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The spirit of Gen. George S. Patton Jr. greets patients at the door. Only a few yards away from the hospital room where one of America’s most famous war heroes died in 1945, Lt. Col. Cathleen Labate has just begun her daily shift. The dental provider from New Hampshire is one of almost 100 U.S. Army dentists serving in the Europe Regional Dental Command (ERDC) at Nachrichten Kaserne hospital in Heidelberg, a small German town idyllically situated along the edge of the Odenwald forest. There she is jointly responsible for the oral health of several hundred soldiers and their families in the surrounding communities.

Labate was recently transferred from another Army Dental Clinic, in Vicenza, Italy. Prior to that, the descendant of German-Italian immigrants worked in private practice in the U.S. for almost 20 years. The oral health of soldiers she sees on a daily basis is often better that those of the patients she treated during her career as a rural dentist. Consequently, the most common procedures here are regular dental exams and emergency work, such as the patient who just left her office, a retired army officer who had a periodontal abscess.

“Generally speaking, the oral health of people in the military is good,” she said. “Although I have to admit that missions like those in Iraq and Afghanistan can seriously take their toll on soldiers’ teeth.”

Col. William R. Bachand could not agree more. The 58-year-old commander of the EDRC has been with the Army Dental Corps for more than 32 years. In stressful situations, such as armed conflicts, he said, oral hygiene quickly declines with every single soldier. Along with the high intake of acidic and sugar-rich fluids, especially in hot climates such as Afghanistan, this negligence was recently transferred from another Army Dental Clinic, in Vicenza, Italy. Prior to that, the descendant of German-Italian immigrants worked in private practice in the U.S. for almost 20 years. The oral health of soldiers she sees on a daily basis is often better that those of the patients she treated during her career as a rural dentist. Consequently, the most common procedures here are regular dental exams and emergency work, such as the patient who just left her office, a retired army officer who had a periodontal abscess.

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In Chicago: ‘Teeth and All That Jazz’

The Chicago Dental Society Midwinter Meeting ranks as the sixth largest medical meeting in the United States, according to the Healthcare Convention and Exhibitors Association. This year it’s held Feb. 23-25.

Photo/Kasia Bel, www.dreamstime.com

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Warriors of oral health

Dentists have served the U.S. military for more than 100 years

By Daniel Zimmermann, Dental Tribune International

The spirit of Gen. George S. Patton Jr. greets patients at the door. Only a few yards away from the hospital room where one of America’s most famous war heroes died in 1945, Lt. Col. Cathleen Labate has just begun her daily shift. The dental provider from New Hampshire is one of almost 100 U.S. Army dentists serving in the Europe Regional Dental Command (ERDC) at Nachrichten Kaserne hospital in Heidelberg, a small German town idyllically situated along the edge of the Odenwald forest. There she is jointly responsible for the oral health of several hundred soldiers and their families in the surrounding communities.

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often leads to major dental problems, a phenomenon that Army dentists experienced in earlier conflicts such as Korea or Vietnam. At the beginning of the last two U.S. engagements in Iraq, for example, statistics showed a 30 percent increase in returning soldiers with signs of rampant caries or gingivitis.

Bachand commands more than 20 Army Dental Clinics spread over bases in Germany, Italy and Belgium. Worldwide, the U.S. military employs more than 1,000 dental officers in three major regions in the U.S. and in Europe and the Pacific. Before he took command of the ERDC from Col. Randall Ball last year, Bachand served as the commander of the Pacific Regional Dental Command in Hawaii, a post that was far different in many ways than his command in Europe.

“In Europe, everything is conveniently reachable at a driving distance,” he said. “In Europe, everything is conveniently reachable at a driving distance.”

Bachand’s scope of duty could soon become even smaller, as the U.S. Army significantly pulls back troops from Europe. According to the latest plans of the Department of Defense, more than 4,000 soldiers are to be relocated to the U.S. mainland over the next two years. For the ERDC, this would mean the closure of several clinics and the relocation of dental personnel. In Germany, the clinics in Heidelberg and nearby Mannheim will be closed by 2013, a process that comes with numerous challenges, Bachand said. “This transformation will be complex because owing to the closure of Army bases, large numbers of soldiers are moving within Europe. In addition, we’ll try to minimize job losses of our civilian contractors like German dental technicians we usually hire from the nearby areas,” he said.

**Serving for more than 100 years**

Dentists have always been part of U.S. military forces. Before Congress signed the bill for the establishment of a commissioned Dental Corps in 1911, dentists and other health care professionals had been working for the Army on a contract basis since the Revolutionary Wars of the 18th century. Full financial and operating autonomy, however, was not achieved until 1977, when the dental command was separated from the medical service, a command structure that was blamed for creating low morale and low retention rates amongst dental officers.

Today, the dental service in Europe alone has an annual budget of $18 million, of which the largest amount is spent on personnel and dental equipment. With supplies, the Army rides the patriotic train, with all chairs provided solely by U.S. manufacturers such as A-dec and Pelton & Crane. Contractor Henry Schein just closed an exclusive $172 million contract with the service for 2012.

Most army dentists enter the service through the Health Professions Scholar-ship Program, a competitive one- to four- year paid educational program available for several medical-related posts throughout the military forces. Others are directly recruited by the Army, including many older dentists, who often are looking for a last opportunity to serve their country.

According to Bachand, the Corps is short a few hundred officers worldwide, despite the fact that Army dentists are much on par with their civilian counterparts and enjoy several advantages, such as paid education or a concise career development plan. Each year, for example, the Army provides its dentists with 30 hours of continued education and sends specialists back to the States for conferences, such as the recent annual congress of the American Dental Association in Las Vegas.

Most CE courses in Europe, however, are organized with local providers such as the Kopf clinic at Heidelberg University’s Faculty of Medicine, which has collaborated with the EDRC for many years. “Even more like our civilian colleagues, Army dentists have to stay in touch with the latest technology-driven changes like CAD/CAM or cone-beam computed tomography,” Bachand said. “Compared to when I started in the service over 30 years ago, almost every aspect of our field has now become computerized, beginning from the workload reporting to the scheduling system, diagnosis or treatment.”

Despite the more stable lifestyle, switching places with dentists in the civilian world doesn’t seem to interest him. “What I like especially about military dentistry is the group practice approach and the possibilities to really focus on the clinical needs of every individual patient. Even though we have to be responsible financial stewards, we do not have to worry so much about the business aspects of treatment in regard to specific treatment for patients,” he said. “I would never trade that experience.”

Before taking over the Europe Regional Dental Command, Col. William R. Bachand commanded the Pacific Regional Dental Command out of Hawaii. The U.S. military has more than 1,000 dental officers. Photos/Ammariamie Fischer, Dental Tribune
Revenues generated from cosmetic dental procedures will likely remain stable, if not increase, in the coming year, according to a recent industry survey by the American Academy of Cosmetic Dentistry.

The AACD’s 2011 State of the Cosmetic Industry Dentistry Survey found that while the cosmetic dentistry industry has declined and flattened since a benchmark survey in 2007, respondents strongly believe that they will continue to see increasing revenues from cosmetic procedures into next year.

