Hinman exhibit hall adds a ‘Total Health Connection’

104th meeting also features ‘mini-residencies’ in geriatrics, pediatrics, cone-beam anatomy

Top draws in the exhibit hall at the annual Thomas P. Hinman Dental Meeting are the services, products, education and cutting-edge technology provided by the more than 430 exhibiting companies.

But in reality, that’s just the beginning, as is evidenced by one of the newest additions to this year’s exhibit hall: the Total Health Connection Pavilion.

The pavilion complements a larger overarching theme of this 104th edition of the meeting, which will run from March 17 through 19 at the Georgia World Congress Center in Atlanta.

Also new: “mini-residencies” with in-depth courses on geriatrics, pediatrics and cone-beam anatomy; more than 20 speakers who haven’t previously presented at Hinman, a SILVER course (“Strategies to Implement that Lead to a Valuable Enjoyable Retirement”), and the “Hinman’s Night Out: Dancing in the Dome” on Friday night (registration required).

The exhibit hall is open all three days of the meeting, as is its new Total Health Pavilion, where attendees can learn about healthy living, receive a free health screening, sample nourishing snacks, visit with health-related exhibitors, talk to lifestyle experts and enter to win a $50 gasoline card each day. You also can earn C.E. credit each day for various courses at the pavilion, which will be located in the back of the 1600 aisle next to the Table Clinics.

The meeting’s total-health connection isn’t limited to the exhibit hall. Meeting organizers have created a larger program that focuses on the health and science of the entire body, emphasizing the relationship between oral and systemic health. A wide variety of courses and lectures across all three days of the meeting include a total-health focus and can be found in the course listings by looking for the Total Health Connection logo used to designate courses that have a dental and systemic health connection.

The mix of total-health-connection sessions, mirroring the overall meeting itself, means there are offerings addressing needs of professionals across all of dentistry: general dentists, specialists, hygienists, dental assistants and business professionals.

More than 430 companies demonstrating the latest in dentistry will be in the exhibit hall at the 104th annual Thomas P. Hinman meeting in Atlanta, March 17–19. Pictured is part of the midtown Atlanta skyline at dusk reflecting in Lake Clara Meer at Piedmont Park.

Cropped photo/©Gene Phillips, courtesy of ACVB and www.AtlantaPhotos.com

• HINMAN, page A2
Thomas P. Hinman Dental Meeting exhibit hall
Opens each day at 9 a.m.

Thursday, March 17
Table Clinics:
10 a.m. – 1 p.m. & 2 – 5 p.m.
Hinman Eatery:
11 a.m. – 3 p.m.
Hall closes: 5 p.m.

Friday, March 18
Table Clinics:
11 a.m. – 2 p.m. & 3 – 6 p.m.
Hinman Eatery:
11 a.m. – 3 p.m.
Hall closes: 6 p.m.

Saturday, March 19
Table Clinics:
11 a.m. – 2:30 p.m.
Hinman Eatery:
10 a.m. – 2 p.m.
Hall closes: 3 p.m.

You can save a dollar a day by using the Dining Dollar coupons in the eateries on the exhibit floor. Dining Dollars can be found in the on-site exhibitor guide, The Hinman Exhibitor.

For all the details about the Thomas P. Hinman Dental Meeting, you can visit www.hinman.org.

(Source: Thompson P. Hinman Dental Meeting)
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Platform switching is a means of achieving better esthetics and more predictable function by using a healing abutment that is narrower than the width of the platform of a root-form endosseous implant. The technique promotes a more predictable regenerative healing at the neck of the inserted implant.

Endosseous implants have been globally appreciated and accepted since the 1980s, although used for several years previously. Better and more predictable implants and their continuing success led to more successful adaptation by dentists and greater acceptance by the public. With improved biological acceptance of implants and improved function being realized by patients, dentists are striving to improve esthetic results.

In this presentation, “esthetics” means an implant appears, functions and is maintained just like one of the patient’s natural teeth. The implant requires biological acceptance and sufficient osseous support. Keratinized attached gingiva protects the implant and natural teeth and enables the patient to maintain good oral hygiene; however, it also serves as an aesthetic, symmetrical background for the prosthesis, helping it blend in naturally and be maintained naturally.

Root-form endosseous implants have always tried to emulate the natural tooth. Various shapes, textures, coatings and other variables have been used to achieve function and replicate natural appearance.

Enhancing existing- and keratinized-gingiva regeneration supports healing and regeneration of the implant while also improving esthetics and the patient’s ability to hygienically maintain results.

This case demonstrates how platform switching aids in the healing and regeneration of the implant while also improving esthetics and the patient’s ability to hygienically maintain results.

Fig. 1: Note buccal swelling at the apex area of #12. Photos/Provided by Dr. David L. Hoexter

Fig. 2: Occlusal view of #12 without crown. Note fracture on buccal root.

Fig. 3: Extracted remaining root with cyst.

Fig. 4: Bone graft in voided socket, and GTR resorbable membrane (Transgraft) is used.

Fig. 5: Note regenerated bone.

Fig. 6: Inserted implant.

Fig. 7: Suturing the area.
BruxZir® Solid Zirconia has transitioned from being solely a posterior material to being an anterior material as well. By increasing the amount of yttria in the zirconia oxide, we were able to create BruxZir Anterior, which features increased translucency and esthetics.

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  - Maximum Strength 650 MPa
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  - Average Strength 650 MPa
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BruxZir Solid Zirconia Crowns and Bridges
Four-year Clinical Performance

**LONG-TERM CLINICAL PERFORMANCE**

**Conclusions**
Over the four-year evaluation period, BruxZir Solid Zirconia Crowns and Bridges have proven to be excellent restorations with respect to esthetics and dependability. BruxZir Solid Zirconia Crowns and Bridges received a 98% clinical performance rating.

