Top speakers on agenda at CDA Presents

California meeting has latest on cone-beam CT, crown lengthening, obturating canals, periodontics, more

Dental professionals from around the world attend CDA Presents The Art and Science of Dentistry to learn about the latest clinical and technological advancements in the industry, earn C.E. and network.

In the process, they hear from some of dentistry’s most captivating speakers, which will be the case at CDA Presents in San Francisco from Sept. 8-10. A series of cadaver dissection workshops will teach attendees about anatomic correlations between cone-beam CT and dissection, indications and contraindications for crown lengthening and tips for instrumenting, disinfecting and obturating canals.

Homayon Asadi, DDS, an associate professor and course director of advanced head and neck anatomy at the University of the Pacific Arthur A. Dugoni School of Dentistry who also has a private practice in Vancouver, B.C., and a faculty member at the Loma Linda University School of Dentistry, will lead a workshop that will focus on the different techniques utilized in crown extension. Indications and contraindications for crown lengthening will also be addressed.

Ralan Wong, DDS, MS, in private practice specializing in endodontics in San Francisco and an associate clinical professor at the University of California, San Francisco School of Dentistry, will co-lead a workshop on cone beam CT and navigation-guided dissection of the head and neck.

David Hatcher, DDS, who received his dental degree from the University of Washington and was granted a specialty degree in oral and maxillofacial radiology and a master of science of dentistry from the University of Toronto, will co-lead the workshop. James Grisdale, BA, DDS, a board-certified specialist in periodontics and prosthodontics with a part-time private practice in Vancouver, B.C., and a faculty member at the Loma Linda University School of Dentistry, will lead a workshop that will focus on the different techniques utilized in crown extension. Indications and contraindications for crown lengthening will also be addressed.

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www.dental-tribune.com

Spherical Attachments

A clinician and technician provide an overview of a case involving full upper and lower detachable dentures on four implants each.

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Implant Tribune

Keeping pace

Now in the Academy of Osseointegration’s guidelines: management of the edentulous maxilla.

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Events

• Dental practice leaders to convene in Boca Raton

Industry News

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• Upper, lower dentures on Rhein83 components
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Implant Tribune

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• AADID August is Dental Implant Month
• AO announces call for abstracts for its 2017 annual meeting
• KaVo Kerr Group brands announce second 3D University event: Educational event focuses on cone-beam 3-D imaging to develop clinical expertise
• Nobel Biocare enhances edentulous solutions offering with Locator R-Tx Attachment System

Sulzer acquires Geka, doubling size of mixing/applicator business unit

On July 1, Sulzer signed a binding agreement to acquire Geka GmbH, headquartered in Bechhofen, Germany. With the transaction, Sulzer is doubling the size of Sulzer Mixpac Systems (SMS), its plastic injection molding business, which develops proprietary B2B mixing and applicator solutions for the dental and industrial adhesives markets. The enterprise value of USD $290.5 million.

Through the acquisition, SMS — a business unit of Sulzer’s Chemtech division — gains segment and geographical diversification. The two businesses share an industrial core, which is expected to support cost efficiencies. Complementarity geographic manufacturing footprints are expected to enhance the combined entity’s abilities to compete globally.

Additionally, Geka’s cosmetics-based product range appears to be well matched to SMS expertise in applying liquids in a controlled way onto small surfaces. SMS, in turn, is positioned to further Geka’s emerging B2B health-care focus.

Geka, with approximately 900 employees, has two manufacturing locations in Germany, one in the U.S. and one in Brazil. Sulzer will add all of Geka’s employees to the combined workforce. The transaction is expected to close in the third quarter, subject to regulatory approval.

(Source: Sulzer)
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fessor of endodontics at the University of the Pacific Arthur A. Dugoni School of Dentistry, will co-lead a workshop with hands-on training that includes the latest endodontic orthograde instrumentation and retrograde microsurgical techniques.

In addition, there are other lectures and workshops that give both dentists and their staffs an opportunity to learn new things about the profession.

Compromised patients

Barbara J. Steinberg, DDS, clinical professor of surgery at Drexel University College of Medicine and adjunct associate professor of Oral Medicine at the University of Pennsylvania School of Dental Medicine, will help dentists understand the prevalence, risk factors, prevention and treatment of osteoporosis.

Dental materials

Gordon J. Christensen, DDS, MSD, PhD, founder and CEO of Practical Clinical Courses, CEO of Clinicians Report Foundation and a practicing prosthodontist in Provo, Utah, will lead a lecture that includes topics such as the state of the profession, CAD/CAM, diagnosis and treatment planning, equipment, esthetic dentistry, laboratory technology, operative dentistry, practice management, fixed prosthodontics and technology.