Respondents indicated that the demand for cosmetic dentistry procedures was primarily driven by referrals from others who had positive experiences. However, compared with the AACD’s earlier survey, there was a 25-point increase in the ranking of “increase in Internet usage by patients” as a factor driving demand for cosmetic dentistry services.

Other findings from the survey:

- Compared with 2007, the number of male patients increased by seven points. Three-fifths of cosmetic dentistry patients were female (60 percent) and two-fifths were male (40 percent).
- Close to half of patients (49 percent) on average are between the ages of 31 and 50. The number of patients age 20 and under grew significantly, to 17 percent from only 5 percent in 2007.
- Among dental practices offering whitening, 78 percent of respondents reported that third party financing options helped patients get to a “yes” decision.
- Patients cited “appearance” (97 percent) as their top concern when deciding on a cosmetic dentistry procedure.
- Other dental-related awesome things on the list: 491: Teeth that met perfectly; 492: Having a great smile; 493: The feeling of brushing your teeth after you get your braces off; and 618: The feeling of brushing your teeth with a new toothbrush.

The AACD survey can be found online at www.aacd.com, and the results are available through the AACD website, www.aacd.com (search for 2011 survey, and find the link in the research area of the media room).
Radiosurgery used to access internal radicular resorption

By Arthur Goldstein, DDS

Case history
Mr. H presented in my office in an emergency situation with pain that had begun several days prior to tooth #27. The pain was no longer relieved by analgesics, and sensitivity had begun in the right submandibular area.

Clinical examination
The #27 tooth had a class IV occlusal distal amalgam restoration of long date. There did not seem to be secondary caries. There was no apparent decay in the tooth, which was very sensitive to light percussion. There was also sensitivity in centric occlusion, which dissuaded the patient from closing his teeth together.

Radiographic examination
Radiographic examination revealed a large area of internal resorption apical to the gingival crest (Fig. 1).

Treatment
Mr. H. was given three grams of amoxicillin and 400 grams of Spifen and instructed to take two grams of amoxicillin six hours after the procedure.

A right mental foramen block local anesthetic of articaine Hcl with adrenaline was given. A full-thickness periodontal flap incision to bone with a Colorado electrode and Ellman Dento-Surg™ Radiosurgical unit set to “cut” (fully rectified filtered current) was performed to gain access to the area of internal resorption (Figs. 2, 3).

The area of resorption was curetted, followed by a root canal treatment with a gutta percha cone and estesone sealer (Fig. 4). The lamina dura at the apex of the root was not defined (Fig. 4).

A base of ZnPo4 cement was placed over the cone in the area of the resorption, followed by a well-polished macro composite filling. The periodontal flap was closed with Ethicon #5 non-resorbable sutures (Fig. 5).

Mr. H did not wish further treatment of the #27 tooth.

Photos by Dr. Arthur Goldstein

Fig. 1 Radiograph shows large area of internal resorption apical to the gingival crest.

Figs. 2, 3 Radiosurgery provides access to area of internal resorption.

Fig. 4 Resorption is curetted, followed by root canal treatment with a gutta-percha cone and estesone sealer. Lamina dura at apex of the root is not defined.

Fig. 5 Periodontal flap is closed with Ethicon #5 non-resorbable sutures.

Fig. 6 One week post-op.

Fig. 7 One month post-op.
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Meetings

Live dentistry stage returns to Pacific Dental Conference

The Live Dentistry Stage is back on the exhibit hall floor, with demonstrations on Thursday and Friday. The conference’s ever-expanding exhibit hall will keep you as busy as ever this year, with more than 250 companies in 540 booths. The hours for the exhibit hall are: Thursday, March 8, 8:30 a.m. to 6 p.m. and Friday, March 9, 8:30 a.m. to 5:30 p.m. More than half of the courses are free. The Chicago Dental Society is an ADA-CERP-recognized provider. Continuing education credit can be earned for courses completed at the meeting.

About Chicago Dental Society

Established in 1864, Chicago Dental Society counts more than 4,000 members in the Chicago area. It is an advocate for better oral health for all and is the organizer of the annual Midwinter Meeting, one of the top medical trade shows in the country. It is the largest local affiliate of Illinois State Dental Society and the American Dental Association.

(Source: Chicago Dental Society)

In addition to gaining access to hands-on courses and CE credit opportunities, attendees at the 2012 Chicago Dental Society’s Midwinter Meeting get to explore one of the country’s biggest and most fascinating cities. Photo/Melissa Lim, www.dreamstime.com

Register for March event at www.pdconf.com

The 2012 conference, March 8-10 in Vancouver, British Columbia, features timely C.E. programming, open sessions, hands-on courses and other educational opportunities for the entire dental team. Attendees can earn up to 15 C.E. credits.

Top speakers include: Marcus Abboud, Scott Benjamin, Jeff Brucia, Teresa Gonzales, Derek Hein, Jim Grisdale, David Clark, Jeff Coil, Shirley Gutkowski, David Hornbrook, Sam Kratchman, John Olmstead, Kate O’Hanlan, Ray Padilla, Mark Piper, Rob Roda, Stewart Rosenberg, Geza Terezhalmy, Neil Warshawsky and Daniel Haas.

You can browse through the speaker biographies and presentation descriptions at www.pdconf.com.

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The Pacific Dental Conference combines all the excitement of Vancouver, named the world’s ‘Most Livable City’ in 2011 by the Economist Intelligence Unit, with compelling educational opportunities for the entire dental team. Photo/Michael Iwasaki, www.dreamstime.com

About Pacific Dental Conference

The Pacific Dental Conference is the world’s largest dental meeting outside the United States with a world-class scientific program. About Pacific Dental Conference

Established in 1994, the Pacific Dental Conference is the world’s largest dental meeting outside the United States with a world-class scientific program. It is the world’s most successful dental meeting. Photo/Michael Iwasaki, www.dreamstime.com

Reservations can be made directly with conference hotels by following the links at www.pdconf.com.

(Source: Pacific Dental Conference)

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(Source: Pacific Dental Conference)
Jamaica calling: Five days of intensive implant training

The American Academy of Implant Prosthodontics (AAIP) and its affiliates, Atlantic Dental Implant Seminars (ADIS) and the Linkow Implant Institute, are presenting five-day comprehensive implant training courses in Kingston, Jamaica, July 3-7 and Oct. 5-9.

Included are lectures, hands-on participation, surgical and prosthodontic demonstrations, diagnosis and treatment planning, construction of surgical templates, diagnostic wax-ups, insertion of two to six implants and sinus lifts under faculty supervision.

At completion, clinician will be able to identify cases suitable for implants; diagnose and plan treatment for preservation and restoration of edentulous and partially edentulous arches; demonstrate competency in placement of single-tooth implants, soft-tissue management, and bone augmentation; obtain ideal implant occlusion, work as part of an implant team with other professionals; and incorporate implant treatment into private practice with quality results, cost-effectiveness and profitability.