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eration of the area supporting the implant (the sine qua non of success) and enhances keratinized gingival regeneration. Endosseous implants with a narrower abutment neck at the implant occlusal level can provide a pathway to improved esthetics, predictable maintenance and longevity.

Case presentation

For more than 20 years, Mr. B. was repeatedly made aware of his advancing periodontal disease. At every dental appointment (at least four times a year), he was shown his periodontal pockets and presented with treatment plans to arrest progression. But he refused any treatment beyond maintenance through hygienic techniques. His reasons were primarily financial and, to a lesser extent, based on his age and status as a self-supporting, life-long bachelor.

He presented on an emergency appointment at my practice with a large swelling on his upper left bicuspids #12 buccal area (Fig. 1). The #12 was mobile and elicited pain on touch. Years previous to commencing as my patient, Mr. B. had a root canal with post and crown on #12. The crown and post came out in total, leaving only the root. A fracture was seen on the occlusal aspect of the root (Fig. 2). After all options were presented, extraction of the #12 remaining root was recommended. Local anesthesia was administered (HuFriedy Hoexter Mesio-Distal Luxators), and the root was extracted. The root was removed in an m/d movement. A cyst at the apex (Fig. 3) was seen and was removed in total using the same movement. Buccal and lingual osseous walls were preserved.

A bone graft was placed in the voided socket, and a GTR resorbable membrane (Transgraft) was used (Fig. 4). After months of uneventful healing, the area was re-entered surgically, exposing a regenerated osseous ridge (Fig. 5). An ankylose with a design compatible with platform switching was inserted. I placed a healing abutment at the time of implant insertion, as is my standard practice. Suturing was followed with an X-ray (Fig 9b). The patient was given antibiotic and analgesic prescriptions and post-operative instructions. Healing was uneventful and comfortable. Mr. B. resumed good oral hygiene in the area as soon as he was comfortable doing so. After several months, integration was achieved. The patient returned to the referring dentist to complete final prosthetic components. An

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DR. DAVID L. HOEXTER is director of the International Academy for Dental Facial Esthetics and a clinical professor in periodontics and implantology at Temple University, Philadelphia. He is a diplomate in the International Congress of Oral Implantologists, the American Society of Osseointegration and the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 12 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice in New York City limited to periodontics, implantology and aesthetic surgery. You can contact him at (212) 355-0004 or drdavidlh@gmail.com.
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abutment and a final crown were placed correctly. Gingival level and height was symmetrically preserved, enabling oral hygiene to be maintained while creating an esthetic blending with the lateral surrounding area. There was no depression nor any noticeable differences with the adjacent areas. The gingiva on the adjacent teeth, however, had receded, exposing some dentin on the periodontally compromised teeth lateral to the implant. There is no probing depth on the implant. It is and has been the same for nine years since insertion.

Figure 10 shows the gingival tissue and its height being maintained, enabling the pinkish-white keratinized tissue to blend laterally with the gingival tissue of the natural adjacent teeth. The implant has been hygienically maintained. There is no depression nor any defect of the implant-gingival tissue. The implant is a success in esthetic appearance, health and function.

As alluded to earlier, there are different materials, textures and shapes used in healing abutments and permanent abutments. In this case, the platform-switching design of the healing abutment enabled us to predictably achieve a functional implant and maintainable esthetics that compare to natural teeth lateral in the area. Also confirmed is a successful continuing history of nine years in an environment of adjacent chronic periodontal disease.

PDC mobile app
You can get the official PDC 2016 mobile app at http://m.pdconf.com to easily search for exhibitors, look up session information, view floor plans and create more details about the meeting and Vancouver. If you have last year’s PDC 2015 app, it worth removing it from your device because the 2016 app is designed specifically for the 2016 conference.

Take advantage of the favorable exchange rate with the U.S. dollar
The exchange rate in recent days prior to press time has had the U.S. dollar worth more than 33.35 Canadian, which according to Pacific Dental Conference organizers, translates to great deals on travel, accommodations and other costs for U.S. residents attending the meeting.

But the deals are just the beginning. The real benefits come from the more than 193 sessions — and an exhibit hall with more than 600 booths. If that’s not enough to get you heading to Vancouver, the meeting also will include some St. Patrick’s Day fun, including a Celtic Celebration with Tiller’s Folly on March 17.

The PDC, which typically attracts more than 12,500 dental professionals, is from March 17-19 in Vancouver, British Columbia. Online registration is available at www.pdconf.com.

(Source: Pacific Dental Conference)
Komet USA essay contest for dental students honors Women’s History Month

Focus on women who inspired and guided career choice

By Komet Staff

Komet USA is dedicated to excellence in the dental profession and believes it is important to acknowledge the influencers, mentors and educators who have inspired or guided dental careers. In recognition of March 2016’s Women’s History Month, Komet USA invites dental students to participate in an essay contest that highlights women’s contributions to the individual student’s career choice.

In this essay contest, Komet is asking dental students to think about a woman in history, in their families, in the field of dental education or in dental practice — past or present — who has inspired their pursuit of a career in dentistry.

Dental-school students are invited to compose and submit an essay of 500 to 1,000 words about how and why this woman influenced or contributed to their educational and career paths. Three prizes will be awarded for the competition, which will be judged by the Komet USA executive and marketing team.

The first-place winner will receive a one-year supply of Komet burs (value of up to $1,000). Second-place winner will receive a six-month supply of burs (value of up to $500), and the third-place winner will receive a three-month supply of burs (value of up to $250). The deadline for essay submissions is March 31. The three winners will be announced via Komet USA social media and will be contacted directly via email or telephone on April 15.