Esthetic dentistry

Gerard J. Chiche, DDS, the Thomas P. Hinman endowed chair in restorative dentistry and the director of the Center for Esthetic and Implant Dentistry at the Georgia Regents University College of Dental Medicine in Augusta, Ga., will lead a lecture on esthetic treatment techniques and managing key esthetic factors for predictable esthetic treatment.

Geriatric dentistry

Linda C. Niess, DMD, MPH, dean and professor at the Nova Southeastern University College of Dental Medicine in Fort Lauderdale, Fla., will lead a lecture on practical approaches to patients with cardiovascular disease, stroke, diabetes, arthritis and osteoporosis.

Periodontics

Jon B. Suzuki, DDS, PhD, MB, professor, chairman, program director and associate dean for graduate education at Temple University in Philadelphia and chairperson of the FDA Dental Products Panel, will lead a workshop on regeneration of extraction sockets for ridge preservation for implant site development.

Prosthodontics/restoration

Robert A. Lowe, DDS, in full-time practice and leading hands-on training that includes the latest in Prosthodontics/restoration.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Dental Tribune? Let us know by sending an email to feedback@dental-tribune.com. We look forward to hearing from you!

If you would like to make any changes to your subscription (name, address, or to opt out) please send us an email at c.maragh@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to six weeks to process.
Dental practice leaders to convene in Boca Raton

Florida’s Boca Raton Resort & Club will host the 12th AADOM Annual Session, Sept. 15–18. Up to 800 attendees and 100 exhibiting companies are expected to attend the meeting. Learn more at www.aadomconference.com. Photo/Provided by AADOM

The American Association of Dental Office Management (AADOM) will welcome dentists, practice leaders and administrators to the Boca Raton Resort & Club for three days of management-focused learning. The 12th annual session will be held Sept. 15–18 and will feature courses in leadership, medical billing, manager-doctor relationships and dental insurance. Donna Cutting, CSP, AADOM’s keynote speaker, will present “Red-Carpet Diem! Seize the Opportunity for Customer Service.” Attendees will learn how providing world-class customer service creates an experience for patients that will keep them loyal to you and your practice.

Other sessions will touch on topics such as medical billing, hygiene department productivity, treatment planning, leadership and dental insurance. The roster includes well-known speakers such as Dr. David Rice, Rachel Wall, Christine Taxin, Anastasia Turchetta, Dayna Johnson and Teresa Duncan. Software workshops to maximize production will be taught for users of both Eaglesoft and Dentrix software systems. The popular “Forum Live!” brings hundreds of dental practice administrators and business managers together to exchange ideas and share best prac-

SEE SPEAKERS, page A3

• See LEADERS, page A9

- A4

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STRUGGLING TO STAY AFOAT?

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‘A shot that patients, practitioners love’

Anutra Local Anesthetic Delivery System offers simple platform for buffering

By Anutra Medical Staff

“I didn’t even know you gave me a shot,” Barb said as Dr. Kelly picked up his handpiece and went to work immediately. For decades, the idea of getting a dental injection has terrified patients. Quite frankly, the uncertainty, unpredictability and long onset time of local anesthetic equally terrifies the practitioner.

The Anutra Local Anesthetic Delivery System redefines local anesthetic delivery, according to the company. It radi-cally enhances patient experience and comfort while transforming a practitio-nner’s efficiency, profitability — as well as the profundity and predictability of local anesthetic.

Age-old science made simple

Buffering is an age-old science that has been used in the medical community for decades. Buffering is simply taking something acidic; mixing it with something more basic to neutralize the acid.

So why does this matter in dentistry? Lidocaine with epinephrine has a low pH, meaning it is extremely acid-ic. In fact, its pH is close to that of citric acid, which is found in limes and lemons. Could you imagine injecting lemon juice into someone’s mouth? We simply would not do that.

Much of the burning and stinging sensation comes from the fact that local anesthetic is very acidic. The Anutra Local Anesthetic Delivery System makes buffering simple. By loading an Anutra Cassette at the beginning of the week, clinicians can simply buffer anesthetic for every patient by twisting the knob on the Anutra Dispenser. It could not be easier.

Can also deliver powerful topical anesthetic effect prior to injection

What adds to the power of buffered anesthetic is a topical effect that is a result of a CO2 microbubble that is formed when local anesthetic is mixed with so-dium bicarbonate. Many practitioners report dropping a small amount on the mucosa prior to injecting for a very powerful topical anesthetic.