A dental degree is required. Patients are provided, and malpractice insurance is not necessary. The course is tax deductible and 35 hours of continuing education credits will be awarded upon completion. Patient treatment is provided in a Jamaican dental school with personalized training in small groups. The course is a cooperative effort of the Jamaican Ministry of Health and the American Academy of Implant Prosthodontics.

Dr. Mike Shulman is course coordinator, Dr. Leonard I. Linkow is course director, and Dr. Sheldon Winkler is course advisor. Other faculty include Drs. Robert Braun, Ira L. Eisenstein, E. Richard Hughes, Charles S. Mandell, Harold F. Morris, Peter A. Neff, Robert Russo and Robert E. Weiner. Lab support is by DCA Laboratory, Citrus Heights, Calif., Dani Dental Studio, Tempe, Ariz., and Dutton Dental Concepts, Bolivar, Ohio.

Founded by Dr. Maurice J. Fagan Jr. in 1982 at the School of Dentistry, Medical College of Georgia, the Academy of Implant Prosthodontics supports and fosters the practice of implant prosthodontics as an integral component of dentistry.


The academy holds an annual convention and international meetings in cooperation with its affiliated component societies. It offers continuing education courses and sponsors a network of study clubs in the United States. The AAIP is designated as an approved program for C.E. (PACE) provider by the Academy of General Dentistry (AGD). These C.E. programs are accepted by AGD for fellowship, mastership and membership maintenance credit.

Details on the AAIP/ADIS Jamaica implant programs, including tuition, faculty lectures, transportation and hotels, are at www.aaipusa.com or call (559) 655-1909. AAIP membership information can be obtained from AAIP headquarters at 8672 East Eagle Claw Drive, Scottsdale, Ariz., 85266-1058; (480) 588-8062. Email address is nswdkfem@cox.net.

The AAIP website is www.aaipusa.com.

(Source: American Academy of Implant Prosthodontics)
Interdisciplinary approach to education features lectures and hands-on workshops at AACD Scientific Session

Registration is now open for the American Academy of Cosmetic Dentistry (AACD) 28th Annual Scientific Session in Washington, D.C., May 2–5.

Building on the success of last year’s session, the event will feature many heavy-hitting educators, social events and networking opportunities. Appropriately themed, “Learn Outside the Lines,” the conference will challenge attendees with an interdisciplinary approach to education, including a mix of lectures and hands-on workshops. Dental teams will return from D.C. with a renewed perspective on the field of cosmetic dentistry after having spent several days honing their skills and learning about new techniques and materials.

The session will be hosted at the Gaylord National Resort & Conference Center in National Harbor, Md., giving attendees the opportunity to engage in a world-class cosmetic dental education and also experience the dynamic city of Washington, D.C.

Educators scheduled to appear at the AACD Scientific Session include:

- David Garber, DMD
- Christian Coachman, DDS, CDT
- Eric VanDoooren, DDS
- Pete Dawson, DDS
- John Cranham, DDS
- Scott Finlay, DDS
- Carl Misch, DDS, MSD
- Gordon Christensen, DDS, MSD, PhD
- Paul Child, DMD, CDT
- Ron Goldstein, DDS

“The 28th Annual AACD Scientific Session will challenge attendees to think beyond the norm and realize the limitless opportunities cosmetic dentistry has for their practice and their patients,” said AACD President John Sullivan, DDS. “Along with great education, attendees can expect opportunities to network, make new friends, and reconnect with the old ones while spending time in the nation’s capital.”

AACD members, students, dentists, laboratory technicians, team members and dental auxiliaries are all welcomed by the AACD to attend. Visit www.aacdconference.com for more information about the 28th Annual AACD Scientific session.

About the AACD
The AACD is the world’s largest nonprofit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthetics and function.

Composition of more than 6,300 cosmetic dental professionals in 70 countries worldwide, the AACD fulfills its mission by offering superior educational opportunities, promoting and supporting a respected accreditation credential, serving as a user-friendly and inviting forum for the creative exchange of knowledge and ideas, and providing accurate and useful information to the public and the cosmetic dentistry profession.

(Source: American Academy of Cosmetic Dentistry)
Québec event features C.E. symposia on exhibit floor

2012 Journées dentaires internationales du Québec (JDIQ), May 25–29

Registration is now open for the 2012 Journées dentaires internationales du Québec. This 42nd edition of Canada’s largest annual dental meeting promises to once again break all attendance records, with more than 12,000 delegates expected from around the world.

325 Exhibitor booths, tons of C.E.
Located in the heart of beautiful downtown Montreal, this annual gathering of the entire dental profession features five days of ADA CERP-accredited continuing education courses in lecture and workshop formats as well as two full days of C.E. courses in the exhibit hall.

In addition to having more than 325 exhibitor booths, the exhibition floor will host the Dental Tribune Study Club Symposium, where 10 lectures will be presented over the two-day period, providing participants the opportunity to obtain C.E. credits on the exhibition floor at no extra charge. Additionally, the exhibit hall will feature an opening ceremony, draws for iPads, a dentists’ art exhibition and much more.

Scientific program lectures in both English and French
The scientific program offers attendees a choice of more than 100 lectures in both English and French. The event presenter, the Ordre des dentistes du Québec (ODQ), is proud to announce a fee reduction of more than 30 percent compared with last year for preconvention courses.

The ODQ is honoured to feature Drs. Gordon Christensen, John West, Robert Margaz, Gerard Kugel, Jose Luis Ruiz, Harald Heymann and Tim Donley among the invited speakers, just to name a few.

The limited-attendance workshops are quickly reaching their maximum number of registrants, so be sure to register early to avoid disappointment. To obtain more information, visit www.odq.qc.ca, and click on the conventions folder.

The ODQ looks forward to seeing you in Montreal in the spring!

ODQ’s mission
The mission of the Ordre des dentistes du Québec is to serve and support the highest quality of oral care being provided to residents of Québec. Since 1974, it has worked with professionals to ensure the quality of dental services, the high standards of practice and ethics — and to promote oral health among the population of Québec.

(Source: Ordre des dentistes du Québec)
Greater New York Dental Meeting expands international program

The Greater New York Dental Meeting (GNYDM) has done it again as it continues to be the largest dental congress and health-care meeting in the United States. In 2011, the GNYDM registered 53,789 attendees from all 50 states and 127 countries.

The Greater New York Dental Meeting houses the best in scientific programs. There is a choice of over 300 educational courses including full-day and half-day seminars, essays, hands-on workshops and a “live” 430-seat high tech patient demonstration area.

Attendees are urged to not only participate in the many educational courses but also to visit the meeting’s evolving exhibit floor with more than 1,500 exhibit booths and more than 600 exhibiting companies.

There is a never a pre-registration fee to attend the Greater New York Dental Meeting.

The live dentistry arena is always a major hit, with standing-room-only in the ever-expanding arena. This revolutionary concept of treating patients with new materials and high-tech applications takes place in the educational hall right on the show floor with no tuition costs to attendees.