All essay submissions should be in .doc or .rtf format and must be emailed to essay@kometusa.com by 11:59 p.m. (entrant’s local time) on March 31. All submissions must include the writer’s name, contact information and dental school.

About Komet USA
Currently celebrating more than 90 years of successful service in the dental industry, Komet describes itself as a recognized worldwide leader in the production of highly specialized, precise dental carbide burs, dental diamonds, finishers, polishers and a wide selection of other dental rotary instruments and accessories. Komet operates in the United States under the name Komet USA. It sells direct to dental practitioners and dental laboratories, delivering orders quickly and efficiently from its factory, according to the company. The company’s U.S. headquarters is in Rock Hill, S.C.

For more information about Komet USA, you can telephone (888) 566–3887 or visit Komet online by going to www.kometusa.com.

Glidewell Laboratories and Misch International Implant Institute create educational partnership

Misch courses to use Hahn Tapered Implant exclusively

The Misch International Implant Institute and Glidewell Laboratories have established a partnership in continuing education that will introduce the Hahn™ Tapered Implant as the exclusive dental implant system used in the institute’s courses. As part of this collaboration, the Misch Institute will relocate its West Coast programs to the Glidewell International Technology Center in Newport Beach, Calif.

Since its inception in 1984, the Misch Institute has aimed to be at the leading edge of education in implant dentistry, training more than 10,000 dentists to surgically place implants. The Institute was founded by Dr. Carl Misch, a practitioner and educator who authored the widely used textbook “Contemporary Implant Dentistry.” Offering a one-year continuum in implant education, the Misch Institute has strived to elevate the standard of care through its ground-breaking courses, which were the first to offer supervised, hands-on training outside of postgraduate specialty programs.

Hahn Tapered Implant a ‘great fit’
Glidewell Laboratories launched the Hahn Tapered Implant in 2015 in cooperation with clinician and innovator Dr. Jack Hahn, who oversaw the development of the new implant system. As recently noted by Dr. Misch, “the Hahn Tapered Implant is a great fit for the institute, as its design is based on Dr. Hahn’s
Creating smiles for Honduras

By Aspen Dental Staff

At Aspen Dental practices, we are bringing quality care to communities that need it most. From small towns to city suburbs, and everywhere in between. This past Nov. 5, Aspen Dental clinicians and seven team members traveled to Honduras to provide free dental care to more than 500 people in desperate need. Here is Dr. Arun Srinivasan’s account:

“We were, quite literally, on a mission, knowing only a small portion of the population has access to health services, including dental care.

“We worked out of makeshift ‘dental offices’ in Plan Grande, San Jose and Yoro— and with the help of our great partner, Honduras Hope—we treated Hondurans ranging in age from 5 to 75. It was heart-breaking to see the condition of the teeth and mouths that we saw, especially in the young people, but it was so rewarding to give many Hondurans at least a fighting chance for a healthier future.

“The children were so strong as most had never seen a dentist. A 7-year-old girl came to our clinic—the only one she needed to have extractions. She started crying inconsolably, not knowing what was going to happen to her and she wanted to hold our phones to leave our side. We took pictures with her a fun sticker and she never wanted to leave our side. We took pictures with her and she wanted to hold our phones so she could pretend to take more. She couldn’t get enough of us and hung out around the clinic and you could see in her face that he was so appreciative of our help. He gave our hygienist, Tiffany, a big hug. I don’t think she’ll ever forget it.

“A little girl in Yoro just loved hanging out with us in the clinic—this time it was a converted beauty salon. The team gave her a fun sticker and she never wanted to leave our side. We took pictures with her and she wanted to hold our phones so she could pretend to take more. She couldn’t get enough of us and hung out around the clinic for the two days we were there.

“One of our dental assistants said a young girl simply asked to hold her hand so she’d feel better during her treatment.

“Teaching the kids the correct way of brushing their teeth and the importance of oral health was such a rewarding experience. The children of Plan Grande were so excited to get toothpaste and toothbrushes. It was such a simple thing, but it meant so much to them.

“Two overcome challenging working conditions—no running water, no electricity—long hours and a five-hour hike up a mountain. None of those challenges deterred us. We came to Honduras on a mission, with a job to do, and we achieved our goals. This mission strongly reinforced the overwhelming need for the care we provide. To restore a healthy smile and give a patient from pain is a reward you can’t describe. Whether we are traveling to a third-world country or working in our Aspen Dental practices in the United States, one thing is clear. We are always on a mission to give people a healthier mouth.”

Eight ways you can improve your leadership skills today

Being a good dentist doesn’t make you a good leader — skills do

Running a successful dental practice calls on not just your expertise in dentistry but also on your leadership abilities. Being an effective leader will help you focus your staff and your partners on creating and maintaining the kind of dental practice that you can be proud of.

The following eight areas of focus can help practice owners and other dental professionals develop and strengthen leadership skills.

1. **Promote creativity.** When employees are encouraged to express their creativity, they stretch their limits.

2. **Foster social support.** Support your employees as they work toward those achievements.

3. **Listen.** If you don’t know what’s happening in your practice or among your workers, you can’t fix problems or address concerns. Ask questions, check in on staff members in different areas of your practice and find out what’s going on. The more you know, the better you’ll be able to address your workers’ needs and address their needs.

4. **Be honest.** If things have gone wrong or are less than perfect in your practice, own up to it and look for ways to improve. Effective leaders don’t deny weaknesses and mistakes, they learn from them.

5. **Communicate.** People who work with you need to know what directions things are headed. Be sure employees are informed about changes and developments in the practice, particularly those that affect them.

6. **Be a role model.** If you’re asking people to work longer hours, don’t clock out early. If you want staff to abide by a new workflow practice, be sure you’re taking part.

7. **Be positive.** People will likely be more agreeable if they feel your guidance will lead to something good. Be confident about the direction your practice is taking.

