cash or Credit,” a guide to risk identification, credit granting and delinquency control in the dental office, a multi-year PennWell best seller. Zuelke lectures nationally and can be reached at (800) 845-4766.

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