‘We could not support the health care reform legislation’

By Daniel Zimmermann, Dental Tribune International Group Editor

The health care reform bill recently approved by the U.S. Congress aims to improve access to health care for more than 30 million Americans. However, dental groups say that the legislation is significantly neglecting oral health. Daniel Zimmermann, group editor at Dental Tribune International (DTI) headquarters, recently spoke with Dr. Ronald Tankersley, president of the American Dental Association, about the historical decision and how it will affect dentistry in the United States.

The ADA did not support the health-care reform bill recently approved by Congress. Could you explain the rationale behind this decision?

As America’s leading advocate for oral health, our decision was primarily based on the oral health provisions of the bill. We could not support the health-care reform legislation because it did not include provisions to meaningfully improve access to dental care for millions of American children, adults and elderly by properly funding Medicaid dental services.

You say that the reform does not do enough to assure that low-income families receive adequate oral health care. On the other hand, millions of people will finally be able to buy health insurance regardless of their social status or pre-medical condition.

While countless other groups can weigh in on the health care reform’s overall merits and flaws, people look to the ADA for a determination of how it could impact oral health. And when the government is willing to spend close to a trillion

Breakthrough in tissue engineering

By Fred Michmershuizen, Online Editor

Researchers at the University of Illinois might have discovered the key to re-growing tooth enamel. In a comparative study on animals, they found that repeated simple amino acids, or prolines (see photo on next page), are responsible for making teeth stronger and more resistant.

Their findings could help in replacing lost parts of teeth in patients suffering from dental decay. Proline is a major component of the protein collagen, the
The ADA’s opposition to the alternative dental models pilot program was limited and based upon our long-held belief that certain surgical procedures must be performed only by licensed dentists.

What effects do you think the reform will have on the dental profession itself?

Although the ADA could not support the final legislation, we did recognize that it contained many worthwhile provisions pertaining to oral health.

These included increased funding for public health infrastructure including Centers for Disease Control and prevention programs, additional funding for school-based health center facilities and federally qualified health centers.

We also recognized increased Title VII grant program opportunities for general, pediatric or public health dentists and funding for the National Health Services Corps, loan repayment programs.

These provisions, which the ADA supported and lobbied for, will have a measurable beneficial effect on dentistry and dental patients.

In your opinion, what should be changed in the reform bill to make it feasible for dentists and move patient care forward?

When it comes to improving access to oral health care, our message remains: Fund Medicaid, the Children’s Health Insurance Program and other dental public health programs properly.

These programs are only capable of fulfilling their roles if they receive adequate funding. Many states spend less than 0.5 percent of their Medicaid dollars on dental care — an astonishingly low rate, considering the importance of oral health to overall health.

Further, poor dental reimbursement rates paid to dentists mean that many of them can’t participate in Medicaid, which is one of the reasons many states fail to provide oral health care for even half of their eligible children.

The federal government can and must do more to ensure states are able to come up with their share of these benefits.

Republicans and other interest groups have announced to further oppose the reform bill. Where will you position yourself once the law has become effective?

The ADA will continue to lobby for improvements to Medicaid dental benefits and will be watching closely as federal agencies implement provisions of the law.

We want to ensure that the provisions we support are carried out correctly and will work to change the provisions we oppose.

Dental informatics?

Dental informatics is about acquiring, managing and displaying information in order to support dental practice, research and education.

Informatics attempts to answer the question of how we can use information in order to deliver better patient care; be more successful in understanding health and disease through research; and educate students, practitioners and patients more effectively and efficiently.

In Through the end of April, the Center for Dental Informatics, School of Dental Medicine at the University of Pittsburgh is currently recruiting for their training program in dental informatics (MS, PhD, postdoc). Find more details at: dt.dental.pitt.edu/edl/ptc/092009.php.

Interested in dental informatics? Join the worldwide dental informatics community at www.dentalinformatics.org for free!

Repeated simple amino acids, or prolines (shown above), are responsible for making teeth stronger and more resistant.

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 more articles about? Let us know by e-mailing us at feedback@dentaltribune.com. If you would like to make any change to your subscription (name, address or to opt out) please send that request e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.
“They Laughed When He Said He Could Do A ‘90 Second Crown Prep’…”
Now – 35 Years Later- Who’s Laughing?