8. **Be open.** Every day you have the opportunity to learn something new, either from your surroundings, what you read, what you observe or the people you work with. Being a leader means continuing to grow and change so you can take your practice with you on the journey.

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(Source: PNC Financial Services Group)
VOCO, a Germany-based global leader in the manufacturing of dental restorative materials, offers the next level of quality control with the introduction of its new ISO-pak packaging.

For use with all of VOCO’s composites (Grandio, GrandioSO, x-trafil) and VOCO’s new nano-ORMOCER Admira Fusion, the new ISO-pak comes as an air-tight, individually sealed foil that includes the product name, expiration date, shade, cure time, storage information and lot number imprinted on each individual unit.

The ISO-pak will maximize the infection control efforts of each office, saving the offices time and money by making the disinfection of each single unit dose capsule obsolete.

An added ISO-pak benefit is humidity control. All encapsulated composites and ORMOCERS on the market have the tendency to get stickier with increased levels of humidity or stiffer in low humidity levels.

The new ISO-pak is an air-tight packaging solution that will provide the clinician the same consistency of VOCO restoratives for each use, whether they are located in the dry winter arctic air of Canada or in the moist humid air in the tropics of Florida.

VOCO’s new ISO-pak offers added value to its customers without any additional costs passed on.

According to the company, VOCO is proud to continue to be an industry leader and innovator when it comes to product solutions and product value — as experienced by both dentists and their patients.

For more information on VOCO’s new ISO-pak packaging and VOCO products, you can visit the VOCO websites at www.voco.com and www.vocoamerica.com.

Additionally, you can earn C.E. credit online through www.vocolearning.com. Contact VOCO America at (888) 658-2584 or infousa@voco.com.
A UCLA research team has found a combination of proteins that could significantly improve clinical bone restoration. The findings may be a big step toward developing effective therapeutic treatments for bone skeletal defects, bone loss and osteoporosis.

The study, led by Dr. Kang Ting, professor and chair of the section of orthodontics at the UCLA School of Dentistry; Dr. Chia Soo, professor of plastic surgery and vice chair for research at the David Geffen School of Medicine at UCLA; and Dr. Aaron James, a fellow in surgical pathology, ran as the lead article in the February print edition of the American Journal of Pathology.

Current treatments for bone skeletal defects utilize bone morphogenetic protein-2, or BMP2, an FDA-approved bone-healing protein. But the high concentrations needed to induce human bone formation may have serious side effects, including life-threatening cervical swelling and abnormal and inconsistent bone growth.

The same research team has conducted other studies on bone growth, including one that utilized a protein called NELL-1, which successfully increased bone formation and stimulated key factors for bone growth in multiple preclinical models.

In the new study, the team paired the NELL-1 protein, which Ting discovered, with BMP2. They found that the combination of the two proteins increased bone formation while inhibiting the formation of fat cells — a negative side effect of BMP2, which encourages stem cells to form both bone and fat cells. By contrast, NELL-1 encourages stem cells to form bone cells instead of fat cells. Used together, the two proteins stimulate bone production more dramatically than either does alone.

"Before this study, large bone defects in patients were difficult to treat with BMP2 or other existing products available to surgeons," Ting said. "The combination of NELL-1 and BMP2 resulted in improved safety and efficacy of bone regeneration in animal models — and may, one day, offer patients significantly better bone healing."

The study showed that NELL-1 works by activating the cellular signaling pathway that regulates whether a stem cell differentiates into a bone cell or a fat cell. It also showed that BMP2 can induce non-bone cells to form bone, with the potential risk for ectopic bone growth — bone formation in undesirable locations.

The two proteins complement each other in that BMP2 helps to turn non-bone cells into bone-forming cells, and NELL-1 then increases the bone-forming ability of bone cells. "In contrast to BMP2, the
A new generation of core buildup material

Fluoride-containing Visalys Core dual-curing composite is for fabrication of radiopaque core buildups, core fillings and cementing root posts

Visalys® Core, the new product from Kettenbach LP (www.kettenbachusa.com), represents the next generation of core buildup materials, according to the company. The most recent addition to the Visalys family is a dual-curing core buildup material with unique Active-Connect Technology (ACT) to ensure a reliable bond with all common light-curing and dual-curing, single-step and multipstep adhesives — without an additional activator. The product was unveiled at the 2015 International Dental Show (IDS) in Germany.

Visalys Core is the first core buildup material from Kettenbach. The fluoride-containing, dual-curing composite was developed for the fabrication of radiopaque core buildups and core fillings and for cementing root posts. According to the company, the Active-Connect Technology, unique in the market, enables the material to bond actively with all common light-curing and dual-curing, single-step and multipstep adhesives, without an additional activator. The advantage for users is that it enables them to use the bonding agent they are used to — whether it is light-curing or dual-curing — or a single- or multi-bottle system.

Firm foundation: Stable and precise

According to the company, the technology simply provides a firm foundation — stable and precise. The company reports that Visalys Core ensures easy and reliable handling with “excellent positional stability.” At the same time, it exhibits good flowability and low extrusion force. The compressive strength results in a stable monoblock and a secure bond.

Optional light-curing allows the procedure to be continued immediately. Reliable self-curing provides for dependable strength even on the cavity floor and in root canals. Excellent polishing characteristics ensure precise preparation, even without light-curing, the smear layer is minimal. The product is also free of Bisphenol A and its derivatives.

Visalys Core is available in dentin and white shades in a 5 ml double syringe and in a 25 ml cartridge.

For detailed information about Visalys Core, visit the Kettenbach website at www.kettenbachusa.com.

