As the country strives to improve its overall health-care delivery system, there is a push to make the oral health-care delivery system similarly accountable for quality and access. A new report funded by the W.K. Kellogg Foundation and the DentaQuest Institute outlines an approach to expand the oral health quality improvement effort through data collection, accountability and new ways of delivering oral health care.

The report contends that quality improvement in oral health lags behind similar efforts for overall health, but efforts are intensifying. Titled “Oral Health Quality Improvement in the Era of Accountability,” the report provides an overview of current efforts and cites elements that are critical for advancing this agenda: increased use of electronic dental records and integrated health records; better measurement of oral health outcomes; new payment and incentive mechanisms; and expanded delivery of care by non-dental professionals, as well as new types of allied professionals.

The report — the latest in a growing number of analyses of the oral health-care system — was released in February at a national meeting of oral health professionals, government leaders, consumer advocates and others convened by the Kellogg Foundation and DentaQuest Institute. The meeting was intended to launch a national dialogue on quality improvement and increased access to dental care. The Institute of Medicine and U.S. Government Accounting Office released reports on dental access and quality in 2011.

"The focus on quality improvement for overall health care is an important opportunity to improve the quality of oral health care," said study author.
Smokers less apt to go to a dentist

According to a study released by the Centers for Disease Control and Prevention (CDC), smokers go to the dentist less often than non-smokers. The CDC looked at 2008 survey responses from more than 16,000 adults between the ages of 18 and 64.

More than a third of smokers in the study said they have three or more dental problems, ranging from stained teeth to jaw pain, toothaches or infected gums.

The CDC said this was more than double the reports of these dental ailments the non-smokers admitted to.

The report also found that 20 percent of the smokers said they had not been to a dentist in at least five years. This was compared with only 10 percent of the group of nonsmokers and those who were former smokers.

Robin Cohen, a CDC statistician who co-authored the new report, said smokers seem to be aware their dental health is worse, but are not doing anything to help.

According to the findings, the main reason for those who have not gone to see a dentist was because of cost.

“More than 50 percent of smokers said they haven’t gone to a dentist because they can’t afford it, compared with 35 percent of those who do not smoke,” Cohen said. “An equal percentage of current smokers, former smokers and ‘never smokers’ did not visit the dentist for an oral health problem because they were afraid.”

Another CDC survey found smoking rates are higher among those with low incomes. It said about 30 percent of Americans with incomes below the federal poverty level say they are current smokers, while less than 19 percent of people with higher incomes are smokers.

(Source: Centers for Disease Control and Prevention)

In mouth, smoking zaps healthy bacteria, invites pathogens

According to a new study, smoking causes the body to turn against its own helpful bacteria, leaving smokers more vulnerable to disease.

Despite the disturbing disturbance of brushing and flossing, the mouth of a healthy person contains a stable ecosystem of healthy bacteria. New research shows that the mouth of a smoker is a much more chaotic, diverse ecosystem — and is much more susceptible to invasion by harmful bacteria.

As a group, smokers suffer from higher rates of oral diseases — especially gum disease — than do nonsmokers, which is a challenge for dentists, according to Purnima Kumar, assistant professor of periodontology at Ohio State University.

She and her colleagues are involved in a multistudy investigation of the role the body’s microbial communities play in preventing oral disease.

“The smoker’s mouth kicks out the good bacteria, and the pathogens are called in,” said Kumar. “So they’re allowed to proliferate much more quickly than they would in a non-smoking environment.”

The results suggest that dentists may have to offer more aggressive treatment for smokers and would have good reason to suggest quitting smoking, Kumar said.

“A few hours after you’re born, bacteria start forming communities called biofilms in your mouth,” said Kumar. “Your body learns to live with them, because for most people, healthy biofilms keep the bad bacteria away.”

• See SMOKING, page A3

About the DentaQuest Institute

The DentaQuest Institute, is a not-for-profit organization focused on improving efficiency, effectiveness and quality in dental care. It works with clinical partners across the United States to develop and implement more effective approaches to preventing and managing oral diseases.

For more information about the DentaQuest Institute and its programs, visit www.dentaquestinstitute.org. The DentaQuest Institute is supported by DentaQuest, a leading oral health company, administering prevention-focused dental benefits to nearly 15 million individuals across the United States.

About the W.K. Kellogg Foundation

The W.K. Kellogg Foundation, founded in 1930 by breakfast cereal pioneer Will Keith Kellogg, is among the largest philanthropic foundations in the United States. Based in Battle Creek, Mich., WKKF engages with communities in priority places (Michigan, Mississippi, New Mexico and New Orleans), nationally and internationally to create conditions that propel vulnerable children to realize their full potential in school, work and life.

To learn more about the W.K.KF you can visit www.wkkf.org or follow it on twitter at @wk_kellogg_fdn.

(Source: W.K. Kellogg Foundation and DentaQuest Institute)

• REPORT, page A1

Paul Glassman, DDS, MA, MBA, director of the Pacific Center for Special Care at University of the Pacific Arthur A. Dugoni School of Dentistry. “The biggest problem now is we are developing many measures, but they need to be connected to performance of the system.”

This report provides an opportunity for dentists to make sure that oral health isn’t left behind,” said Alice Warner, program officer at the W.K. Kellogg Foundation.

“The current focus on quality improvement in oral health care, we need to make sure that oral health isn’t left behind,” said Alice Warner, program officer at the W.K. Kellogg Foundation.

“Right now, 37 percent of African American children and 41 percent of Hispanic children have untreated tooth decay, compared with 25 percent of white children. We need to do better by all our children and this report provides ideas that can help lead the way.”

Oral health costs making dental services unaffordable for many

Dental expenses are now among the highest out-of-pocket health expenditures for consumers. In 2008, they accounted for $50.7 billion or 22.2 percent of total out-of-pocket health expenditures, second only to prescription medications, according to the Bureau of Labor Statistics.