Not only is patient comfort increased with buffered anesthetic, a practitioner’s efficiency is dramatically optimized. Since buffered anesthetic is raised to physiologic pH, the anes-thetic crosses the nerve mem-brane more readily, meaning a patient can reach pulpal anes-thesia in as little as two min-utes, even with blocks.

Additionally, anywhere from 4,000–6,000 times the active molecules of anesthetic will cross the nerve membrane, making it more profound than normal lidocaine as well as increasing the predictability that a patient will get numb the first time, even on those hard-to-numb patients.

Disposable, multidose, one-handed

Not only does the Anutra Local Anesthetic Delivery System provide a simple platform for you to buffer in your prac-tice, it also introduces the first-known, FDA-approved, multidose, one-handed aspiration syringe that is fully dispos-able.

So what does that mean? It means that you can hold up to 6 mL of anesthetic in one single syringe. There is no need to reload cartridges; one syringe can hold the equivalent of at least three tradi-tional 1.8 mL dental cartridges.

According to the company, with its affordable cost, revolutionary new sy-ringe, simple dosing system and long shelf-life, the Anutra Local Anesthetic is a no-brainer for every dental practice.
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Upper, lower dentures on Rhein83 components

By Marco De Angelis, DDS, and Luigi Ciccarelli, dental technician

This clinical case illustrates in a schematic way some of the stages involved in the realization of an upper and lower overdenture on eight implants: four implants on the upper jaw and four on the lower (Fig. 1).

This solution will provide greater stability to the prosthesis during the phonation and chewing functions. This enables the patient to feel safe, comfortable and confident with the prosthesis while in social situations.

This technique uses the spherical attachments that enable the clinician to reduce the final costs when compared with a solution using a bar.

The fact that the prosthesis will be retained by implants does not lessen the need that the prosthesis achieve all of the other requirements of a traditional prosthesis: It must have an appropriate extension of the edges, a correct vertical dimension, a repeatable centric relationship and a correct assembly of the teeth.

The prosthesis thus conceived will not have only an implant support but it also will have a mucous support.

In the presence of reduced vertical dimensions and a high number of implants, it is preferred to use of a superstructure of cobalt chromium that will prevent any breakage in correspondence of the metal housings containing the retentive caps.

The clinician, before fixing the retentive caps (Fig. 2), will check the insertion paths of the prosthesis to eliminate residual areas of compressions with a special paste and the centric contacts.

The fixing of the retentive caps with liquid resin will be facilitated by the use of protective disks that prevent the resin from invading the undercuts of the attachments, allowing an easy removal of the prosthesis once cured.

After the curing, the excess of resin will be finished with a bur.

Before the final delivery, the patient will be instructed on how to properly store and clean the prosthesis and implants. The prosthesis in situ received clear satisfaction from the patient. Thanks is due to Vincenzo Liberati of Lab DentalLine for the construction of the superstructure (Fig. 3).

For more information, you can visit www.marketing@rhein83.it.
The Futar® brand family of bite-registration materials is being sold to the U.S. market by Kettenbach LP. The products include Futar Fast, Futar D, Futar D Fast, Futar D Slow and Futar Scan.

Now, with six times the choice, Futar bite-registration materials enable practitioners to choose the appropriate material to fit their particular needs. Whether a practitioner is looking for high final hardness, comfortable working times or a "scannable" material, the Futar line has it all, according to the company.

Futar, the original bite registration from Kettenbach, has been a high-demand product for years. The company describes the materials as being "highly acclaimed" and note that the materials have earned recognition from several third-party evaluators in the U.S. as well as globally. The company asserts that the brand represents the market’s most popularly used bite registration material.

According to the company, Futar can be conveniently milled and easily cut with a scalpel. Excess material can be easily broken off, and the correct occlusal position can be checked in the mouth, the company asserts. The upper and lower jaw models can be precisely assigned. The working time is 15 seconds with an intraoral setting time of 45 seconds. And because it sets firm, vertical dimension accuracy is assured, according to the company.

About Kettenbach

Kettenbach, based in 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. The company’s brands include Pana-sil VPS Impression Material, Identium VSXE Impression Material, Futar Bite Material, Silginat Alternative Alginate, Visalys Temp Material, Mucopren Resilient Liner and Visalys Veneers.