About Kettenbach

Kettenbach (Huntington Beach, Calif.) is the exclusive U.S. distributor for Kettenbach GmbH & Co. KG (Eschenburg, Germany). Founded by August Kettenbach in 1944, Kettenbach GmbH was created for the development and marketing of medical and dental products. Today, the company is one of the leading international producers of dental impression materials and is also known in other surgical areas of medicine. Brands include Panasil VPS Impression Material, Identium VSSX Impression Material, Futur Bite Material, Silgnit Alternative Alginate, Visalys Temp Material, Mucopren Resilient Liner and Visalys Veeneers.

For more information about Kettenbach LP products, you can call (877) 552-2123 or visit www.kettenbachusa.com.

(Source: Kettenbach)

• PROTEIN, page A12

A novel ability of NELL-1 to stimulate bone growth and repress the formation of fat may highlight new treatment approaches for osteoporosis and other therapies for bone loss,” Soo said.

Previous and present studies demonstrate a strong rationale for combining NELL-1 with BMP2 to significantly improve the safety and efficacy of current bone regeneration options. The combination of NELL-1 and BMP2 may be particularly valuable for healing local bone defects in people who have osteoporosis or for those taking medications, such as steroids, that can inhibit bone growth.

“Dr. Ting and his research team have made a very valuable discovery for the field of bone regeneration,” said Dr. No-Hee Park, dean of the UCLA School of Dentistry. “The researchers’ findings have potential to help millions who suffer from osteoporosis and other bone defects.”

NELL-1 is also currently in development as a single therapy for systemic treatment of osteoporosis. NELL-1, when given systemically, does not appear to induce ectopic bone. In contrast, because of its known capacity to induce unwanted bone, BMP2 may not be as appropriate for systemic administration.

The study’s other authors are Jia Shen, Dr. Aaron James, Dr. Xini Zhang, Dr. Janette Zara, Greg Asratian, Michael Chiang, Min Lee, Alan Nguyen, Kevin Lee, Ronald Su, Dr. Sotirios Tetradis, Kevork Khadarian and Shen Pang, all of UCLA.

The study was supported in part by a California Institute for Regenerative Medicine Early Translational II Research Award (TR2-00821), National Institute of Dental and Craniofacial Research grants (R01 DE027711, R01 DE06707 and R01 AR061999-01A1), a UC Discovery Grant (07-16677) and a Broad Stem Cell Research Center Innovation Award.

Several of the study authors, including Xini Zhang, Ting and Soo, are inventors on NELL-1-related patents and are founders and/or board members of Bone Bio- logics Corporation, which sublicenses NELL-1 patents from the UC Regents. The regents also hold equity in the company.

(Source: UCLA)
In 23 cases, 27 authors cover techno-clinical aspects of the fixed removable prosthesis

Book is dedicated to the removable prosthesis that’s ‘Made in Italy’

The industry’s first book dedicated to combined restorations and removable prostheses was released in October. Its title: “Techno-clinical aspects of fixed removable prosthesis.”

The book helps illustrate how the combined prosthesis now offers the edentulous or partially edentulous patient comfort that was unthinkable a few years ago. The combined prosthesis is a valuable solution but only if done by experts in the field of clinical dentistry working with dental technicians with in-depth knowledge of clinical anatomy, occlusion, gnathology and dental materials.

The idea for the book came from a desire to provide guidelines to all those who want to learn this branch of dentistry and who want to deepen their knowledge of techniques and protocols. To create the book, a team of dentists and dental technicians skilled in multiple solutions and techniques were invited to contribute. The result is a resource previously unavailable in a single text.

The book involved 27 authors and 23 cases. The introduction was written by three professors from three Italian universities: Siena, Milan and Turin. The book is intended to be read by an international audience; it has been written in Italian, English and Spanish.

The authors are Prof. Andrea Borracchini, University of Siena; Dr. Alessio Casucci and Prof. Gianfranco Gassino, University of Turin; Dr. Massimo Pasi, University of Milan; Dr. Luca Ortensi, Dr. Caterina Perra, Dr. Ugo Torquati Gritti, Dr. Daniele Vrespa, Dr. Gabriele Rosano, Dr. Riccardo Stefani, Dr. Gerardo Schiatti, Dr. Mauro Colombo, Dr. Umberto Ferrone, Dr. Eugenio Guidetti, Dr. Marco Montanari, Dr. Massimo Pedrinazzi, Dr. Alessandro Lorio Siciliano, D.T. Luca Ruggiero, D.T. Giuliano Bonato, D.T. Armando Buongiovanni, D.T. Carlo Borromeo, D.T. Vittorio Capezzuto, D.T. Salvatore Chimenz, D.T. Rodolfo Colognesi, D.T. Davide Nadalini, D.T. Marco Ortensi and D.T. Giancarlo Riva.

To learn more, visit www.rhein83.com, or send an email to marketing@rhein83.it or telephone 39 (335) 784-0719.

Learn more about Rhein83

To learn more about Rhein83 in the United States, contact the company at info@rhein83usa.it or (877) 778-8383. You can visit the company online at www.rhein8usa.com to learn more about all of its products and services.

(Source: Rhein83)
LVI Core I three-day course enables dentist and team to learn together

By Mark Duncan, DDS, FAGD, LVIF, DICOI, FICCM, Clinical Director, LVI

As a patient, I expect the best care I can find. As a doctor, I want to deliver the best care possible. That takes us to the power of continuing education and, as doctors, we are faced with many choices in continuing education.

As a way to introduce you to the Las Vegas Institute for Advanced Dental Studies, or LVI, I want to outline what LVI is about and what void it fills in your practice. The alumni who have completed programs at LVI were given an independent survey, and unlike the typical surveys, 99.7 percent said they love practicing dentistry, and of those surveyed, 92 percent said they enjoy their profession more since they started their training at LVI. That alone is reason enough to go to LVI and find out more.