The keys to better access and quality are better measurement of oral health-care outcomes and promoting innovation at the systems level, said Glassman, who suggests the pathway to better measurement will involve:

• Incentives to implement quality improvement programs are few.

• Improvements in oral health delivery that include using chronic disease management strategies, delivering care in nontraditional settings, developing new types of allied dental professionals and engaging non-dental professionals in delivering services; and

• Use of telehealth technologies to reach people in geographically remote areas.

“DentaQuest Institute is working closely with clinical partners to implement quality improvement strategies that emphasize prevention and disease management in dental care,” said Dr. Mark Doherty, executive director of the DentaQuest Institute. “We have begun to see success applying a disease management model to the care of chronic disease.”

• See SMOKING, page A3

The Centers for Disease Control and Prevention reports that far more smokers than nonsmokers say ‘cost’ is why they don’t see a dentist. The percent saying ‘scare’ is the main reason are identical regardless of smoking history.

According to the findings, the main reason for those who have not gone to see a dentist was because of cost.

“More than 50 percent of smokers said they haven’t gone to a dentist because they can’t afford it, compared with 35 percent of those who do not smoke,” Cohen said. “An equal percentage of current smokers, former smokers and ‘never smokers’ did not visit the dentist for an oral health problem because they were afraid.”

Another CDC survey found smoking rates are higher among those with low incomes. It said about 30 percent of Americans with incomes below the federal poverty level say they are current smokers, while less than 19 percent of people with higher incomes are smokers.

(Source: Centers for Disease Control and Prevention)
Tooth Fairy cuts back

The average gift from the Tooth Fairy dropped to $2.20 last year, but she’s still visiting nearly 90 percent of homes in the United States, according to The Original Tooth Fairy Poll® sponsored by Delta Dental. That average gift is down 41 cents from $2.61 in 2010. The 10 percent drop in value is one of the larger declines since Delta Dental began conducting the poll in 1998. In Minnesota, children receive an average of $1.94 per tooth — down 2 percent from last year’s average of $2.01.

“Like many Americans, the Tooth Fairy suffers from an economic downturn,” said Ann Johnson, spokesperson for Delta Dental of Minnesota. “More important, Delta Dental is encouraged that parents are still making visits to the dentist a priority for their children. In fact, 90 percent of those surveyed say they take their children to the dentist every six months.”

The Original Tooth Fairy Poll, which surveyed 1,355 parents across the country, yielded these additional findings:

- The most common amount left under the pillow by the Tooth Fairy is $1.
- Most children find more money under the pillow for their first lost baby tooth.
- Fifty-five percent of those surveyed allow their children three to four sugary drinks a day.
- Seventy-one percent of those surveyed first take their child to the dentist between 2–3 years of age.
- The Original Tooth Fairy Poll reflects an interest by Delta Dental to promote good dental hygiene habits that encourage healthy mouths and healthy smiles across America. To help with this long-term tradition, you can take the poll at www.theoriginaltoothfairypoll.com. And, you can follow the Tooth Fairy’s efforts at https://twitter.com/ToothFairyBJ.

Delta Dental of Minnesota’s oral health initiatives are part of its non-profit mission to provide educational information and support community programs that help enhance the oral health of all Minnesotans. Since 1969, the company has accomplished its mission by providing the best access across the state to oral health care through affordable dental plans. Delta Dental of Minnesota serves 8,000 employer groups with more than 3.8 million members and 83,000 group members across the nation. For more information, visit www.deltadentalmn.org.

Delta Dental Plans Association The not-for-profit Delta Dental Plans Association, www.deltadental.com, based in Oak Brook, III, is the leading national network of independent dental service corporations. It provides dental benefits programs to more than 56 million Americans in more than 95,000 employer groups. For more information, visit www.dentaltribune.com, subscribe to the blog and follow on Twitter.

Reference

1. Delta Dental conducted the Original Tooth Fairy Poll among customers across the United States. For results based on the total sample of 1,355, the margin of error is ±1.26 percentage points at a 95 percent confidence level. (Source: Delta Dental)
Mistakes were made: When to let them go or when to clean them up

I can virtually guarantee that you and everyone on your team have made at least one major mistake in the past six to 12 months.

By Sally McKenzie, CEO McKenzie Management

If you read my articles regularly, you might have noticed that I dedicate a fair amount of space to telling you how you should be addressing shortfalls in your practice systems. In this column, I’m taking a little different approach. I want you to plan a party. Now, this isn’t just any party. This is a “screw-up party.” I have to give author Bill Bartman credit for the term, and I really like the concept. The idea is that you embrace the mistakes, you acknowledge the weaknesses, and you celebrate the fact that you have “screwed up.” I can virtually guarantee that you and everyone on your team have made at least one major mistake in the past six to 12 months.

Mr. Bartman refers to an employee who made a $50 million contract error. The company managed to whittle it down to $1 million, which most of us would still consider a huge blunder. But the point Bartman makes is that if he were to have crushed the employee, who is otherwise very good, he would have shut down the flow of creative problem solving and new ideas, not just from that employee but from others as well. The “chilling effect” as we know it happens when speech or conduct is suppressed because of fear of penalization. Frequently we find employees are too paralyzed to take action. They are afraid of making mistakes. They are afraid of being reprimanded. They are afraid of disappointing or angering the dentist. They have to secure approval on everything from the way they answer the phones to the way they punctuate a sentence. Consequently, the practice is virtually immobilized because no one has permission to think, to improve systems or, as the case may be, occasionally screw up.

Celebrate the blunders

Dentists, being notorious perfectionists (a quality that patients dearly appreciate), are keenly focused on doing everything right. Understandably, you are mortified when you or members of your team make mistakes, even though you fully understand that to err is human. Like everyone else, some days you and your team are simply more “human” than others.

Yet, it’s through mistakes that you and your practice have grown, and perhaps once a year, throwing a party to celebrate the blunders rather than stuffing them in the closet, hoping they go away and never embarrass you again is something to consider.