(Heres your chance to own Dr. Omer Reed’s controversial and classic video.)

Good Morning Doctor –

Arizona dentist – Dr. Omer Reed – thrives on innovation and controversy. In fact, when word got out about his “90-second crown prep,” the folks at the Dallas Mid-Winter Dental Meeting invited him to speak… many thought it would be an old fashioned Texas ambush!

But 45 minutes after he completed his talk (and did a live demo of this technique on a real patient)... Omer got the last laugh!

A couple of years ago, Omer gave me an old VHS copy of his Dallas, Texas presentation and told me to “use it however you want.” I can honestly say that this one video has changed the lives of more dentists than any CE course ever given!

Now, when you watch this… don’t freak out that Dr. Reed isn’t wearing gloves or the fact that the live demo probably violates a dozen OSHA rules… look instead at the concept presented. (This was filmed in the 60s!)

Most of you reading this, are spending way too much time on your crown preps. This flaw in your clinical speed is costing you money and causing undue anxiety for your patients. You just can’t continue to do crown preps like you were taught in dental school…

Call 1.800.337.8467 Today To Purchase This Unforgettable Piece of Dental History For Your Library

Here’s what you’ll learn on this classic DVD –

* The “why and how” of the 90-second crown prep
* How to irritate dentists into a new thought process
* A technique that’s faster, plus easier on the patient and the tooth
* Linear inches per tooth per amount of time, NO - torque is the key!
* Why the DEJ is the end point of the crown prep (primary intent)
* What happens when a dentist learns to think sequentially?
* How to prevent the “tomato crown”
* One hour and 20 minutes? That’s the total time the bur is on a tooth in an 8 hour day in the average dental office
* How to reduce the temperature of the tooth during the crown prep
* Why PSI and cubic feet per AIR are seldom available at the handpiece
* The ideal amount of water to use per minute at the handpiece
* What is the ideal PSI (pounds per square inch of air) at the handpiece?
* The only two burs you need for 95% of crown preps
* Why you must always work (prep) in undermined enamel
* On what area of the tooth should you start the prep? Are you sure?
* Which direction do you prep… clockwise or counter clockwise?
* The tip of the bur should precede the bur at a ___% angle?
* How to use the air and water from the HP handpiece to PUSH the tissue out of the way
* If in doubt… should the prep be at the expense of the tooth or the tissue?
* “Cold steel and sunshine?”
* The value of cutting the dentinal tubules once
* Excavate the decay after the impression?
* How to keep the bur from “Tee-Peeing” the prep
* The only four reasons to go sub-gingival
* How do you keep the tip of the finish diamond from “walking” away from the margin?
* How to remove the “downtime” from every procedure
* Live demonstration of the painless injection (with no topical)
* The secret to ZERO gingival bleeding
* Why Dr. Reed rarely uses a mandibular block
* How to get parallel insertion cross-arch (even on perio lengthened teeth)

What we’ve done is taken the original VHS tape and edited it (and digitally re-mastered it) to improve the picture quality and sound. We should probably sell this product at $147 like most of our other DVDs, but since I want every dentist in America to see and benefit from this… it is being offered at the ridiculously low price of ONLY $97.00.

P.S. - Just because I really want everyone to own a copy of this, I’m also throwing in a complete written transcript of the entire video (and the materials list) absolutely FREE!!!
Cool stuff for your practice

By Fred Michmershuizen, Online Editor

Buzzy device makes injections easier for kids

For children, getting an injection can be quite traumatic. That’s why most dentists would probably agree that just about anything that can be done to make “getting a shot” easier is certainly welcome. With that in mind, meet Buzzy — a reusable FDA class I pain relief device.

It’s the brainchild of Amy Baxter, MD, a pediatrician who developed it to ease the pain that children feel when getting shots at doctors offices. But it works just as well for dental injections.

“The physiology is pretty basic,” Baxter told Dental Tribune during an interview at the recent Thomas P. Hinman Meeting in Atlanta. “The combination of a frozen cold pack and vibration block the sharp pain nerves when pressed proximal to the pain.”