While the programs at LVI cover the breadth of dentistry, the most powerful and life-changing program is generally reported as Core I, “Advanced Functional Dentistry: The Power of Physiologic-Based Occlusion.”

This program is a three-day course that is designed for doctors and their teams to learn together about the power of getting their patients’ physiology on their side. In this program, doctors can learn how to start the process of taking control of their practice and start to enjoy the full benefits of owning their practice and providing high-quality dentistry.

Whether he or she works in a solo practice or in a group setting, every doctor can start the process of creating comprehensive care experiences for his or her patients.

We will discuss why some cases that doctors are asked by their patients to do are actually dangerous cases to restore cosmetically. We will discover the developmental science behind how unattractive smiles evolve and what cases may need the help of auxiliary health care professionals to get the patient feeling better.

The impact of musculoskeletal signs and symptoms will be explored and how the supporting soft tissue is the most important diagnostic tool you have — not simply the gingiva, but the entire soft-tissue support of the structures not just in the mouth but also in the rest of the body.

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ADHA to host nation’s largest gathering of dental hygienists

Agenda to include education, engagement, events, exhibits, community service and an inaugural 5K race for the ADHA’s Institute for Oral Health

The American Dental Hygienists’ Association (ADHA) will serve as the host for North America’s largest meeting of dental hygiene professionals at the 2016 ADHA Center for Lifelong Learning (CLL) at the 93rd Annual Session (AS).

Some 2,000-plus attendees are expected during the week-long event, which takes place June 8–14, at the David Lawrence Convention Center in downtown Pittsburgh. This year’s programs and events will focus on the following:

- The 93rd Annual Session (AS), which is scheduled to run from June 8–14 at the David Lawrence Convention Center in downtown Pittsburgh. The program will feature a diverse offering of continuing education programs within six different C.E. tracks.

Attendants can choose from 30 C.E. programs and elect to follow a specific track or diversify their selections based on interest and educational requirements. In addition, for the first time ever, the ADHA’s Institute for Oral Health is hosting the In Motion 5K Run/Walk/Fun. This event, which will take place on Thursday, June 9, at 8 p.m. along Pittsburgh’s riverfront, will enable attendees to participate in a unique event that raises funds for the foundation commitment to empowering, supporting and developing education and research opportunities for dental hygiene professionals.

“ADHA’s CLL at the 93rd Annual Session is a one-of-a-kind, all-encompassing event for dental hygiene professionals and students,” said ADHA President Jill Rethman, RDH, BA. “Each year, this signature event offers outstanding opportunities that include excellent educational content, fun networking events and a rewarding community outreach project. With the introduction of the In Motion 5K Run-Walk-Fun, we’re engaging dental hygienists to participate in an exciting event that supports overall health and wellness. In addition, this event provides opportunities for dental hygiene research and education by benefiting the ADHA’s Institute for Oral Health.”

This year’s CLL again features a community service day on June 8, a pair of inspiring plenary sessions slated for June 9 and 11, as well as a product exhibition hall showcasing more than 250 companies involved in oral health and dental hygiene – affording dental hygienists from around the globe the opportunity to view, learn and discover the latest products and technologies over two full days from June 10–11. CLL is an event that offers a unique opportunity in the oral health and dental hygiene community,” added ADHA CEO Ann Battrell, MSDH. “All of our attendees benefit from not just the 85,000+ square feet of exhibit space, but the experience, the networking, the learning. They have the opportunity to interact with their peers, corporate sponsors and mentors in the field to build their knowledge in oral health and create new career opportunities.”

To learn more about the ADHA’s CLL at the 93rd Annual Session, you can visit www.adha.org/annual-session. The American Dental Hygienists’ Association (ADHA) is the largest national organization representing the professional interests of more than 185,000 dental hygienists across the country.

Dental hygienists are preventive oral health professionals, licensed in dental hygiene, who provide educational, clinical and therapeutic services that support the overall health and create new career opportunities.”

To learn more about the ADHA’s CLL at the 93rd Annual Session, you can visit www.adha.org/annual-session. The American Dental Hygienists’ Association (ADHA) is the largest national organization representing the professional interests of more than 185,000 dental hygienists across the country.

ABC Studios scolded over hygienist references

The American Dental Hygienists’ Association and the Canadian Dental Hygienists’ Association sent separate letters to ABC Studios and “The Bachelor” in response to social media postings by the show that depicted the dental hygiene profession in a questionable context.

An illustration in the posting was mean to humorously depict some of the “silly, nonexistent” jobs that contestants on the show have listed in their bios, including jobs such as “professional snuggler” and “hashtag enthusiast.” Oddly included among the obviously non-existent jobs was “dental hygienist.”

In response to the associations’ letters and hundreds of comments on the social media site, ABC quickly removed the “dental hygienist” reference.

ADHA President Jill Rethman, RDH, and ADHA CEO Ann Battrell, MSDH, co-signed a letter to ABC Entertainment President Ben Sherwood. CDHA President Donna Scott, RDH, and CDHA CEO Ondina Love, CAE, co-signed a separate letter. The leaders from each organization strongly defended the profession, noting the extensive education and testing requirements for licensing – as well as the value of the services that licensees provide.

Excerpts from the ADHA letter:

“On behalf of the over 185,000 registered dental hygienists across the country, the American Dental Hygienists’ Association is outraged that ABC and The Bachelor would take aim at the dental hygiene profession on its social media platforms. Dental hygienists are formally educated and licensed in all 50 states and the District of Columbia. Dental hygienists graduate from one of the nation’s 335 accredited dental hygiene education programs, and successfully complete both a national written examination and a state or regional clinical examination. The average entry-level dental hygiene education program is 84 credits, or about three academic years,”

(Sources: ADHA and CDHA)
Mouthguard has athletes smiling

Keystone Industries, the U.S.-based company that manufacturers some of the world’s top mouthguard products, has launched the latest product in its Pro-Form Mouthguard line — the PF2 mouthguard.