It’s easy to celebrate how great you and your team are and the successes. But what about the tough challenges, the hurdles and the many things that went wrong that you and your team had to face?

The fact is that, while the experiences...
Facial esthetics treatment for every dental practice

Now that the teeth look good, what about the peri-oral areas around the mouth?

By Dr. Louis Malinmacher

I am asked all of the time what the next big thing is going to be in dentis-try. What new technology or technology is going to change dental practice? We certainly have made huge advance-ments in a number of areas, such as restorative therapy, implants and esthetic dentistry.

Most dentists are familiar with this connection as being how oral health affects systemic health. I’m going to look at the oral-systemic connection from a completely different angle — the oral-systemic esthetic perspective.

We can do a magnificent job of making teeth look great and giving people a healthy and beautiful smile. Esthetic dentistry has been an absolute boom during the last 30 years, espe-cially when it comes to such innova-tive techniques as teeth whitening and minimally invasive veneers like Cristal Veeneers by Aurum Ceramics. Now that the teeth look good, what about the peri-oral areas around the mouth?

I was recently in the office of a solo-practitioner dentist. As you are all aware, the vast majority of solo-practitioner practices are losing more patients than they are gaining.

None of us enjoys making mistakes. Fortunately, in the scenario above, the dentist did offer a sincere apology to the employee. They also looked at the patient check-in/check-out system to determine how bottlenecks could be addressed and pressure eased during hectic times.

None of us enjoys making mistakes. Nonetheless, it was an opportunity for both to grow personally and professionally from the experience.

Fortunately, in the scenario above, the dentist did offer a sincere apology to the employee. They also looked at the patient check-in/check-out system to determine how bottlenecks could be addressed and pressure eased during hectic times.

None of us enjoys making mistakes. Nonetheless, they are a fact of life and work. A “screw-up” party gives everyone a chance to acknowledge blunders, talk about them openly, offer creative solu-tions to help prevent them in the future and, most importantly, move on.

Don’t make this mistake

Now let’s consider a more serious prob-lem in your practice that, unfortunate-ly, doesn’t happen just once in a while. In fact, it may be occurring daily, and it would be a grave mistake not to address it. What is it? Thousands of lost patients. Let me explain.

Living in a fantasy

I recently had a conversation with Dr. John. Like many dentists during the last couple of years, he’s experienced some challenging times. But one thing that Dr. John firmly believes is that his prac-tice is not losing patients. He is living in a fantasy.

But Dr. John, a sole practi-tioner, is not alone in his delusions, he is like 78 percent of the 128,000 general dentists in the United States.

The vast majority of solo-practitioner practices are losing more patients than they are bringing in.

Dentists commonly believe that pa-tient records in the computer or in the files constitute active patients. In ac-tuality, only those patients that have dental exams and periodontal maintenance procedures performed for the month can be counted as active patients. The recall system, or lack thereof, is a huge factor in patient attrition.

Yes, patient retention will vary from practice to practice, but it’s essential that you understand where yours falls.

To measure patient retention, deter-mine the number of recall patients that are “due” for the month, with and without appointments on the first of the month. Put that number in a secure place. On the last day of the month, run the past 12 months, the practice is losing patients. In addition, the schedule has open timeslots, however, the schedule looks full because the practice schedules patients six months out. Moreover, no one on the business team is responsible for ensuring that the hygiene schedule isn’t riddled with holes or following-up with past-due patients.

Effective recall system critical

It is essential that you pre-schedule patients six months in advance you educate the patients, and the business staff must follow-up with patients on the phone. Too often it’s the follow-up that falls down.

In addition, when the patient is in the chair, communication between dentist and hygienist and with the patient must reinforce the need for ongoing care. Most patients don’t think they need to go to the dentist every six months, and many dental teams are not particularly effective in convincing patients other-wise. It’s not uncommon for the dental team to trivialize the importance of care delivered and confirm the patient’s misperceptions.

An effective recall system includes other key components as well. The prac-tice is actively educating the patients. Professional recall notices are used as well as e-mail and text messaging. The patient is involved in the recall process by personally addressing the envelope that they will receive in the mail with their recall information and informa-tional brochures.

A business employee follows up with patients to ensure they will keep their recall appointments. In addition, the hy-gienist is scheduled to meet specific pro-duction goals and there are never more than a firmly set number of openings in the schedule on any given day.

Certainly, every dental team makes mistakes; however, there are some that are costing your practice far more than others.
eration to extending the oral-systemic connection to theesthetic realms and facial pain areas of the face, which dentists are more familiar with than any other health-care practitioner.

The art and science of facial injectables

Botox is a trade name for botulinum toxin, which comes in the form of a purified protein. The mechanism of action for Botox is really quite simple. Botox is injected into the facial muscles but really doesn’t affect the muscle at all. Botulinum toxin affects and blocks the transmitters between the motor nerves that innervate the muscle. There is no loss of sensory feeling in the muscles. Once the motor nerve endings are interrupted, the muscle cannot contract. When that muscle does not contract, the dynamic motion that causes wrinkles in the skin will stop. The skin then starts to smooth out, and in approximately three to 10 days after treatment, the skin above those muscles becomes nice and smooth. The effects of Botox last for approximately three to four months, at which time the patient needs re-treatment.

The areas that Botox is commonly used for smoothing of facial wrinkles are the forehead, between the eyes (glabellar region) and around the lips. Botox has been FDA approved as a primary therapy for chronic migraine and chronic pain cases and has important clinical uses in TMJ and bruxism cases, and especially for patients with chronic TMJ and facial pain.

Botox is also used to complement esthetic dentistry as a minimally invasive alternative to surgically treating high lip line cases; to help denture patients who have trouble adjusting to new dentures; to provide lip augmentations; and to help retrain facial muscles when necessary in orthodontic cases. No other health-care provider has the capability to help patients in so many areas as do dentists.