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Louie Al-Farage

Oral Implantology Review: A Study Guide

This comprehensive examination study guide provides more than 700 practice questions on oral implantology. Topics include medical problems, biomedical sciences, radiology and computer-assisted technology, anatomy, biomechanics, patient data, treatment planning, principles of implantology, bone and soft tissue grafting, implant prosthodontics and occlusion, esthetics, maintenance, pharmacology, and complications. Because a true oral implantologist is involved in both the surgical and prosthetic phases of dental implant treatment, both aspects are covered extensively in this book.

232 pp (softcover); 74 illus; ©2016; ISBN 978-0-86715-721-5 (B7215); US $108

Contents

1. Medical Evaluation of the Implant Patient
2. Oral Evaluation and Treatment Planning
3. Head and Neck Anatomy
4. Surgical Procedures and Complications
5. Pharmacology
6. Biomechanics
7. Implant Prosthodontics
AO: Expanding practice guidelines

Academy of Osseointegration expands clinical guidelines to include management of the edentulous maxilla

By AO Staff

The edentulous maxilla often presents with a range of challenges and solutions that can be difficult for individual clinicians to navigate. To help them make choices that best utilize current research — and improve the quality and efficiency of patient care — the Academy of Osseointegration (AO) has expanded its current Clinical Practice Guidelines (CPG) to include management of patients with no teeth in the upper jaw.

"Advanced technology has provided dentistry with enhanced diagnostic tools, improved materials and better prosthetic options for managing the edentulous maxilla, making a growing number of patients eligible for implant therapy," said AO Board Member Clark Stanford, DDS, PhD, UIC distinguished professor and dean, College of Dentistry, University of Illinois, Chicago. "Responsibilities for clinicians managing the edentulous maxilla have also multiplied, which is why AO sought to define the issues, develop a process and create a model that can quickly be applied to practice."

To arrive at these guidelines, in August 2014, AO hosted a Consensus Summit that brought together 120 global scientists and clinicians — including representatives from the American Association of Oral and Maxillofacial Surgeons (AAOMS), the American Academy of Periodontology (AAP) and the American College of Prosthodontists (ACP) — to conduct a systematic review of the current literature, clinical information and accepted treatment approaches for management of the edentulous maxilla.

Summit co-chairs were Stanford and Ole T. Jensen, DDS, MS. Committee members included Gustavo Avila-Ortiz, DDS, MS, PhD; Lyndon F. Cooper, DDS, PhD; Jeffrey Ganeles, DMD; Sree Koka, DDS, MS, PhD; and Jay P. Malmquist, DMD.

Results of this summit, including supporting systematic reviews and detailed CPGs, are now available in a special edition of the International Journal of Oral and Maxillofacial Implants (IJOI) — the official journal of the AO — Volume 31, Supplement 2016. AO members can now access this supplement by signing into the member section of the Academy’s website: osseo.org.

"The next step is to gain approval by the National Guidelines Clearing House, which provides a formal policy-based stamp of approval to help drive adoption across the profession," Stanford said.

The guidelines cover five domain areas defined as: (1) role of grafting for ridge development; (2) role of implant design and systems in management of the edentulous maxilla; (3) role of imaging to guide implant placement; (4) role of biologics to assist in ridge development; and (5) role of prosthetic management.

These domains address key questions:

• See GUIDELINES, page B2

AAID: August is Dental Implant Month

By AAID Staff

Dental implants are often the best treatment for missing teeth and are the closest you can get to a healthy, natural smile, according to the American Academy of Implant Dentistry (AAID). Implants restore the ability to confidently eat, smile, laugh, talk, play and enjoy all regular activities of everyday life.

According to the Centers for Disease Control National Health and Nutrition Examination Survey, more than 120 million Americans are missing one or more teeth, and 35–36 million Americans are missing all of their teeth in one or both jaws.

AAID has designated August as Dental Implant Month. The AAID provides information about various treatment options available to those who are missing teeth, and the AAID is home to dental implant experts, who can provide surgical, restorative or both phases of treatment. A dentist’s affiliation with the AAID is a sign that he or she is devoted to improving patient lifestyles by replacing missing teeth, the AAID asserts.

In addition to providing valuable information about dental implants (available on aaid-implant.org), members of the AAID will be hosting events and activities in their local communities during August for those interested in learning more about options to improve their lifestyles by replacing missing teeth.