Unlike laminated mouthguard products that require a dentist to custom fit to the patient, the PF2 mouthguard is a do-it-yourself guard that provides an accurate custom fit without any need to take impressions of the teeth.

With the elimination of dentist appointments and impressions, the price of this guard is significantly lower than custom-fit mouthguards while still providing high-impact protection, according to the company. The PF2’s unique design also enables it to be re-fit by the user multiple times.

“The PF2 mouthguard provides a do-it-yourself custom fit with no need to take impressions of the teeth. Photos/Provided by Keystone Industries”

Custom fit in less than a minute

“You just won’t be able to get ahold of another mouthguard that can be custom fit in under a minute and provide the same beneficial features,” said Derek Keene, Keystone’s vice president of marketing and product development. “We’re excited to watch PF2 take off and

> See MOUTHGUARD, page B3

**Keystone Industries’ PF2 mouthguard provides a do-it-yourself custom fit with no need to take impressions of the teeth. Photos/Provided by Keystone Industries**
‘WireLess’ headlight goes everywhere

Designs for Vision’s new LED DayLite® WireLess™ not only frees you from being tethered to a battery pack, but the simple modular design also uncouples the “WireLess” light from a specific frame or single pair of loupes. Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame. The compact design of the DayLite WireLess is independent of any frame/loupes.

The patent-pending design of the LED DayLite WireLess is a new concept: a self-contained headlight that can integrate with various platforms, including your existing loupes, safety eyewear, lightweight headbands and future loupes or eyewear purchases.

The LED DayLite WireLess is not limited to just one pair of loupes or built into a single, specific eyeglass frame. The LED DayLite WireLess can be transferred from one platform to another, expanding your “WireLess” illumination possibilities across all of your eyewear options.

1.4 ounces

The LED DayLite WireLess weighs only 1.4 ounces and, when attached to a pair of loupes, the combined weight is half the weight of integrated cordless lights/loupes.

The LED DayLite WireLess produces more than 40,000 lux at high intensity and 27,000 lux at medium intensity. The spot size of the LED DayLite WireLess will illuminate the entire oral cavity. The function of the headlight is controlled via capacitive touch.

The LED DayLite WireLess is powered by a compact, rechargeable lithium-ion power pod. It comes with three power pods. The charging cradle enables you to independently recharge two power pods at the same time and it clearly displays the progress of each charge cycle.

The LED DayLite WireLess headlight can integrate with various platforms, including your existing loupes, safety eyewear, lightweight headbands and future loupes or eyewear purchases.

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

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

You can “See the Visible Difference”® yourself by visiting the Designs for Vision booths, Nos. 1937 and 1226, at the The Thomas P. Hinman Dental Meeting in Atlanta. Or arrange a visit in your office by telephoning (800) 345-4009 or emailing info@dvimail.com.

(Source: Designs For Vision)

• MOUTHGUARD, page B2

provide significant value to our customers and athletes across the country.” To keep up to date on the PF2 and Keystone, go to www.keystoneindustries.com. You also can follow the company on all the major social media platforms.

About Keystone Industries

Keystone Industries, a privately held company founded in 1908, has maintained a reputation for producing innovative, high-tech dental products in both the operatory and laboratory realms. The company is committed to providing customers with the finest quality materials while developing products that surpass customer expectations. As this commitment has been met, the company has moved forward with expansion around the globe.

(Source: Keystone Industries)
**ZERO-G / Liquid Magic Case Presentation**

**Photography and Dentistry by: Ross Nash, DDS**

1. Prepared Zero-G abutment cemented into place.
2. Liquid Magic placed on abutment.
3. No. 19 explorer shows cement wet.
4. Liquid Magic is filled around crown.
5. Resin Barrier is applied and can be removed when desired.
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**TOP 25 IMPLANT PRODUCTS**

**TOP 25 Aesthetic Dentistry Products**
The Academy of Osseointegration Annual Meeting brings together clinicians from around the world in one location to share advancements and best practices in implant dentistry. This year, the meeting included a special Focus on China Symposium where four speakers from different regions of China presented their clinical experiences on a range of topics.

“China is booming, not only economically, but in the medical and dental field as well. Everyone knows it's a big population, which means a large patient pool to support the study of new techniques and procedures to advance evidence-based dentistry,” said Dr. Chao Ji from China, currently a periodontics resident in Maryland, who helped to translate the symposium from English to Mandarin for attendees who were listening via headset.

Dr. Dehua Li moderated the sessions on Friday and presented his own experience. He was grateful for the opportunity to share what he and his colleagues are doing in implant dentistry.

“Implant dentistry is getting more dynamic in China and is growing fast,” he said. “We have had many chances to improve our techniques. It’s a good opportunity for us to introduce ourselves to our international colleagues.”

The symposium featured four presentations. The first presentation covered research from the past decade on immediate loading of zygomatic implants and the long-term results after lateral sinus floor elevation. The remaining presentations featured techniques ranging from treating adult ectodermal dysplasia patients with atrophied jaws to the lateral mini-window approach for modified sinus floor elevation to treating patients with untreated periodontitis.

The AO Meeting provided an opportunity for people from all around the world to learn more about Chinese implant practices and advancements.

“Speakers from China presented throughout the main program on the methods and procedures being used in China, one of the world’s fastest-growing dental implant markets,” said Dr. Peter Moy, 2016 AO Annual Meeting Program chairman. “This was an excellent way to represent China to AO’s global membership.”

AO’s Young Clinicians mingle at Café Sevilla

By AO Staff

The Young Clinicians Committee (YCC) hosted a reception at Café Sevilla as part of the Academy of Osseointegration’s 31st Annual Meeting.