Dermal fillers, such as hyaluronic acids (Juvederm, Restylane) and calcium hydroxylapatite fillers (Radiesse), are commonly used to add volume to the face in the nasolabial folds, oral commissures, lips and marionette lines. As we age, collagen is lost in these facial areas and these lines start to deepen. These dermal fillers are injected right under the skin to plump up these areas so that these lines are much less noticeable.

Dermal fillers are also used for lip augmentation and are used by dentists for high lip line cases, uneven lips, and to make the peri-oral area more esthetic. The face looks more youthful and is an essential component to every esthetic dentistry case that you do.

I have been trained and have had experience with these Botox and dermal fillers for a while, and these are very easy procedures to accomplish. We as dentists give injections all the time — this is just learning how to give another kind of injection that is outside the mouth but in the same area of the face that we inject all the time.

We also have a distinct advantage over dermatologists, plastic surgeons, medical estheticians and nurses who commonly provide these procedures in that we can deliver profound anesthesia in these areas before accomplishing these filler procedures. I will never forget that during my training, my patients were completely comfortable during dermal filler and lip augmentation therapy because of my ability to deliver proper anesthesia to these areas. The patients treated by other health practitioners were quite uncomfortable and indeed this is one of the biggest patient complaints about dermal fillers.

Most state boards now allow general dentists to provide Botox and dermal fillers to patients for both dental aesthetic and therapeutic uses. Why wouldn’t you provide these services, you already offer whitening and esthetic dentistry to your patients? I would make the strong argument that dentists are the true specialists of the face, much more so than most other health-care professionals, including dermatologists and plastic surgeons. It is time to stand up for what we know and what we can accomplish.

Is there a market for these services? In 2011, close to $5 billion dollars were spent on botulinum toxin and dermal filler therapy in the United States. Think about this — that was money spent on non-surgical elective esthetic procedures that could have been spent on esthetic dentistry, but the patient made a choice. Interestingly, these procedures become more popular in an uncertain economy because patients want to do something to look better that is more affordable than surgical esthetic options.

How to get started

Like anything else a dentist does, this requires comprehensive practical training. The learning curve is short for dentists because you already know how to give comfortable injections.

The American Academy of Facial Esthetics (www.FacialEsthetics.org), with more than 50 local courses a year, has trained more than 6,000 dental professionals from 48 states and 28 countries through comprehensive hands-on live patient two-day facial esthetic training sessions with Botox and dermal fillers.

Finding practice models is easy — start asking family and friends who will fight to have you practice on them. If you want further proof, ask women in your practice if they have had or would like Botox or dermal filler therapy. You will be overwhelmed at the positive response and shocked at the number of people you know already receiving these treatments.

Most dental liability insurers now cover the use of Botox and dermal fillers in their existing policy or with a reasonably priced rider.

The hottest topic in dentistry right now that will influence dentistry for the rest of your career is the integration of Botox and dermal fillers into surgical, restorative, prosthetic, periodontic, orthodontic and esthetic dental treatment plans. This opens up well proven treatment options that we legally, morally and ethically have to offer patients. Get trained today and join the thousands of members of the American Academy of Facial Esthetics.

It is a perfect complement to your daily dental practice.

Fig. 3 An obliterated interproximal papilla because of implant surgery

Fig. 4 Innovative use of a dermal filler used intra-orally to eliminate the black triangle in a five-minute appointment

Fig. 5 Facial wrinkles, deep nasolabial folds and gummy smile are the patient’s chief complaints

Fig. 6 A 15-minute appointment using Botox and dermal fillers achieves excellent dental esthetics
Boston delivers three big days of education

Live-dentistry, hands-on courses and free-flowing insights attract education-hungry crowds to Yankee Dental Congress

With 300-plus lectures, workshops and hands-on courses at the 2012 Yankee Dental Congress (YDC), education opportunities were around every corner, often quite removed from the standard lecture room.

Diverse educational offerings

This year’s educational highlights included presenters from the Scottsdale Center for Dentistry, the team leader of the first ever partial face transplantation, the Las Vegas energy of the Madow brothers, management tips from Disney Institute, and an actual head and neck dissection course.

The exhibit floor featured live-patient-procedure programs in the Live Dentistry Theater as well as no-cost presentations in the High-Tech Playground and the new Nutrition Nook.

Strolling the exhibit hall floor, you were just as likely to come across an educational session as you were a business-card drawing for a giveaway. The YDC delivered everything dental professionals need for every budget and learning style.

Product education, not just sales

More than 450 of the hottest companies in the dental industry were showcasing their newest products and services on the exhibit hall floor.

And it wasn’t just stress balls and shopping totes being handed out. Plenty of wisdom and insight were freely flowing as attendees peppered booth personal with questions about their latest offerings.

Taking the concept even further was Dr. Paul Feuerstein’s High-Tech Playground, billed as a “no-sales zone.” Feuerstein delivered nine lectures in three days, with Dr. Scott Benjamin delivering two that were focused on lasers. In total, 65 products were featured in the booth, a substantial increase over last year. The concept is to provide unbiased information, with no sales pitch.

Also attracting big crowds was the Live Dentistry Theater on the exhibit hall floor. Actual procedures were performed on patients, with close-up video providing every detail to the farthest rows of the 200-seat venue. Q&As with the dentists also were part of the concept — all of it courtesy of dental-product companies wanting to showcase their offerings in as realistic a setting as you can get.

At the end of Friday’s ‘Live Guided Surgery’ with Dr. Michael Boschetti and Dr. Lawrence Miller (neither pictured), the patient receives finishing touches as attendees approach the stage to ask questions.

Dr. Paul Feuerstein lectures at the High-Tech Playground, which he refers to as a ‘no-sales zone.’

Jordan Reiss speaks at the Carestream Dental booth.