The GNYDM has significantly expanded its international program, accommodating 6,656 international visitors from 127 countries in 2011 and offering programs in Spanish, Portuguese, French, Italian and Russian.

The greatest city in the world has so much to offer during the holiday season. Attendees have access to discounted tickets to highly acclaimed Broadway shows, top-notch restaurants with breathtaking views, historical sites and the most spectacular holiday festivities in the world — within walking distance. The New York Marriott Marquis and its unparalleled Broadway location is the headquarters hotel for this major event.

With three major airports nearby [Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA)] and special discounted hotel rates for those attending the meeting, it is easy for dental professionals to visit New York City during this most wonderful holiday time of the year.

There is never a pre-registration fee at the GNYDM. Be a part of the 2012 meeting and experience the energy of an event that draws top dental professionals from around the world. See all that New York City has to offer during its most captivating time of the year, Nov. 23 through Nov. 28.

(Source: Greater New York Dental Meeting)
Color theory moves beyond classic shade guide for natural restorations

New approach uses five color dimensions, chromatic chords, patient age and digital photos

By Lorenzo Vanini, DDS, MD

Color in dentistry usually is defined using shade guides based on the 1898 theory of American painter Albert Henry Munsell, which Clark applied to dentistry in 1930. According to this theory, color is composed of three dimensions: hue, chroma and value.

Actually, tooth color is the complex result of several factors that must be carefully analyzed to understand the unique features that characterize an individual patient’s teeth, and precise matching seems impossible through traditional methods. To determine tooth color, it is necessary to abandon the classical shade guides and, along with them, customary shade-taking habits in favor of performing a higher level of analysis. I call this approach Doctor Vanini’s Color Theory.

The tooth color that we normally see is a function of the physical properties of dentin and enamel, and their interaction with light. Ena HRi (Micerium S.p.A., Avegno, Italy) composite enamel, thanks to the refractive index of 1.62, has an optical behavior quite similar to that of natural enamel; and increasing its thickness, increases the value. With this enamel it is possible to manage the relationship translucency-value and the esthetic integration better because light passes through two bodies (natural enamel and composite enamel), which have the same refractive index. In this way, there is no light deviation, which is a problem that from a clinical point of view is shown with a gray line on the margin.

To properly determine tooth color, dentists must be able to look deeply into the tooth structures and identify the five color dimensions and chromatic chords. To facilitate this process, we need a light with a constant color temperature of 5,000° K. Additionally, the use of digital photography is fundamental to the analysis because it quickly enables a deeper examination of the tooth on a computer and a more accurate understanding of the different color dimensions.

All tooth-color information must be recorded in a simple manner, and for this purpose, the author developed a specific color-mapping chart for researching and identifying the five color-dimensions and specific materials to be used. The front of the chart outlines patient details. The five color dimensions are indicated on the left, while the identification initials of the composite system materials (i.e., enamel, dentin) to be used to reproduce the chromatic chords of the color dimensions are on the right.

Learning the Vanini philosophy

At the SaS training center in San Fedele Intelvi, Italy, near Como, we organize several courses on teeth restoration. Participants assist in a live treatment and a hands-on session with models to test the “five tooth-color dimensions” philosophy.

Editor’s note: This is a brief summary of Dr. Vanini’s color theory. A full version of his article, with multiple illustrations, is available on www.dental-tribune.com.
Launched in 1985, the DEFEND brand, by Mydent International, has grown into a global leader serving 43 countries in the manufacturing of high quality infection control products, disposables, preventatives and impression-material systems. With more than 25 years of reliable service to the dental industry, Mydent International manufactures more than 35 percent of consumables used in the dental operatory.

From our award-winning sterilization products, impression materials, prophy paste, wipes and lab coats, to our disposables and more, Mydent International manufactures more than 300 items used by dental professionals.

Sterilization pouches; DEFEND+PLUS Pouches, awarded “Best Product 2010” by Hygiene Product Shopper magazine, have lead-free dual indicators to ensure the correct sterilization temperature, saving both time and treatment costs by eliminating the need for separate indicator strips. These durable pouches are constructed with triple-sealed seams and strong materials to help prevent instrument penetration and tears. DEFEND+PLUS Pouches, with added internal indicators, also received an “Editors’ Choice” award and 4.5 out of 5 rating from The Dental Advisor.

Impression-material line
Mydent International’s impression-material line is an industry favorite. Recognized by Dental Product Shopper, DEFEND impression materials have been described by dentists as ‘the best material ever used.’ Offering exceptional mix and flow characteristics, DEFEND VPS and bite registration impression materials provide outstanding detail and need minimal dispensing effort.

Prophy paste
DEFEND+PLUS Prophy Paste, a 2010 “Recommended” product, delivers superior polishing and stain removal in a splatter-free formula. The paste is gluten-free to ensure against allergic reactions and contains 1.23 percent active fluoride ion. The paste comes in mint, cherry, vanilla/orange, root beer, tangerine and bubble gum flavors.

Disinfectant wipes
DEFEND+PLUS Wipes disinfect, deodorize and clean hard, non-porous surfaces safely and effectively. The wipes, which contain a stable, low-pH-formulated disinfectant and deodorant, feature a new, two-minute kill time for 11 organisms, including: methicillin-resistant Staphylococcus aureus; influenza A; Pseudomonas aeruginosa; hepatitis B and C, and they deliver a one-minute kill time for human immunodeficiency virus-1. This product has been recognized by Dental Product Shopper magazine as “Best Product 2011.”

Ultrasonic cleaning tablets
Mydent International’s Ultrasonic Enzymatic Tablets dissolve in a gallon of water in under a minute to create a powerful and effective ultrasonic cleaning solution. This solution will greatly assist in the removal of blood, bone, tissue, food particles and other soils that may be resistant to chemical detergents. This easy-to-use product may also be used as an instrument pre-soak or as an evacuation system cleaner.

Gloves and masks
We also manufacture a variety of gloves and masks, including Powder-Free Micro Textured Latex Exam Gloves, Powder-Free Nitrile Textured Exam Gloves, Powdered Professional Latex Exam Gloves, “Diffuser” (Anti-Fog) Pleated Ear Loop & Tie-On Mask, DEFEND+PLUS Pleated Procedural Ear-Loop Mask, Pleated Ear-Loop Mask with Shield, and more. Our recent release of DEFEND Powder-Free Textured Nitrile Exam Gloves award-earning manufacturer makes more than 300 dental products

Mydent International’s record of reliable service dates back more than 25 years.
Mydent International has donated children’s face masks, along with prophy paste, gloves, barrier products, patient bibs, cups, sponges and cotton rolls to the ADA Give Kids A Smile program, which is devoted to improving oral health of children in need. Pediatric patients love Mydent’s Marvy Masque Cone Face Masks because they are designed with four delightful characters: a dog, clown, rabbit and cat. Another children’s favorite among the donated products is the DEFEND+PLUS Prophy Paste in bubblegum flavor.