There’s scientific evidence to back that up. Baxter and four other doctors conducted a randomized clinical trial, the results of which were published in the September/October 2009 issue of Clinical Journal of Pain. The study found that the combined cold and vibration sensations decreased injection pain “significantly.”

“The ‘wiggling the cheek’ thing dentists have always done is called ‘gate theory nerve blockade,’” Baxter explained. “Buzzy does the same thing but with added cold.” For palatal injections administered in a dental office, she said, simply press Buzzy to the maxilla or zygomatic arch. “It’s effective in about 15 seconds,” she said.

The reusable device looks like a bumblebee and has freezeable gel pack “wings.” It’s available from MMJ Labs, an Atlanta-based company that also makes Bee-structor cards, which allow parents to get involved in pain distraction by asking their kids questions that are written on the back of the cards about pictures on the front.

More information on these products is available online, at www.buzzy4shots.com.

Versatilt: wheelchair patients recline in comfort

Dentists might find it awkward to treat patients who are in wheelchairs. For those who can’t be transferred into a dental chair, it might be difficult to perform work if the patients can’t be reclined. REDpoint International, a Vancouver, Wash.-based company that designs, develops and markets innovative medical devices, has come up with a solution.

The Versatilt allows wheelchair patients to be tilted, while in their wheelchairs, to a degree that is optimal for providing professional patient care in the best ergonomic positions possible.

Chuck Nokes, president and CEO of REDpoint International, told Dental Tribune during a telephone interview that the idea behind the device is to allow dental practices to provide specialized care for those who are handicapped.

“The Versatilt can help improve the working environment for care providers in their diligent treatment of the wheelchair-bound,” he said.

What’s more, Nokes said, patients who are treated while being reclined with the device, which accommodates most manual and motorized wheelchairs, find it comfortable. The patient can be reclined up to 65 degrees. It requires floor space of 36 by 60 inches, and it can be folded into an 18-inch deep space for storage.

The Versatilt received the Attendee’s Choice Award for Best New Product at the National Ergonomics Conference and Exposition (NECE), held in 2009 in Las Vegas.

More information — including a video of the Versatilt in action — is available online, at www.versatilt.com.

Unique works celebrate the art of dentistry

Do you ever use a phrase like “the art of dentistry” or perhaps “the art of endodontics” or even “the art of smile design”? If you consider yourself an artist in addition to a dentist, you might want to check out some of the three-dimensional works available from Art 4 Your Practice.

The Walnut-Creek, Fla.-based supplier offers a wide array of unique shadowboxes, showcases, sculptures and paintings that are dedicated to the fine art of the dental practice. For example, a three-dimensional, glass-enclosed tooth is surrounded by scaffolding, with a miniature construction crew going to work. There are also jaws or entire smiles being worked on in a similar manner.

The works, which are handcrafted by artists in Europe, can be a great way to give your patients something to contemplate while waiting for their turn in your chair.

More information about the company is available online, at www.art4yourpractice.com.

Dental Collab
www.dentalcollab.com

Unique dental art

Unique works celebrate the art of dentistry
I know this subject is scary and most of you don't even want to think about producing video as part of your Internet marketing program. “It’s too expensive. It takes too much time. I don’t know where to start!”

If you don’t, though, you are missing out on a huge opportunity that will affect the bottom line of your practice today and its future in the years to come.

Online video viewership set a new record in December 2008 with a 13 percent increase over the previous month, according to a report released from the comScore.com Video Metrix Service. For the first time, U.S. Internet users watched more than 14.3 billion videos in December.

As you might expect, Google Sites (which includes YouTube) led the growth charge, accounting for 49 percent of the incremental gain in overall videos viewed versus the previous month. In December, almost 100 million viewers watched almost 6 billion videos on YouTube alone.

Having your video rank on page one of Google is equivalent to reaching the “dental marketing Mecca.” Viewers can’t resist clicking on a video when searching for products or services online. Once your video link reaches page one, you are golden.

Viewers click and your video keeps playing and playing, just like the Energizer® battery bunny, 24/7, whether you are working, sleeping, eating, playing golf or spending time with your family. There is no better return on investment today than video marketing.