Photos by Robin Goodman Dental Tribune

A bird’s eye view of the exhibit hall on the first day of the meeting.
Hinman celebrating ‘Century of Excellence’

The Thomas P. Hinman Dental Meeting is March 22–24. "We couldn’t be more excited to be celebrating the 100th Hinman, and in honor of this special occasion, we have lined up an impressive roster of speakers, innovative exhibits and the parties of the century," said Dr. Allen French, general chairman of the 2012 Hinman Dental Meeting. "What started as a study club in 1912 has grown to become the preeminent dental meeting in the country with a 100-year legacy of excellence."

The man behind the meeting was Dr. Thomas P. Hinman, an Atlanta dentist who many consider to be the forefather of modern dental continuing education. By the age of 40, he was an internationally renowned lecturer, educator and leader in the dental profession—a trailblazer and visionary who saw the value in continuing education. Even though Dr. Hinman passed away more than 80 years ago, his vision and many of the traditions he established are still observed at the annual meeting today.

Hinman’s 2012 Continuing Education program includes a new three-day educational track, “Emerging Dentist’s Survival Guide,” designed for new dentists and dental students. In addition, the “Business Fast Track” returns this year, offering a total of eight courses for dentists. Also returning this year are the all-day educational tracks, “Prevention Convention,” “Assisting Extravaganza” and “Business Office Bonanza,” which are designed specifically for dental hygienists, dental assistants and office staff.

In addition to a complete C.E. program and an expansive 90,000-square-foot exhibit hall, the 100th Hinman will entertain attendees as well. The keynote session on March 22 features Former First Lady Laura Bush. Two “Parties of the Century” — the Dentist Reception and Auxiliary Reception — are March 23 in the Omni Hotel. And there will be a special centennial prize program that includes diamond and $100-bill giveaways, Delta Air Lines tickets, two resort vacations and more.

For more information about the 2012 Hinman Dental Meeting and to register online, visit www.hinman.org.
A AACD: Three reasons why annual scientific session will be ‘awesome’

Registration is open, and courses are filling quickly; opening session alone features 1,000 more ‘awesome things’

There are three reasons why the American Academy of Cosmetic Dentistry (AACD) 28th Annual Scientific Session will be ‘awesome’. Drs. David Garber, Christian Coachman and Eric Van Dooren.

The trio will kick off the conference May 2 with an opening PowerSession about smile design approaches — from conservative to comprehensive. The session, open to all registrants, will flip attendees’ perceptions about dentistry and patient care.

Following the PowerSession, there are two more reasons to attend: the general sessions slated for May 3 and May 4.

Neil Pasricha, author of the “Book of Awesome,” will headline the Thursday session. According to Pasricha, the simplest things in life can bring the most happiness — like the cold side of the pillow, finding money in a coat pocket, and snow days.

Pasricha’s blog, “1000 Awesome Things,” is an award-winning celebration of the little moments that are often overlooked but can be instant mood boosters. Pasricha will explain how to re-frame your state of mind by identifying the little things in life that can bring happiness.

Eric Whitacre, composer, will keynote Friday’s session. Prodigy Whitacre completed his first concert work, “Go, Lovely Rose,” at the age of 21. He went on to the Juilliard School (New York), earned his master’s degree in music and studied with Pulitzer Prize- and Oscar-winning composer John Corigliano.

Whitacre’s Virtual Choir 2.0 “Sleep,” released last April — and now an Internet sensation — uses more than 2,000 voices from 58 countries. He draws on his many accomplishments in his presentation, which demonstrates how thinking outside the norm can produce amazing results.

In addition to the general sessions, the AACD conference offers a diverse selection of cosmetic dentistry education, hands-on workshops and lectures — plus an exhibit hall for discerning shoppers.

For more information about the conference, held at the Gaylord National in National Harbor, Md., you can visit www.aacdconference.com.

Registration is open, and courses are filling quickly!

All those who are interested in attending are encouraged to register as soon as possible.

(Source: American Academy of Cosmetic Dentistry)
“Accountability for your learning experience is built into everything we do.” -Steve Buchanan

Hands-on Endodontic Training

World-Class Facility

Designed for your learning experience

“Whether you do very little endo or have been doing molars for 10 years you will benefit greatly from this class. Dr. Buchanan’s teaching method allowed for progression from simple to complex cases without feeling lost or overwhelmed. Hands down, the best CE of my 10 year career.”

Dr. Patrick O’Brien, Fayetteville, NC
November 2011 Lab Participant

Free CE Online

Interactive Learning

User friendly, always updated

“I just took one of your CE Online courses and I wanted to let you know how impressed I am with your site. Because it was free, I expected that some material would be left out, but just the opposite was true! I gained information I was able to use in practice the very next day, and when I posted a question about the technique, I was amazed how quickly you responded. A really first-rate experience. Thank you!”

CE Online participant comment, December 2011
Québec scientific program features 100-plus lectures

Lectures at 2012 Journées dentaires internationales du Québec (JDIQ), May 25–29, are presented in both English and French

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 during the two-day period, providing participants the opportunity to obtain C.E. credits on the exhibition floor at no extra charge. Additionally, the exhibits hall will feature an opening ceremony, drawings 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 Marquez, 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 convention folder.

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.

The 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 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.

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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 Marquez, 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 convention 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 Quebec. 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 Quebec.

(Source: Ordre des dentistes du Québec)

USDOC senior trade specialist receives 2011 Greater N.Y. Dental Meeting award

On her retirement, Carol Rudman lauded by meeting organizers for her critical role in growth of the event

By Jayme S. McNiff, GNYDM Media Manager

Following 10 years of working with the United States Department of Commerce (USDOC) Senior Trade Specialist and Project Officer Carol Rudman, the Greater New York Dental Meeting (GNYDM) staff believes it must share some of its accomplishments with her. Working with Rudman, the Greater New York Dental Meeting became one of the “Top 5 Events in New York City,” the “Largest Healthcare Event in the U.S.” — and its representatives rang the opening bell of the New York Stock Exchange in December 2010.