The product donation effort was initiated by Andrew Parker, CEO of Mydent International. Parker said, “Give Kids A Smile is one of the most important programs in the country for promoting oral health and improving the lives of our children.” In addition to this donation, Mydent International proudly supports Autism Speaks, the nation’s largest and a highly effective autism science and advocacy organization.

Mydent International is dedicated to fully maintaining its brand promise: To provide the health-care professional with the highest quality infection control products, disposables, preventatives and impression materials at affordable prices, supported by superior service and 100 percent customer satisfaction. Its marketing slogan is, “DEFEND Works Better. Lasts Longer. Costs Less.” For more information on Mydent International and the DEFEND brand of products, call 800-275-0020 or visit www.defend.com.

(Source: Mydent International)
Innovative company closing in on complete digital dentistry

3Shape digital systems improve outcomes for labs and dentists

To improve and expand their services, both dentists and labs need to address dentistry as a whole. 3Shape provides digital methods for improving efficiency throughout all phases of dental treatment, starting with the intra-oral impression scanned at the dentist’s clinic and continuing all the way to manufacturing. Dental System 2012™ contains many features specifically designed to enable labs to develop their business toward becoming service centers for dentists. As a central part of this strategy, 3Shape Dental System 2012™ provides workflows that reach into all areas of dentistry.

3Shape’s TRIOS® is a complete digital impression solution for dental clinics that enables dentists to capture the intra-oral situation directly, achieving huge benefits in relation to traditional analog impression taking. 3Shape TRIOS® includes intra-oral scanning, intelligent software and communication with the lab. Unique features include spray-free scanning, complete motion and positioning freedom while scanning, instant impression validation and smart scan-edit tools.

Digital workflow via 3Shape solutions

1. The dentist or the clinic’s secretary creates the digital order using a form that is customized according to the specific lab’s requirements. The dentist easily scans the patient’s teeth, validates the digital impression, and immediately sends the case to the lab while the patient is still in the chair.

2. Labs using Dental System™ can receive TRIOS® digital impression scans or third-party intra-oral scans (Sirona Cerec, iTero) from the dentist’s clinic directly into their TRIOS Inbox™ and immediately start the design process.

3. With 3Shape’s new Model Builder™, labs can use TRIOS® scans directly to design lab models, including implant models, either in-house or locally. The digital models are fully prepared for optimized manufacturing on 3D printers or milling machines.

4. Dental System™ Digital Temporaries feature enables labs to digitally design and produce Temporaries — directly from the pre-preparation scan and without pouring a gypsum model.

5. Labs can prepare esthetic Virtual Diagnostic Wax-ups to send to the clinic for dentist-patient previews before the patient’s teeth are even prepared.

6. 3Shape Communicate™ enables easy lab-dentist cooperation during all steps of the case. Approved designs can be reused when designing the final crown, saving time and ensuring esthetics.

7. 3Shape’s CAMbridge™ software automatically prepares digital designs for manufacturing, and Dental System™ supports essentially all materials and manufacturing equipment.

Digital technologies are rapidly becoming the standard in dental clinics, laboratories and manufacturing centers, and now the most advanced systems are supporting collaboration and workflows between them. The industry’s potential winners will be those who join this efficient digital arena.
Fix your own handpiece; save on downtime, costs

ProScore EZ Care Handpiece Maintenance Kit (coming soon!)
The EZ Care™ Handpiece Maintenance Kit is the latest addition to the ProScore line of products. These maintenance kits are customized to your handpiece and include everything needed to keep the handpiece in optimal running condition: an XTend™ Ceramic turbine, the Smart Cleaner, gaskets, coupler o-ring sets, handpiece cleaner/lubricant, detailed maintenance instructions and other products. The EZ Care Handpiece Maintenance Kit complements both ProScore’s in-office repair product line and the ProRepair/ProService Handpiece and Small Equipment Maintenance Courses presented at the Chicago Midwinter Meeting.

XTend Ceramic kits and turbines for highspeed handpieces
With the XTend Ceramic line of turbines and kits, ProScore offers dentists the best quality do-it-yourself products for high-speed handpieces in the market. Not only are XTend Ceramic products backed by the best warranties in the business, one year for turbines and six months for rebuild kits, XTend products outperform steel bearings, last longer and produce less noise and vibration.

- Reduced wear: Ceramic balls are twice as hard as steel balls.
- Increased durability: Ceramic balls are 40 percent lighter than steel balls, which reduces the internal forces and loads caused by highspeed rotation.
- Longer life: Ceramic bearings outperform steel under marginal lubrication.
- Quieter and smoother operation: Noise and vibration are reduced as a result of lower loads.

ProScore’s other EZ Solutions offer dentists various do-it-yourself repair and maintenance options.

EZ Care Cleaner and Lubricant
EZ Care™ Cleaner was formulated to flush debris and remove build-up for the handpiece’s internal rotating parts, improving long-term handpiece performance and sterilization efficacy.

EZ Care Lubricant has been designed to minimize bearing wear and to resist corrosion.

EZ Press III and EZ Rebuild Kits
The EZ Press III™ Repair System is the answer to high costs and downtime associated with sending highspeed handpieces out to be repaired. Enabling the dentist to easily change those parts that have worn out, the EZ Press III uses simple procedures, requires no guesswork, and ensures precision placement of the bearings on the spindle.

EZ Install Turbines
For an instant repair, dentists can replace cartridges chairside with EZ Install™ Turbines, which are manufactured with the highest quality parts and quality assurance procedures in the market, including dynamic balancing. The result is a high-performance, long-lasting turbine that outlasts others in the market.

Smart Cleaner
The Smart Cleaner is a one-of-a-kind maintenance tool that not only helps prevent residue build-up in handpieces and coupler waterlines, but also clears away obstructions if they occur. Simply connect the handpiece or coupler to the Smart Cleaner and activate the hand pump to clear obstructions and debris.
Coated pediatric crowns turn skeptic into advocate

When early childhood caries creates the need for restorations, a treatment of choice for strength, durability and protection has long been basic stainless steel crowns. But when it comes to aesthetics — especially with anterior teeth — shiny stainless steel quickly loses appeal. That can mean facing the challenges of strip crowns or composites. In 1991 NuSmile® joined the effort to end the aesthetics-versus-durability dilemma, introducing its proprietary approach to manufacturing coated stainless steel crowns.

“There are a few other companies with similar products, but NuSmile has performed with consistently higher results in laboratory studies on features such as fracture and fatigue resistance, color stability and wear,” said NuSmile CEO and President Diane Johnson Krueger. “Also, in two separate surveys of pediatric dentists, more dentists preferred NuSmile Crowns than any other aesthetic pediatric crown offered.”

One such dentist is Carla Cohn, DMD, of Winnipeg, Manitoba, who works exclusively in children’s dentistry. With 20 years of experience, she also is a clinical instructor at the University of Manitoba and an international lecturer. “For me,” Cohn said, “treating kids, all day every day, is a pleasure.”