Why is video so powerful? Video is the No. 1 marketing tool available to deliver your personalized marketing message, exactly the way you want it, at precisely the moment a prospective new patient is looking for your services on the Internet.

It engages the senses and creates emotion. Viewers can hear and see who you are and what you are all about. This is difficult to accomplish with the written word on a Web site.

Statistics show that video marketing on a Web site increases consumer interest by more than 100 percent, resulting in a call to action for products or services (such as, actually contacting your office for an exam).

It is less expensive to produce video than TV and radio commercials. In addition, once your video is created and uploaded to the Internet, it is “evergreen” visible for everyone to see until you take it down, or not.

Video is the No. 1 preferred form of communication in today’s tech-savvy society. What would you prefer to do: watch a video on a subject of interest or read Web site copy? There is no contest.

Speed to market
Speed to market wins the race. The window of opportunity to be the first in your area to add video to your Web...
site is a small one. Don’t be a “me too” practice. Lead the way in an economy that cries out for something different to allow a practice to stand out in the crowd.

If your marketing budget doesn’t allow for custom video right now, an inexpensive but powerful alternative is www.marketingwithlivevideo.com. Here, you can hire an Internet actor to deliver your marketing message for you.

One way or another, video is the key to a successful Internet marketing campaign. Venture outside your comfort zone and deliver your own public relations message to consumers in your demographic.

Do it today to improve the health of your practice, or die.
Changing dentistry 4mm at a time.

Over 10,000 new users have made SureFil® SDR™ flow one of the fastest-growing products.

Since launching SureFil® SDR™ flow in September 2009, over 10,000 dentists have tried the first and only bulk fill flowable posterior composite. What’s even more impressive is that over 90% of them said they would continue to use it. SureFil® SDR™ flow has self-leveling handling that provides excellent cavity adaptation, and it can be bulk filled in 4mm increments, dramatically streamlining your posterior restoration. Contact your DENTSPLY Caulk rep or visit www.surefilsdrgroup.com to learn more.
Changes and opportunities for health-care practitioners’ finances

By Keith Drayer

There are many areas that can bring small and large changes to a practice’s income as well as the individual health-care practitioner. Outlined below are a few of the changes and opportunities.

The practice’s finances

An area to take advantage of is the 2010 IRS Section 179 Tax Code that allows business owners to lower their taxable income by acquiring eligible property (such as dental equipment, technology and off-the-shelf software). What makes the 2010 Section 179 benefit important is that in the year 2011, this generous allowance will come down to $25,000.

As more and more dentists embrace equipment and technology, such as all-tissue lasers, comprehensive scanning, designing and milling CAD/CAM systems and cone-beam dentistry, this benefit can be applied to lower the buyer’s taxable income. These investments make a practice more efficient, productive and profitable.

One of the key areas we suggest dentists to focus on each year is their current fee schedule. Too many dentists leave thousands of dollars in the hands of insurance companies every month because of an unbalanced fee schedule.

We recommend that dentists set/balance their fees into the proper percentiles for their particular zip code. This will not only help to maximize the coverage of insurance the employer has purchased for the employee, but it will also be the best way to increase profitability.

While this is not tax advice, as individual circumstances apply, dentists should find out more about Section 199, a benefit for domestic manufacturing. A dentist could qualify for a deduction of 9 percent of the lesser of “Qualified Production Activities Income (QPI),” or taxable income from milling activities.

Dentists may significantly reduce their tax bill on domestic production activities as a result of the previous American Jobs Creation Act. This deduction is permanent and should be explored.

Personal finances

Most people have multiple credit cards. The odds of unused credit cards being cancelled should not be discounted.

Many of us keep extra, unused credit cards for a “rainy day” (often in a fireproof box, hidden in our home or off-site at a bank-rented vault). Additionally, many people have taken a retailer’s credit card, as they were making a purchase, for the instant 10 percent one-time rebate, which was the incentive for taking that credit card. What has changed in the new era is two-fold.

Financial institutions incur a marginal cost for providing credit. Thus, many lenders are still reducing assets and/or being selective about whom they are renewing.

Cancelling unused cards has been happening over the last year and a half and is not ending.