Year after year, Rudman’s assistance has been extraordinary. In 2001, the USDOC had two small offices and a tabletop. In 2010, with her help, the International Buyer’s Business Center grew to a centrally located 1,600-square-foot pavilion with a computerized international registration area. Offices for private USDOC meetings and a hospitality area with refreshments for international attendees were also made available. Using Rudman’s suggestion, the GNYDM housed the USDOC and the international area with the entire registration area, right near the front entrance. In 2011, the GNYDM attracted more than 6,700 international attendees from 127 countries. As the largest dental event in the United States, the Greater New York Dental Meeting registered more than 53,000 attendees, which included more than 18,000 dentists worldwide.

Rudman was always readily available and in daily contact by e-mail or telephone with the Greater New York Dental Meeting staff. She helped plan hospital tours for the GNYDM international guests, arranged visits to New York City dental schools for them, expedited their opportunities to meet with industry representatives and helped them with visa applications. She devoted enormous time, ideas and energy during the 12 crucial weeks prior to the event. In addition, she helped facilitate 17 USDOC commercial-embassy-escorted delegations to the GNYDM in 2010.

The Greater New York Dental Meeting thanks Rudman for playing such a valuable role in the success of the convention. GNYDM General Chairman Elect Dr. Richard L. Rausch recognizes Rudman for all of her hard work and devotion by presenting her with a plaque on Monday, Nov. 28, at the Greater New York Dental Meeting. The entire GNYDM organization wishes Rudman a happy retirement and will miss her advice, friendship and camaraderie.

(Source: Ordre des dentistes du Québec)
DON’T MISS THE CENTENNIAL HINMAN!

- Introducing, a new 3-day, educational track, “Emerging Dentist’s Survival Guide”
- An exciting Exhibit Hall with two Hinman Eateries, complimentary snacks, drinks & Wi-Fi access
- Introducing the “New Product Pavilion” & “100 Years of Hinman” in the Exhibit Hall
  - Diamond & $100 bill giveaways to celebrate 100 years of Hinman
  - “The Parties of the Century” for Dentists & Auxiliaries on Friday night
  - Special Keynote Address with Former First Lady, Mrs. Laura Bush

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For more information or to register online, visit www.hinman.org.
**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 high-speed 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.

- The ceramic bearing technology in XTend Ceramic products provides many performance benefits:
  - **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 high-speed 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.

**EZ Press III and EZ Rebuild Kits**

The EZ Press III™ Repair System is the answer to high costs and downtime associated with sending high-speed handpieces out to be repaired. Enabling the dentist to easily change 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, according to the company, is a high-performance, long-lasting turbine that outlasts others.

**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.

**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. When used together, EZ Care Cleaner and Lubricant ensure that handpieces and accessories will achieve maximum longevity and maintain optimum performance.

ProScore has been dedicated to do-it-yourself handpiece repair and maintenance since entering the dental market more than 15 years ago as Score International. Now ProScore is part of Henry Schein’s Family of PROs, which includes ProRepair and ProService, to offer you the best fit for your repair needs.

For more information, visit ProScore at Hinman Dental Meeting booth No. 922, call (800) 726-7365, go to www.scoredental.com, and follow ProScore through Facebook at www.facebook.com/proscore.

(Source: ProScore)
X-Ray system now even safer with ‘Rectangular Collimation Adapter’

Aribex® Inc., a worldwide leader in handheld X-ray technologies, launched its new rectangular collimator adapter for the NOMAD® Pro handheld X-ray system at the Chicago Midwinter Dental Meeting and will have it available at the Thomas P. Hinman Dental Meeting, March 22–24 in Atlanta. The device snaps on the front of the NOMAD Pro cone to reduce the X-ray exposure from a 6 cm circle to a 3-by-4 cm rectangle, matching the size and shape of a #2 dental image receptor.

“Dozens of studies have proven the NOMAD Pro to be safe,” said Ken Kaufman, president of Aribex. “The NOMAD Pro patient dose area is already 27 percent smaller than that of traditional systems. Thanks to the feedback of our customers and the hard work of the Aribex team, this new Rectangular Collimator Adapter makes our NOMAD Pro even safer, since it reduces the dose area by an additional 58 percent.”

The Rectangular Collimator Adapter is available for immediate shipment with a manufacturer's suggested retail price of $95, which is 75 percent less than similar adapters on the market today, according to the company. During the Hinman Dental Meeting at the Georgia World Congress Center, the adapter will be featured in the Aribex NOMAD booth No. 814.

“But improved patient safety isn’t the only benefit,” Kaufman said. “Studies have shown that when properly used, our device protects dental staff members as much or better than traditional wall-mounted systems.”

Latest news: Aribex recently reaffirmed that each of its X-ray products meets FDA requirements, including FDA 510(K) clearance and labeling. This announcement came as a result of a recent FDA investigation into the illegal online sales of handheld dental and veterinary X-ray units by manufacturers outside the United States. Kaufman stressed that the NOMAD, which is manufactured in the United States, is proven safe, FDA-cleared and approved for use in almost all states. Aribex officials said the company continues to have a positive working relationship with the FDA along with other state and local radiation safety officials.

In addition, the Aribex NOMAD fills the need for a portable, lightweight dental X-ray device. Thousands of NOMAD handheld devices are in use in professional dental offices, as well as providing access to care for hundreds of thousands of underserved people around the world. Unlike bulky wall-mount systems traditionally used, Aribex NOMAD is rechargeable and can go anywhere.

(Source: Aribex)
Mouthguards aim for gold

Keystone Industries teams up with the U.S. Olympic Water Polo Team as official supplier

Keystone Industries has teamed up with the U.S. Water Polo Team as its official supplier of mouthguards. The team will wear the new Pro-form Patriot Mouthguards during its pursuit of gold in the 2012 Summer Olympics.

Pro-form manufactures the only pre-made laminated mouthguard material in the industry. This material has long been considered the leader in custom-made mouthguards.

By laminating two layers of soft EVA together, the laminate has excellent tensile strength. All of these features make the Pro-form mouthguard laminate the material of choice for custom-made mouthguards, according to Keystone Industries.