Cohn was introduced to NuSmile Crowns at a dental convention. “Initially, I dismissed the need for such a product,” she said. “I mistakenly thought I could treat the kids in my practice with my current armamentarium, strip crowns, composite and stainless steel crowns. In time, I realized how invaluable these aesthetic crowns really are.”

Today, Cohn has come full-circle, appearing at dental conferences to guide fellow practitioners through the NuSmile process.

Slow to convert, quick to master

Frustrated by countless hours spent fussing over anterior strip crowns — trying to maintain a dry field, finishing and polishing — and never being quite happy with the results, Cohn finally tried NuSmile. “It really is easy to prep and place them,” she said. “General practitioners in particular, who are accustomed to preparing teeth for full coverage as in a porcelain-type crown, will find the preparation very similar in the amount of tooth structure that must be removed. Best of all, they give an aesthetic result with virtually no finishing required.”

The more success Cohn had with NuSmile, the more she recommended them. They proved more durable and resistant to stains and chips than strip crowns; and moisture and hemorrhage control were not as crucial to success. They didn’t exhibit leakage, and there was less risk of contamination and failure in pulpally treated teeth.

The former skeptic now puts this question to hesitant peers: “If a parent or patient refuses stainless steel due to aesthetics — what are you going to use as a restoration? If you don’t have an aesthetic full-coverage alternative, you have no alternative.”

(Source: NuSmile Crowns)
At the end of the 19th century, when researchers developed the first X-ray machine, they knew it posed potential danger. Due to leakage from X-ray tubes, scientists developed protocols to protect operators from imminent X-ray exposure during procedures. These protocols included lead-lined walls, lead vests and/or the operator leaving the room. Such steps remained intact through the end of the 20th century.

Now things have changed.

When Aribex developed a handheld X-ray system in 2005, the company created a device that was inherently safe from the get-go. Clinicians can now safely hold a lightweight, cordless X-ray unit, called the NOMAD®, in their hands while taking X-rays.

"Numerous studies have been done to ensure that the NOMAD is indeed safe," said Larry Emmott, DDS, considered a leading authority on dental high tech in the country. "In fact, one study actually showed Nomad users received less exposure than those who used a traditional system."

This is made possible through Aribex’s patented shielding on the X-ray source and collimator cone, as well as the leaded acrylic backscatter shield that protects the operator from reflected radiation. More than 30 independent and third-party evaluations and scientific studies, from universities, physicists, test houses, government and military groups have concluded the Aribex NOMAD Handheld X-ray Systems are both safe and effective.

With the hand-held X-ray system, the operator can not only hold the unit and stay in the room, they can also keep the NOMAD in place while taking X-rays, and reassure anxious patients, including children. The device can be operated anywhere, anyplace, at the point-of-care.

"In fact, as the ultimate benefit of mobility, you can use the NOMAD at a nursing home, mobile clinic, or humanitarian mission," Emmott says.

Because it is so easily transportable, the NOMAD enables dentists to practice in remote areas where conventional X-ray devices could never go. And because of the built-in shielding and backscatter shield, numerous independent tests have proved its safety for operator and patient alike.

"The NOMAD has forever changed the way that dental radiography is performed," said Dr. D. Clark Turner, president and chief executive officer of Aribex. "It has become a staple in dental offices everywhere."

For information on Aribex and the safety, convenience and various studies for the NOMAD, please visit www.aribex.com or visit Booth No. 2036 at the Chicago Dental Society Midwinter Meeting.

(Source: Aribex)
Second appointment

After two weeks, we remove the temps and clean the preps with a KaVo SONICflex scaler. After trimming the gingival margin with the diode laser, I place an Ultrapak cord on tooth #8 (Ultra-Trac, South Jordan, Utah), cutting the cord intraorally on the lingual to avoid any overlap. To make the margin visually obvious, I place a second cord (Ultrapak cord #2E) before refining the preparation.

As I pack the top #2E cord on tooth #8, you can see how the top cord on tooth #9 exposes the margin (Fig. 3). Now we can begin finishing the temps using a fine grit 856-025 bur.

Two moistened ROEKO Comprecap Anatomic compression caps (Coltène/Whaledent; Cuyahoga Falls, Ohio) are placed on the preps, and the patient is asked to bite with medium pressure for eight to 10 minutes.

The Comprecaps are then removed and the top cords pulled. We syringe medium body impression material around the preparations for the impression and then take a bite registration. The temporaries are then replaced.

Third appointment

During the second week, the temporary crowns are off, the BruxZir crowns are approved, and we place a layer of desensitizer on the teeth (G5® All-Purpose Desensitizer [Clinician’s Choice, New Milford, Conn.]). I use a Warm Air Tooth Dryer (A-dec, Newberg, Ore.) after applying both coats of the G5b while my assistant places Z-PRIME® Plus (Bisco, Schaumburg, Ill.) inside the crowns. We then load the crowns with a resin-modified glass ionomer cement (RelxX® Luting Plus Automix [3M/ESPE]) and seat them, using a pinewood stick (Almore International, Portland) to ensure they are fully seated and the same length.

In this “after” picture (Fig. 4), the amazing thing is there isn’t any porcelain on these BruxZir crowns, they are solid zirconia. This is why they are stronger than all other restorative materials, except cast gold.

Also, the facial anatomy on the crowns makes them look like real teeth. Because that anatomy is built into the CAD/CAM database, Glidewell Laboratories can deliver it every time — provided the clinician gives the lab enough reduction. While I’m not suggesting you suddenly switch all of your anterior restorations to BruxZir crowns, you may want to consider using it for patients with parafunctional habits or old PFM, where an aesthetic improvement is essentially guaranteed.

Source: Glidewell Laboratories

Photo essay: BruxZir Solid Zirconia meets an anterior esthetic challenge
Dental product company's history dates to 1900

Keystone Industries’ capabilities are bound only by its clients’ imaginations

The history of Keystone Industries dates back to as early as 1900 and is one that the company is extremely proud of. Keystone Industries is composed of several dental and medical manufacturing and distribution subsidiaries, which include:

- National Keystone, founded in 1930;
- Tri-Dynamics founded in 1977;
- Mizzy (which also includes Syrijet) founded in 1900;
- Ped-O-Jet founded in 1968;
- T&S Dental and Plastics Manufacturing, founded in 1976, which is now known as Keystone Industries, Myerstown, Pa.

Dental Resources, also located in Myerstown, was acquired in March of 2003. Keystone also merged with Deepak Products in 2008 with manufacturing in Miami.

Wide variety of products
Keystone Industries is a leading manufacturer in denture acrylics, thermal forming materials and machines, APF fluoride gels and foams, prophy paste, high-volume evacuators and packaging material.

In addition, Keystone runs the gamut from abrasives, carbides, chemicals, brushes, crucibles, Fleck’s cement, PIP paste and the Syrijet for the dental industry.

The company’s capabilities are bound only by its clients’ imaginations.

Far more than a lab supply manufacturer
The company has the ability to manufacturer almost any resin, plastic or chemistry found in the marketplace on an original-equipment-manufacturer or private-label basis.