The credit-card consumers holding onto credit cards for a rainy day could mean “the flu” for lenders. Lenders are worried that the person who has not used a card in more than a year is taking out their card because of worst-case scenarios (recent unemployment, need to raise funds for a called in home equity line, etc.).

To protect your credit card lines, you may want to use your cards in intervals (every six to nine months).

Finances and partnerships

A change in today’s lending environment affects partnerships. Before the financial crisis hit, many lenders needed one partner or 50 percent of ownership to have decent credit.

Decent is defined differently among different lenders, but a FICO score of 675 could have helped a health-care practitioner on an application-only loan (which means providing your name, address, social security, license number) to obtain approximately $250,000.

In today’s lending environment, all owners are scrutinized. Thus, if one partner or an owner with more than a 20 percent stake has weak credit (FICO below 675), then that could be a detriment for the practice obtaining financing.

It’s prudent to be proactive in finding out your partner’s credit before you obtain financing. This is a surprise you want to avoid.

About the author

Keith Drayer is vice president of Henry Schein Financial Services (HSFS).

Henry Schein Financial Services provides equipment, technology, and practice start-up and acquisition financing services nationwide. HSFS can be reached at (800) 855-9495 or info@henryschein.com.

Please consult your tax advisor regarding your individual circumstances.
ADS

A clinical case demonstrates the surprising importance of endodontists in dental implant treatment planning

By Jose M. Hoyos, DMD

There’s a new vision in dentistry that is gradually being recognized and is referred to as the endo-implant algorithm.

This new approach considers the role of the endodontist as critical in considering whether a tooth can be saved or whether extraction and replacement with a dental implant is the correct treatment protocol.

An endodontist is in the unique position to evaluate critical factors leading to endodontic failures in order to determine whether another endodontic procedure will lead to a predictable and successful outcome. Should the outcome not be favorable, then extraction and replacement with a dental implant would be the protocol to follow.

In considering the ideal treatment plan, it is imperative to provide the patient with all treatment options, as well as the financial cost and procedures associated with each treatment option. The patient is thus given the opportunity to make an educated decision as to the best treatment protocol for him or her.

The information presented to the patient should include the endodontist’s opinion regarding which treatment option is more practical and predictable.

For example, a patient with a non-contributory medical history was referred to my office for evaluation of the maxillary left first molar. The patient was asymptomatic, and the tooth had been endodontically treated by a general dentist approximately seven months prior to the consultation and had never been restored.

Clinically, it presented extensive decay, probing depths of 3 mm all around, exposure of the obturation material to the oral cavity and no temporary restoration. Radiographically, no periapical lesions were detected, and the bone levels around the tooth were adequate (Fig. 1).

In order to determine the integrity of the tooth structure, some excavation was performed using 4.5x magnification and supplementary illumination, provided by a fibre-optic headlight, with a dental rubber dam for isolation. After the removal of some decay, a bitewing X-ray was taken (Fig. 2) and the following was determined:

a) the floor of the pulp chamber...
was too shallow;

b) it was too close to perforation and

c) the peri-radicular dentine was so firmly attached to the bone that it would have supported a permanent restoration.

These critical factors, in my opinion, rendered the tooth non-restorable.

The patient understood the concept and the logistics of the orthodontic treatment recommended but expressed no interest in it. The treatment plan was not in agreement with the patient’s opinion. The case clearly demonstrates how the benefit of using this allograft cocktail is that the waiting period for re-entry was approximately four to six months versus six to nine had a xenograft been used. The quantity and the quality of the bone appeared to be much better with the use of this grafting mixture. This grafting mixture helps the site produce its own bone in terms of mineral and collagen from the demineralized bone matrix (DBX) and a sinus lift was performed using the Summer’s technique.

There were no signs of a sinus perforation based on the Valsalva test. The sockets and sinus-lift area were then grafted with a mixture of DBX and MCP using a marshmallow technique. This grafting mixture helps the site produce its own bone in terms of mineral and collagen from the demineralized bone matrix (DBX), and it provides a better scaffold effect from the MCP. The area was covered with a PTFE membrane, slightly tucked under the periosteum (not more than 2 mm). Sutures were done with polyglycolic acid using a criss-cross four-corner technique (Fig. 3).