Pro-form Mouthguards are designed and form fitted to an athlete’s mouth, making communication in the pool, on the field or on the court easier for everyone.

Additionally, when generic, clunky mouthguards are worn, an athlete’s oxygen intake is restricted. The oxygen supply can be reduced by as much as 25 percent, resulting in reduced performance.

One big fan is Brittany Hayes, who won a silver medal at the 2008 Summer Olympics in Beijing as a member of the U.S. women’s water polo team.

“Getting my teeth knocked out was my biggest fear,” Hayes said. Hayes and Rick Merlo, who also won silver in Beijing as part of the men’s water polo team, both extol the virtues of the Pro-form Patriot Mouthguard by Keystone Industries.

Hayes, who has beautiful teeth and a beaming smile, told Dental Tribune that an uncle who is a dentist had impressed on her from an early age the importance of protecting her mouth while playing a sport with so much physical contact. She said she likes the Patriot mouthguard because it is easy to break in, is not extremely thick and, perhaps most important, it is easy to breathe through—which is obviously important for any physically demanding sport.

And it’s not just water polo players who have benefited from mouthguards supplied by Keystone. The mouthguards are also popular with players in the National Football League, the National Hockey League and the National Basketball Association as well as with many college football players.

Each mouthguard is custom fit for the wearer. According to Keystone, the important physical characteristics of mouthguard materials are tensile strength, softness and uniform density. The Pro-form laminate maintains these characteristics best because of its laminating process, which combines heat and pressure. Strength is enhanced because of the laminate’s multiple layers.

Features of the mouthguards include an anterior brace for extra protection, custom fitting for great oxygen intake, an easy-to-attach breakaway strap, a custom-made shock absorbing surface, excellent abrasion resistance and more.

Pro-form mouthguards are designed to protect both professional and amateur athletes from orofacial injuries, tooth fracture and concussions.

Recently, some new tie-dye designs have been added to the extensive line of Pro-form laminated mouthguards. They are all made using the same laminating procedure to insure the same Pro-form quality. They are also available in round.

(Source: Keystone Industries and Dental Tribune Staff)
Smaller, smarter handpiece tech
Now available in the U.S.
Japanese engineering is celebrated for making our favorite technologies smaller and perform better. Now, that smaller, smarter technology is available for your practice— with the new S-Max pico handpiece from NSK. It features the world’s smallest head*— giving you easier access for hard-to-reach molars and pediatric cases. And, like other NSK electric and air-turbine handpieces, the S-Max pico offers innovative features such as super-slender styling, cellular glass optics, our patented Clean Head technology for enhanced infection control, and a cartridge you can simply replace yourself.

Ask how you can get an S-Max pico in your hands today.

Introducing S-Max pico

The world’s smallest head.

*Global handpiece market as of 11/2011

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Global handpiece manufacturer expands North American presence

NSK Dental invests in support, service and distribution to serve more practices

By Robert Selleck, Managing Editor

For years, NSK dental handpieces have had a strong base of devoted users in the United States and Canada, attracted to the reliable, user-friendly performance and reputation for quality. A word-of-mouth advertising strategy combined with highly targeted customer relationships has worked well for the company. But the strategy has also meant that there are many dental professionals who still aren’t sure about what makes NSK so different in the handpiece market.

That’s about to change.

The dental equipment manufacturer, founded in 1930 in Japan, is raising its U.S. and Canadian profile in a big way, perhaps most tangibly to date by the May 2011 opening of its newly constructed North American headquarters in Illinois. The facility includes a showroom, training facility, expanded warehouse space and a larger parts and service center.

“The company made the decision [in 2010] to increase its investment in North America in 2011,” said NSK Dental Marketing Manager Rob Gochoel. “We’ve also added office and technical-service staff — and an internal team of representatives who will be able to work directly with a greater number of dental practices.”

The company is expanding its distributor relationships as well. As a whole, the efforts should enable NSK to provide information about its unique business model to most of the dental practices in North America.

The company’s efforts also include an expanded dental convention presence, which began with the Greater New York Dental Meeting, so practitioners are more easily able to hold an NSK handpiece and experience firsthand what has enabled the company to become one of the top handpiece manufacturers in the world.

“We’re making the investment in an opportunity to connect with more customers,” Gochoel said. “Not only will we be able to handle customer questions and inquiries much faster, but we will also be able to further develop a sense of loyalty by developing even more personal relationships with doctors.”

Innovation based on input

Close relationships with its customers are critical to the company, because that is what has driven its global growth for more than eight decades.

“Everybody is pretty excited,” said NSK Dental President Mirco Stiehle. “We have very good feedback from the market so far. I am looking forward to working with dental professionals and learning more about what they want from us — because that’s where we’re coming from. We need to understand what we need to be doing to be successful in the United States. And that means providing products that fit customer demands.”

NSK is able to respond quickly and specifically to localized needs because it maintains complete in-house control of the manufacturing process. An example of how such a philosophy translates into real products is the NSK S-Max Pico, which has the smallest head and neck size, owes its existence to traveling the world, Nakanishi described his core role at NSK as being able to ensure the global organization has a strong, motivated team in place with a clear understanding of what it takes to delight customers.

“We have the engineering excellence needed to enable dental professionals to make their dream products real,” Nakanishi said. “We want to listen to the voices of dentists in order to develop very useful and wonderful products.”

Stiehle said responding to specific customer demand isn’t limited to a product’s purpose and function.

“It’s not just that we offer a product in every category of dentistry from a clinical point of view,” Stiehle said. “It also means offering a range of price points.”

Cost sensitivity drives the company’s focus on providing one of the largest selections of coupler adapters available — to make it easier for practitioners to test-drive and ultimately purchase an NSK handpiece.

“Our intent is to make it as easy as possible to integrate an NSK handpiece into the practice,” Gochoel said. “By being compatible with virtually all competitor coupler systems, we eliminate the need to buy a lot of additional couplers or incur the expense of retitling all the operators. It’s just one more example of a smart, customer-centric focus.”