The perception that Keystone Industries is strictly a lab supply manufacturer is about to change, according to the company.

(Source: Keystone Industries)
“More brawn than beauty”

BruxZir® Solid Zirconia

Ideal for bruxers who have destroyed natural teeth or previous dental restorations

An esthetic alternative to metal occlusal PFM’s and cast gold

Minimal preparation requirement of 0.5 mm with feather edge margins, much like cast gold

Authorized BruxZir Laboratories

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<td>Mr. Crown Dental Studio</td>
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<td>Noah Dental Lab, Inc.</td>
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<td>Centros CA</td>
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<td>Glendale CA</td>
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<td>Noell Laboratories, Inc.</td>
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<td>800-575-4442</td>
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<td>Perfect Smile Dental Ceramics</td>
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<td>Polonia Dental Laboratory</td>
<td>Asheville NC</td>
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<td>866-937-1563</td>
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<td>Precision Ceramic Dental Laboratory**</td>
<td>Montclair NY</td>
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<td>800-223-6322</td>
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<td>Riverside Dental Ceramics**</td>
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<td>NY</td>
<td>800-321-9943</td>
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<td>Robertson Dental Lab</td>
<td>Lompoc CA</td>
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<td>800-585-3113</td>
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<td>San Ramon Dental Lab</td>
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<td>Zeveren Dental Lab</td>
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<td>303-319-3511</td>
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<td>Dodg Dental Laboratories</td>
<td>New Castle DE</td>
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<td>800-441-9005</td>
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<td>305-661-0260</td>
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BruxZir Solid Zirconia crowns & bridges are made from the highest-quality zirconia powder from Japan. We chemically and physically replicate the powder to further reduce the zirconia particle sizes. BruxZir milling blanks are then created through a unique patent-pending process. Unlike conventional high-pressure milling blank manufacture, our processing gives BruxZir zirconia improved light transmission, which provides a lower, more natural shade value.

In a recent study to measure the volumetric loss of enamel, glazed BruxZir Solid Zirconia was found to wear compatible with enamel and virtually identical to glazed firing porcelain.

The antagonist (blasting bath) wear shows BruxZir Solid Zirconia only with 72 x 21 micron, which is significantly lower than Cerconium (104 x 48 micron). The University of Tübingen study was run using an eight-chamber Willytec Chewing Simulator at 1.2 million cycles.

For more information, visit www.bruzir.com.
Next Stop...Chicago Midwinter!

We've covered a lot of territory so far, and our journey of "driving innovation" across the nation with new, innovative products is still in full-swing. Our North American Dental Imaging Tour is bringing a unique, hands-on experience with everything from intraoral sensors to 3D CBCT systems to cities all around.

Check out our site at ExperienceGendex.com for a tour schedule, live GPS tracking and a peek of what's inside! You can even tell us where to stop next!

Tour the bus at the Chicago Midwinter, February 23–25. We'll be right next to the registration area to welcome you!
Fluoridated salt used in global fight against caries

Aide Odontologique Internationale is working in developing nations to simultaneously address iodine deficiency disorders and dental caries

By Patricia Anne Walsh, RDH, BS

Most dental professionals in the United States are unaware that globally, fluoridated salt has significantly reduced the caries rate in many developing nations. Full effectiveness relies on the salt reaching consumers by several different channels. Fluoride salt can be used in homes, but it is also distributed to restaurant kitchens, school canteens, hospitals, bakeries and large bread factories. Fluoridation of salt destined for human consumption has been used in Switzerland since 1955. Since 1960, countries in Europe and other parts of the world have adopted salt fluoridation strategies. Farmers in Southeast Asia make salt on fields that have been used for centuries. The brine (saltwater) is poured on fields and left for several days until much of the water has evaporated and salt crystals remain. The crystals are then scraped up and carried to warehouses, typically constructed of wood, which hold an average of 2,000 tons of salt. In large production plants where continuous processing of salt is common, the procedure is to spray a dosed concentrated fluoride solution through a nozzle onto the salt passing on the conveyor belt below. In some countries, one-ton mixers (customarily used for mixing animal feed) are used to add the fluoride. The University of Health Sciences Laos launched an iodine fluoride program this past April. Health officials have estimated that the addition of iodine and fluoride would contribute to the prevention of iodine deficiency disorders and prevent dental caries. Aide Odontologique Internationale (AOI) is a non-governmental organization working with dentists in Laos and Cambodia in developing nations. AOI seeks to improve oral health by working concurrently with ministries of health, the World Health Organization, and UNICEF. Iodine is an essential micronutrient that is necessary for the normal functioning and development of the brain and body. Children born into households where iodized salt is not consumed are at risk of developing mental and physical disabilities.

Major challenge in Cambodia

Dental caries is a major health public health threat in Cambodia. Unfortunately, there are serious issues of quality control and sustainability that, to date, have prevented the availability of fluoridated salt to Cambodian consumers. One study, found the Cambodian childhood caries experience to be very high. Only 36 percent of children aged 1–4 years and 4 percent of those aged 5–6 years were caries free. Only 35 percent of mothers reported bottle-feeding.

Latest 'Pros in the Profession' winner named

Kareen Wilson, RDH, recognized for exceptional daily service at home and on international missions

Crest® Oral-B® congratulates Kareen Wilson, RDH, of Bloomfield, Conn., as the third winner of the brand’s second annual Pros in the Profession® award program, which honors registered dental hygienists who go above and beyond the call of duty every day. After careful consideration of a pool of qualified candidates, a panel of judges selected Wilson for the award based on her commitment to the oral health of not only her patients, but also those in countries who do not have access to proper oral health care.

Wilson has been practicing dental hygiene for more than 15 years, holding a Bachelor of Science degree from Loma Linda University. She is part-owner of the family practice where her husband practices dentistry.

Starting in 2004, Wilson realized her true calling when she first joined mission trips to the Dominican Republic and Peru with several other medical professionals, witnessing the drastic need for better oral health care in these countries and other parts of the world. Driven by that experience, Wilson helped start the Bethesda Medical Mission (BMM), a nonprofit organization dedicated to offering free health services to enrich the lives of global citizens who are less fortunate.

Serving an active role on the Board of Directors of BMM, Wilson joins a band of pediatricians, psychologists and general practitioners who facilitate mission trips to territories covering the Caribbean, Africa, Central America and South America. Wilson will be joining BMM on its second mission trip to Haiti.

Wilson’s passion for improving oral health in foreign countries is carried with her each day in her profession as well. She is committed to educating her patients about whole-body wellness and the correlation between their oral health and overall health. With the help of some of her favorite dental products, Wilson strives to keep her patients bacteria-free and is always thrilled to see the results of her work in patients both inside her dental practice and in other parts of the world.

Throughout the year, three other deserving professionals will join Wilson, Donna Caminiti of Springfield, Ill., and Julie Wells Kroeker of McAllen, Texas, as this year’s Crest Oral-B® Pros in the Profession winners.