Removing the sutures

The sutures were removed two weeks later. Two weeks after suture removal, the patient was seen again for the removal of the membrane. This was done by gently picking at the membrane with cotton pliers and exerting pull on it — there is often no need for anaesthesia.

The benefit of using this allograft cocktail is that the waiting period for re-entry was approximately four to six months versus six to nine had a xenograft been used. The quantity and the quality of the bone appeared to be much better with the use of this allograft cocktail.

At the time of re-entry, the patient’s blood pressure was 116/74 with a heart rate of 64 (Figs. 4, 5). Under local anesthetic (Lidocaine 2 percent HCl with epi-nephrine 1/50,000 x 2 cpl), a tissue punch access was done using a 3.8 tissue punch XiVE drill (DENTSPLY Friadent). The pilot drill from the ANKYLOS implant system (DENTSPLY Friadent) was then used to drill 6 mm, just short of the sinus floor (Fig. 6). A series of XiVE osteotomes, from size 2.0 up to 3.4, were used to perform a sinus lift using the Summer’s technique. The osteotomy was prepared to a depth of 11 mm (Fig. 7). A Valsalva test was performed to ensure that the sinus had not been perforated. An ANKYLOS implant A11 (3.5 mm x 11 mm) was placed and primary stability was obtained. The density of the bone perceived as D-3 during the drilling stage, likely changed to D-2 with the use of the osteotomes.

The implant-transfer mount was removed, as was the cover screw that came pre-mounted inside the implant, and a 1.5 mm sulcus former (healing abutment) was placed into the implant (Figs. 8, 9).

Conclusion

This case clearly demonstrates one of the reasons that endodontists are becoming increasingly involved in implant dentistry.

They are able to provide a comprehensive evaluation of the tooth in question, and they are able to

Fig. 3: Grafted socket following extraction.

Fig. 4: Periapical film showing healing of grafting material after four months.

Fig. 5: Pre-op. film on the day of surgery.
DMUCL

Fig. 6: Guide pin in osteotomy following use of 2 mm pilot drill.

Fig. 7: Radiograph showing XiVE osteotome in place during the osteotomy.

Fig. 8: Radiograph of implant with sulcus former (healing abutment); the apical portion of the implant is under the Schneiderian membrane.

Fig. 9: Bitewing X-ray showing subcrestal placement of implant with sulcus former in place.

present the patient with the best options based on clinical assessment.

About the author

Dr. Jose M. Hoyo works in private practice in Stoughton and Taunton, Mass. He can be contacted at drjhoyo@aol.com.
International congress on cone-beam 3-D technology

Imaging Sciences International and Gendex Dental Systems proudly announce the fourth International Congress on 3-D Dental Imaging, which will be held in La Jolla, Calif., on June 25 and 26.

Experienced dental clinicians and professionals will share their vast knowledge of the third-dimension’s past, where it is today and where it’s going in the future.

These leaders in education will also offer their expertise on the practical applications of this dynamic technology: how it actually works in the clinical environment.

Three-dimensional technology is already redefining dental outcomes across a broad spectrum of treatment options, including implants, bone grafting, oral surgery, orthodontics and endodontics.

As it continues to build a reputation for facilitating efficiency, accuracy and detail in diagnosis and treatment, new applications are allowing dentists to expand their treatment horizons and practices.

To meet the demand for education, the congress’ curriculum has been expanded yet again this year to include topics ranging from basic information to detailed clinical use and hands-on training with 3-D planning software programs.

During the two-day symposium, attendees will also gain insight into the different field-of-view options for various specialties, detailed clinical application and hands-on training with 3-D planning software programs.

During the two-day symposium, vendors will display supporting 3-D products, such as imaging, implant and restorative systems as well as 3-D treatment planning software.

Dr. John Flucke, leading dental technology expert and congress speaker said, “Three-dimensional radiography allows clinicians a view into their patient’s anatomy that is more complete than any other traditional dental imaging modality.

With all of the information captured by 3-D, it is extremely beneficial to learn all of the facts behind the technology and how it can be used to assist in treatment planning from start to finish.”