Founded in 1951, the AAID asserts it was the first organization in the United States dedicated to developing and improving dental implants. Today, after 65 years, the AAID continues to be regarded as a leading organization of dentists devoted to providing dental implant treatment solutions.
AO announces call for abstracts for its 2017 annual meeting

By AO Staff

Abstracts are now being accepted for the 2017 Annual Meeting of the Academy of Osseointegration (AO), a multidisciplinary meeting sponsored by AAOMS, AAP and ACP, and occurring March 15-18 in Orlando, Fla. Researchers are invited to submit an abstract for clinical innovations, oral research (scientific and clinical) and electronic poster (scientific, clinical and case studies) presentations before 11:59 p.m. (CT) on Sept. 2.

To submit an abstract, visit https://osseo2017.abstractcentral.com/ and on the on-screen prompts will take you through the submission process. There will be a $50 fee for all abstract submissions.

AO’s Research Submissions Committee will blindly review submitted abstracts for quality and appropriateness of content and presentation. Eight oral-clinical, eight oral-scientific and 20 clinical-innovation abstracts will be selected for the annual meeting.

During the AO Annual Business Meeting on March 18, awards and plaques will be presented for the best oral presentations and ePosters. The best oral-scientific research and best oral-clinical research presentations will be awarded $1,000, and the best clinical-innovations presenter will receive $500. The first-place ePoster will receive $500, second place $250, and the best case study will receive $500.

If you have questions about the oral presentations or ePosters, please contact Kim Scroggs, AO manager of education, at kimscroggs@osseo.org or at (847) 725-2288.

About the Academy of Osseointegration

With 6,000 members in 70 countries around the world, the AO is recognized as a premier international association for professionals interested in implant dentistry. AO serves as a nexus where specialists and generalists can come together to evaluate emerging research, technology and techniques, share the best information, and coordinate optimal patient care using timely, evidence-based science and methods. Follow AO on Facebook, Twitter and LinkedIn and use #AOOrlando for meeting news.

AO clinicians should consider for each specific patient, including: What is the maxillary/mandibular ridge relationship? What is the quality and quantity of available hard and soft tissue? Can the patient maintain adequate oral hygiene? Do habits or disease put this patient in an at-risk category?

“Management of the edentulous maxilla cannot be one size fits all,” said AO Board Member Tara L. Aghaloo, DDS, MD, PhD, professor and assistant dean for clinical research, division of diagnostic and surgical services, University of California, Los Angeles School of Dentistry. “That’s why clinical practice guidelines are so important for dentistry, especially implant dentistry. Some treatment options require advanced training and skill, and should not be performed by less experienced clinicians, at least not without the proper training.

“The future is extremely bright for the management of the edentulous maxilla, whether it is severely atrophic or not,” Aghaloo added. “It is apparent that technology will continue to improve, resulting in implants that can be loaded sooner and used in more compromised sites.”

For more information, visit the Academy of Osseointegration on Facebook, Twitter and LinkedIn.
NEITHER IS THE ANATOMY OF YOUR IMPLANT PATIENTS

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It’s time to challenge conventional thinking
By KaVo Kerr Group

Registration is open for the second 3D University (3DU), hosted by KaVo Kerr Group imaging brands Gendex™, NOMAD™, SOREDEX™ and Instrumentarium™. 3DU is a one-of-a-kind two-day event that offers dental professionals an educational environment dedicated to cone-beam 3-D (CBCT) solutions that will enhance their practice and put them in full control of treatment outcomes, according to the group. 3DU will be Oct. 7-8, in Boston.

Welcoming doctors, staff and dental students, 3DU will give attendees the opportunity to earn up to 12 C.E. credits courtesy of world-class speakers and industry experts, according to the KaVo Kerr Group, including:
- Christine Taxin on “Medical Billing and Insurance Reimbursement”
- Lou Graham, DDS, on his “Journey to 3-D”
- Kaveh Ghaboussi, DMD, on using “3-D for Implant Planning” and more
- Lisa Koenig, BCHD, DDS, MS, offering an “Anatomy and Pathology Review”
- Lou Shuman, DMD, CAGS, on “Social Media and Online Marketing 2016: Search Engine Optimization, Website and Mobile”

The complete agenda will also dive into the role of 3-D in endodontics, reading 3-D scans, real-life case presentations and software training and best practices for incorporating 3-D into your practice in order to maximize your investment, the KaVo Kerr Group asserts.

Dr. Joe Blaes, a trusted thought leader in the dental industry during the past 30 years, will serve as a moderator for the event, offering advice on how to ask the right questions about technology integration and the role the wider dental team plays in its success.