Winners will receive a $5,000 monetary prize, recognition at a special award cocktail reception at RDH’s Under One Roof 2012 in Las Vegas, a recognition plaque, tribute in dental trade media, news announcements and on the website www.dentalcare.com, and an exclusive trip to Procter and Gamble headquarters. So those who know worthy “Pros” like Wilson should help give those individuals the recognition they deserve by nominating them today.

Nominations will be accepted through April 2012 at www.prosintheprosession.com or at the Crest Oral-B® booth at upcoming dental conventions.

Nominations should be submitted by dentists, fellow hygienists, dental assistants, professional colleagues and other collegiate colleagues.

Submitted nominations should convey why the nominee is a true pro. Nominees must meet the following criteria:

• Registered dental hygienists with two-plus years of practice experience after graduation from dental hygiene school
• Registered dental hygienists with community service involvement
• General volunteer/non-oral health-specific examples are welcome, but oral health-related volunteer experience is preferred.

The ability to generate additional business for their practice.

To learn more about Wilson, the other winners and the Pros in the Profession program — including how to nominate a Pro for consideration — visit the website www.prosintheprosession.com.

(Source: Crest Oral-B®)
'Give Kids A Smile' turns 10

The American Dental Association (ADA) shines a light on dental health for children during February in marking the 10th anniver-
sary of its Give Kids A Smile program as well as its annual National Children’s Den-
tal Health Month.

Give Kids A Smile is the ADA’s signature access program designed to encourage par-
ents, health professionals and policymak-
ers to address the year-round need for oral health care for all children.

Every year, 500,000 dentists and their dental team members provide free oral health care services to children from low-income families across the country.

“The ADA thanks and celebrates all of the dentists and dental team members who donate their time to host or participate in Give Kids A Smile programs, but we all know that the real celebration can’t begin until the epidemic of untreated dental dis-
ease is cured,” said ADA President Dr. Wil-
liam R. Calnon. “More than 16 million chil-
dren have tooth decay, which is 16 million too many.”

The Give Kids A Smile program would not be possible without volunteers and contin-
gued generous support of sponsors Henry Schein Dental, which donated professional dental products, Colgate-Palmolive Co., which donated consumer dental products, and DEXIS, which donated the use of its digital X-ray systems and the expertise of its staff to assist dental schools, state dental associations and large-group dental prac-
tices with their Give Kids A Smile events.

For more information about Give Kids A Smile, visit www.givekidsasmile.sda.org and for the latest news, visit the Facebook page, www.facebook.com/GiveKidsA Smile.

(Source: American Dental Association)

References
2. Ibid
3. UNICEF Media advisory 16 Oct 2003
5. PAHO Tool-kit for decision makers, health planners, legislators, epidemiologists and health care workers
6. Kidservices.org. Dr. Robert Renner, KIDS In-
ternational Dental Services

feeding, but ‘70 percent of such mothers used sweetened canned milk in the bottle. Oral hygiene was rated as poor in 80 per-
cent and only 10 percent reported to use a toothbrush. Forty three percent of children were reported to have experienced toothache, but only 5 percent had visited a dentist.

Dr. Francois Courtel, AOI director in Cambo-
dia, said, ‘In Cambodia, a feasibil-
ity study in 2010 showed that the situa-
tion was not favorable for starting salt fluoridation. The main association of salt producers is not willing to start fluorida-
tion because they have to deal with iodine and realize that it is more costs for them. There are many small artisanal produc-
ers and boilers, the technology they use for mixing salt and iodine is not safe and profes-
sional. It was decided by the minis-
tery of health not to start introduction of fluoride at this time. Maybe in the future, if the situation improves, that will be re-
considered.’

Fluoridation of water supplies has prov-
en to be an effective preventive measure for dental caries. Many developing coun-
tries in the Americas have multiple water sources and fluoride treatment approaches. Struggling economies may not permit the viable application of this fluoridation ap-
proach.

Some of the highest dental caries preva-
ence in the world is evident in the Ameri-
cas. Fluoridated salt was considered as a potential solution because of the urgent need for dental caries prevention in mil-
ence in the world is evident in the Ameri-
cas. Fluoridated salt was considered as a potential solution because of the urgent need for dental caries prevention in mil-

One of the two fluoridated-salt trucks in Laos, operated by Aide Odontologique Internationale, replete with advertising.
CONGRATULATIONS, KAREEN WILSON, RDH
THIRD CREST® ORAL-B® PROS IN THE PROFESSION® WINNER FOR YEAR TWO OF THE PROGRAM

Kareen Wilson, Registered Dental Hygienist, has been practicing dental hygiene for more than 15 years, holding a Bachelor of Science from Loma Linda University. She is part-owner of the family practice where her husband practices dentistry, and they both reside in Bloomfield, CT, with their two children.

Starting in 2004, Kareen realized her true calling when she first joined mission trips to the Dominican Republic and Peru with several other medical professionals, witnessing the drastic need for better oral health care in these countries and other parts of the world. Driven by that experience, Kareen helped start the Bethesda Medical Mission (BMM), a nonprofit organization dedicated to offering free health services to enrich the lives of global citizens who are less fortunate.

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+++++

Kareen is a fan of the Oral-B® ProfessionalCare series of electric toothbrushes, which she recommends for superior brushing to her patients.

For more information about Kareen and the program, log onto www.prosintheprofession.com or stop by the Crest Oral-B booth at upcoming dental convention.
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Early registration: $3,250 before APRIL 10, 2012
Full tuition: $3,725 after APRIL 10, 2012
Implants: $150 per implant & abutment. Accommodations should be purchased separately.

Refer a friend to our course and receive a $500 tuition discount on an ADI Seminar!

Our world-class clinicians, educators & researchers offer a comprehensive learning experience for general dentists and specialists.

Advantages
- Personalized training in a small-group setting
- Comprehensive lectures, live surgeries, hands-on sessions with individual instructors
- Review of surgical and restorative protocols
- Participants can bring their own cases for discussion and guidance
- After course follow-up for assistance in diagnosis and treatment planning for implant cases

Course Objectives
Upon completion of this one-week comprehensive implant education program, clinicians will be able to accomplish the following tasks:
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- Diagnose and establish a treatment plan for preservation and restoration of edentulous and partially edentulous arches.
- Demonstrate competence in the placement of single tooth implants, soft tissue management, and bone augmentation.
- Obtain an ideal implant occlusion.
- Work as part of an implant team with other professionals.
- Incorporate implant treatment into private practice with quality results, cost effectiveness and profitability.

"What a tremendous value this course is. Anyone who has taken implant courses but is still hesitant to start placing implants needs to sign up for this program. I enjoyed it so much I am considering returning to further progress my implant skills." - Steven Bloom, DDS, St. Petersburg, FL.

"Now I am having more confidence in implant dentistry. I diagnosed 2 cases for new patients this past week. They are maxillary premolar cases. Thank you for your instruction and guidance in implantology." - Alexander Zhang, DDS, Chico, CA.

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KINGSTON, JAMAICA, JULY 3-7, 2012 & OCTOBER 5-9, 2012