Dr. Lauren Brownfield, chair of the YCC, explained the idea behind the reception was to give the youngest clinicians in the academy a chance to interact with people their own age who face similar issues and to create new relationships.

Dr. Tabitha Chen from San Francisco shared a sentiment expressed by a number of other clinicians: “It’s hard because when you are in private practice, which I am, it feels very isolating. You don’t get to talk to your peers.

“At a function like this, you can talk to people that graduated around the same time who are going through the same thing as you … trying to get their feet wet and trying to establish themselves in the community,” Chen explained. “It’s very comforting to know you are in the same type of situation as a lot of other people.”

Dr. Nathan O'Connor is a young clinician from Yakima, Wash., who said he came to the meeting to improve his diagnostic and treatment skills, adding that the global emphasis has helped him mature as a clinician by providing different points of view.

“I liked the presentation by Dr. Frank Spears. You get a sense for times when you do treat with implants and times when you don’t. You get a broad perspective in an organization that draws people from all over the world,” O’Connor said.

The committee was established in 2010 to bring together the knowledge of experienced clinicians and the enthusiasm of young members to raise awareness of the academy and promote research and education. To learn more about becoming a member of the YCC, email academy@osseo.org.

Café Sevilla set the stage for an evening of fellowship as young clinicians wrapped up the first day of the AO Annual Meeting.
AO opening symposium focuses on risk vs. reward

By AO Staff

To kick off the opening symposium at the Academy of Osseointegration’s 31st Annual Meeting, AO President Dr Russell Nishimura welcomed attendees from more than 50 countries and announced that more than 800 new members had joined the academy. Presenters from around the world then took an objective look at the pros and cons of various treatment decisions clinicians choose from every day.

Dr. Frank Spear delivered the keynote address, “Globalization of Training, Education, and Comprehensive Collaborative Treatment Planning in Implant Dentistry: Understanding the Risks and Rewards.” After resting implants for 30 years, Spear believes technique is one thing but perspective is another, and clinicians should consider what’s ahead for patients in their life when placing implants.

Dr. Reed Rayher, an oral surgeon from San Francisco, came to the AO meeting to stay current on implant developments. One of his key takeaways from Spear’s presentation was that sometimes less is more.

“He breaks down difficult concepts that always confused you throughout your dental career and education and made them a lot simpler. He helps you understand concepts you could never understand,” Rayher said. “He’s very good at making complicated things simple.”

Dr. Takis Megas, a periodontist from Amherst, Mass., also attended the opening symposium. As a supporter of the team approach to implant dentistry, he came to the AO Meeting to learn more about the other specialties. He attended Dr. Henning-Schliephake’s session about the risks and rewards of grafting with growth factors/biologics.

“It gives me a chance to learn more about the entire restorative industrial complex. I know the surgical side, the AO Meeting allows me to gain insight on the restorative side,” Megas said.

Dr. Liqun Wu, a general dentist from China, was excited to attend Dr. Franck Renouard’s full-house presentation on the risks and rewards of not grafting. Renouard’s presentation addressed the reliability of the short implant option, the factors to consider when weighing the associated therapeutic options and emphasized that the simplest procedure should always be the first choice. With the influx of patients in China, being up to date on these issues are of critical importance to Wu.

“In my country, implant patients are rising by 30 percent every year,” Wu said. The AO Annual Meeting strives to create a meeting that allows collaboration with the best and brightest clinicians around the world. Attendees agree that the meeting is a great way for clinicians to stay current on implant dentistry’s best practices.

AO announces 2016 Annual Meeting Research Award Winners

By AO Staff

Hundreds of clinicians, researchers, residents and their faculty members presented original research at the Academy of Osseointegration (AO) Annual Meeting. Six researchers were recognized by a committee of their peers to receive top honors for their outstanding contributions to the field of implant dentistry.

Here is a complete list of awards and honorees:

• Best Oral Clinical Presentation: “Efﬁcacy of Socket Grafting for Alveolar Ridge Preservation: A Randomized Clini cal Trial,” by Gustavo Avila-Oritz, DDS, MS, PhD

“I am still on a cloud since I found out about the award for the Best Oral Clinical Presentation. This is such a great honor for me,” said Avila-Oritz, an associate professor in the department of periodontics at the University of Iowa College of Dentistry. “This recognition is the culmination of a very intense team effort conducted at the University of Iowa College of Dentistry. Our findings are very relevant for the understanding of the fate of the alveolar ridge following tooth loss or extraction.”

• Best Oral Scientific Presentation: “Dramatic Improvement in Bone Quality at Osteotomy Sites by Short-TERM Administration of Osteogenesis Medication,” by Junno Yamashita, DDS, PhD

“I am very glad to receive this prestigious award,” said Yamashita, a professor at Fukuoka Dental College, Japan. “I believe our finding brings us one step closer to developing a predictable treatment method to grow bone.”


• 2nd Place ePoster: “Various Tip Applications and Temperature Changes of ErCr:YSGG-Laser Irradiated Implants,” by Nicholas Montanaro, BS

• Best ePoster Case Presentation: “Treatment of the Edentulous Maxilla with Fixed Implant-Retained Prosthesis: 5-Year Prospective Results,” by Christian Mertens, DDS, PhD

• Best Clinical Innovations: “Reducing Biomechanical Failures in Implant Dentistry with Innovative Design and Fabrication Techniques,” by Amirali Zandinejad, DDS

To digitally view more than 200 studies presented in ePoster format, visit http://ao2016.sessionupload.com/eposters/Search for each poster by its number, title, author or keyword.

AO President Dr. Russell Nishimura welcomes AO Annual Meeting attendees from more than 50 countries to the event in San Diego. Photo/Provided by AO

Corrections

Implant Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.

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