“We brought our entire staff because we believe something gets lost in translation when you don’t have your team participate in continuing education, and especially when you’re talking about technology,” said Dr. Antonio Cigno of Greenfield, Wis.-based Cigno Family Dental, who attended 3DU in 2015. “It isn’t just about technology, but how to humanize it and use it to help people, not just as a mechanical tool but as something that can help people understand the value of care and why your practice is different, treating them at a greater level than you could with standard technology.”

For a limited time, dental professionals can enter to win free tuition and a two-night stay in Boston for the event. Go to dental3DU.com/win for details and additional information about the event.

About KaVo Kerr Group
KaVo Kerr Group is a global portfolio of leading dental brands that share common values of Trust, Experience, Choices, Quality and Smart Innovation. Brands include KaVo®, Kerr®, i-CAT®, Gendex, NOMAD, DEXIS™, Instrumentarium Dental, SOREDEX, Orascoptic™, Pelton & Crane®, Marus™, Pentron™, Ormco™ and Implant Direct™. With more than 500 years of combined experience and proven solutions, KaVo Kerr Group says it uniquely serves 99 percent of dental practices. Visit www.kavo kerrgroup.com for more information.
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—Clinical case and photography courtesy of Paresh B. Patel, DDS.

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*Price does not include multi-unit abutments, shipping or applicable taxes and may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system. 1/3 of payment is due after first appointment; half is due at final delivery. **Price does not include shipping or applicable taxes.

† Warranty is provided to the prescribing dentist and is nontransferable. For complete warranty details go to glidewelldental.com. 1. Clinical Report, TRAD Retrieval, July 2014

For more information
888-786-2177
glidewelldental.com
Nobel Biocare enhances edentulous solutions offering with Locator R-Tx Attachment System

**Improved esthetics, simplicity and strength compared with the original Locator system**

By Nobel Biocare Staff

Nobel Biocare is further advancing its comprehensive product range for edentulous treatment with the Locator R-Tx™ Removable Denture Attachment System. Locator R-Tx was officially launched for Nobel Biocare implants at the company’s global symposium in New York in late June.

Locator R-Tx is an evolution of the successful Locator® Attachment System. This next-generation attachment offers clinicians a number of advantages vs. its predecessor, the company asserts. These include the new Duratec™ titanium carbon nitride coating. Duratec is harder and more wear-resistant than the nitride coating of the legacy Locator and is designed to reduce roughness. The Locator R-Tx system eliminates the need for pre-angled abutments, according to Nobel. Its redesigned attachment housing is able to pivot up to 30 degrees over the seated Locator R-Tx nylon retention inserts, allowing up to 60 degrees convergence or divergence between implants. The attachment housing also incorporates flats and grooves to prevent dislodgement of the denture and is anodized to give it a pink color, which can help improve esthetics, according to the company. Seating is aided by the narrow coronal geometry of the attachment, while dual retentive surfaces support strong engagement. For convenience, all the required components are delivered together, with abutment and processing components held separately in one double-ended vial. With an industry-standard .050-inch/1.25 mm hex-drive mechanism, no special drivers are required. The Locator R-Tx attachment system is available for Nobel Biocare implants with internal conical, tri-channel and external hex connection. By combining improved performance, esthetics and ease of use for both clinician and patient, the Locator R-Tx Attachment System is an ideal addition to the Nobel Biocare product range,” said Nobel Biocare and Dental Imaging President Hans Geiselhöringer.

“As leaders in the treatment of edentulous and soon-to-be edentulous patients, and the company behind both the All-on-4® treatment concept and zygomatic implant treatment, we know that developments in this area have a huge impact on quality of life for patients. We are therefore delighted to offer our customers yet another innovation that is designed to further improve treatment quality.”

Locator R-Tx is now available to purchase from Nobel Biocare in CE-accepting markets, the United States and Canada. In the relevant markets, Locator R-Tx will be available to purchase from store.nobelbiocare.com. Clinicians are advised to contact their local Nobel Biocare representative to confirm availability.

About Nobel Biocare

Nobel Biocare is a world leader in the field of innovative implant-based dental restorations. The company’s portfolio offers solutions from single tooth to fully edentulous indications with dental implant systems (including key brands NobelActive®, Branemark System® and NobelReplace®), a comprehensive range of high-precision individualized prosthetics and CAD/CAM systems (NobelProcera®), diagnostics, treatment planning and guided-surgery solutions (NobelClinician® and NobelGuide®) and biomaterials (creos®). Nobel Biocare supports its customers through all phases of professional development, offering training and education along with practice support and patient information materials. The company is headquartered in Zurich, Switzerland.
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