Rounding out the commitment to quality assurance, pricing options and responsiveness, is awareness that the ultimate customer is the patient.

“I am a strong believer in the need to be aware that we are a medical device company and that, with that, comes a huge responsibility not just in terms of quality, but also comfort and safety of the patient,” Stiehle said.

“When I am sitting in the dentist chair, I want to make sure that I am worked on with the best product out there. That’s what is most important to us: the safety and comfort of the patient.”

At NSK, innovative engineering starts where the product is being used: in the dental office. In response to demand for vibration-free, accurate, stable cutting, NSK answered with Integrated Shaft Bearings (ISB), in which the shaft itself forms an inner race for holding the outer race, ensuring all three needs are met efficiently, compactly and reliably.
Alliance helps dental patients explore payment options

Sesame Communications and ChaseHealthAdvance help you pull in patients ready to pay before appointment

Sesame Communications, a leading provider of online patient communication and engagement tools for the dental industry, has announced a strategic alliance with ChaseHealthAdvance, part of Chase Card Services, a division of JP Morgan Chase & Co. This collaboration will help inform dental patients about their payment options through online marketing initiatives leveraging dental practice websites and e-patient communication channels.

“A recent report states that 87 percent of patients claim cost is one of their primary concerns with dental treatments. Therefore, it is increasingly important to ensure patients are informed of their financial options,” said Dana P. Friedman, CEO of Sesame Communications. “Providing patients valuable information about their financing options online before their visit helps drive new patient acquisition and reinforces patient retention.”

To support communication between dental providers and patients, Sesame Communications and ChaseHealthAdvance created the ChaseHealthAdvance Finance Accelerator, a mix of digital content and financial tools that integrate seamlessly into practice websites and automated patient reminders. Website content conveniently links patients directly to a secured credit application. Patients can apply for financing through Sesame Reminders and ChaseHealthAdvance web banners prior to appointments. This makes it easier for practices to proactively manage treatment and financial option presentations.

More than 6 million people communicate with dental providers using the Sesame communications platform, and the company has completed numerous studies on the connection between patients’ communication preferences and treatment decisions.

“We are excited to work with Sesame and their dental clients to provide affordable online financing solutions to patients,” said Barry Trexler, senior vice president of sales and marketing for ChaseHealthAdvance. “The new ChaseHealthAdvance Finance Accelerator with graphic-rich patient financing content and calculators will help drive prospective patients into a practice, and better inform existing patients of their options.” To learn more about the Sesame Communications alliance and the ChaseHealthAdvance Finance Accelerator, visit www.sesamecommunications.com/chaf.

About Sesame Communications
Sesame Communications is a leading provider of cloud-based patient connection systems for the dental industry. Sesame continues to build on its category leadership position by expanding its team and service offerings through extensive market research and industry needs assessment. An Inc. 500|5000 and a Deloitte Technology Fast 500™ company, Sesame is also the proud recipient of numerous awards and accolades, including a two-time Pride Institute Best-of-Class winner and as one of the 100 Fastest Growing Companies by Puget Sound Business Journal. To learn more about Sesame, visit www.sesamecommunications.com or call (877) 633-5383.

About Chase
Chase is the U.S. consumer and commercial banking business of JP Morgan Chase & Co, a leading global financial services firm with assets of $2.3 trillion and operations in more than 60 countries. Chase serves consumers and small businesses through 5,200 bank branches, 16,200 ATMs, mortgage offices and online and mobile banking as well as through relationships with auto dealerships and schools and universities. More information about Chase is available at www.chase.com.

Source: Sesame Communications, ChaseHealthAdvance)
Labs are seeking long-lasting solutions, and these require long-lasting commitment from the CAD/CAM system provider. 3Shape recently proclaimed its commitment to support, learning channels, customer care, and delivering future-proof solutions. 3Shape defines these as inseparable components of its products.

**3Shape’s annual support and upgrade package**

3Shape believes that a dynamic system is a natural trait of any CAD/CAM solution and therefore includes extensive system upgrading and support as an integral part of its product package and customer promise. Every year, 3Shape releases a major system upgrade representing the accumulation of extensive development projects. 3Shape customers automatically receive all these system upgrades and a wide range of powerful new features at no extra cost as an integral part of their Annual Support and Upgrade License. Additionally, customers continually receive minor upgrades and improvements as soon as they are developed. Upgrades cover both design software and scanner software so even seasoned scanners can be empowered with new features.

A system that grows stronger rather than growing older

In this way, the lab’s system is backed by continuous innovation to ensure that its services are always up-to-date with market demands and its business remains competitive. A lab’s system stays alive and automatically grows stronger rather than growing old. Lab technicians can focus on what they do best rather than worrying about the current standard of their technology.

**3Shape’s support network**

3Shape recognizes the importance of maintaining a local support capacity to cope efficiently with factors such as customary opening hours, communicating in local language (and in tune with local business etiquette), enabling on-site support, and more. To attain these goals, 3Shape invests substantially to develop its extensive and optimally qualified first-line support network of experts through the company’s local distributors. Backing up this first-line support network, 3Shape’s own Support Teams stand ready to assist distribution partners with any special hardware or software support issues. 3Shape’s Support Centers are placed strategically in the USA, Asia, and at several locations in Europe.

3Shape has recently expanded and revised its service centers worldwide and added to its local language support capabilities, which now include English, German, French, Spanish, Portuguese, Italian, Danish, Russian, Ukrainian and Chinese.

**The 3Shape Academy**

The 3Shape Academy provides both 3Shape end-users and partners/supporters worldwide with ongoing and hands-on know-how in the use of 3Shape’s systems, particularly covering the latest features that come with every new release. Trainees get the chance to experience complete digital workflows with 3D scanning, CAD design, and final restoration manufacturing on milling machines.

(Source: 3Shape)
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