The congress is honored to host attendees who seek in-depth knowledge on this innovative technology that can place them at the forefront of their profession.

“I think we are quickly moving toward ‘the’ standard of care being CBCT scans in the dental office,” said Dr. John Graham, speaker at this year’s congress.

“The dentists that attend the congress are looking to learn more about a technology that can help them advance patient care and that can set their practices apart. This program is where they will gain the information they need.”

This leading industry event promises to expand the knowledge of this imaging advancement and propel the dental profession’s implementation for planning and treatment.

“We’ve learned from owners of 3-D radiography that they greatly benefit from integrating this groundbreaking technology,” says Henrik Roos, president of Imaging Sciences International and Gendex Dental Systems.

“We are proud to be able to sponsor this comprehensive educational event that offers dentists the opportunity to treat their patients more safely and grow their practices.”

For more information or to register for the fourth International Congress on 3-D Dental Imaging, please visit www.i-CAT3D.com or call (800) 205-3570.
The Organization for Safety & Asepsis Procedures (OSAP) has launched a new Web site at www.osap.org. The OSAP Web site is the gateway for accessing up-to-the-minute research-based information on infection control and safety in dentistry.

The site features charts, checklists, training tools, continuing education programs, news summaries and more. Much of the content is available to the public, but OSAP members are able to access special content and features. A new social networking capability allows OSAP members to connect with each other, as well as follow the organization on Facebook and Twitter, view photos and videos on Flickr and YouTube, and subscribe to the RSS feed.

A Safety Mall offers products and services relating to infection control and includes downloadable materials for those with an immediate need. The new site features a fresh look and many new features.

Special content is available for speakers, consultants, dental professionals and others concerned about infection control and safety in dentistry. Visitors can also get information and register for events, such as the 2010 Infection Prevention Symposium, which will be held June 10–13 at the Hyatt Regency in Tampa, Fla. The OSAP Web site is updated on at least a daily basis, but when pandemics, natural disasters or other breaking developments that impact infection control occur, the site is updated multiple times a day.

Visit www.osap.org frequently to stay current on fast-changing safety and infection control challenges.

About OSAP
OSAP is the Organization for Safety and Asepsis Procedures. Founded in 1984, the nonprofit association is dentistry’s premier resource for infection control and safety information. Through its publications, courses, Web site and worldwide collaborations, OSAP and the tax-exempt OSAP Foundation support education, research, service and policy development to promote safety and the control of infectious diseases in dental health-care settings worldwide.

(Source: OSAP)
Using risk identification and credit granting to build your practice

By Paul Zuelke

In 1980, when we took our first dentist as a client, almost all dental offices were routinely granting credit to their patients. If a patient/parent needed a few months to pay for his/her clinical treatment, a payment plan was usually allowed. Thirty years later, things have clearly changed. Dentists today rarely grant credit because they don’t want to assume the risk. Patients are pushed to pay in full or to use third-party financing.

In fact, many of the practice management consultants who are active today are recommending their dental clients be “cash only” and only provide third-party financing (finance company, bank, credit card) for their patients.

The result is simply horrible rates of case acceptance, postponed/phased treatment, more single-tooth treatment than ever in the past, significant increases in failed appointments, a reduction in the number of new patient referrals and a net reduction in production per dentist hour worked in many practices.

This defensive behavior is unnecessary because credit granting, internal credit granting, is safer and more productive today than it has ever been in the past!

While choosing not to grant credit, to be a cash-only practice, solves some delinquency and cash flow problems, that policy often makes other problems worse. Failed appointments do not improve, and often become worse, because when money is tied to appointments, patients often find good reasons to postpone or cancel the appointments and, in more serious cases they simply become a “no show.”

Although collection rates are good, actual cash flow does not improve because of the single biggest problem with being a cash-only practice, weak case acceptance.

If your patients are not having you perform the work you have diagnosed, or if they only accept work covered by insurance, your production will be down and cash flow will be down as well. Ultimately, being a cash-only practice contributes to the biggest problem of all: poor referrals and weak new patient flow.

Let me note that there is no legal, ethical or moral reason why any dentist needs to grant credit. The only reason to grant credit is the obvious and practical one: You will have more patients who will accept more of your diagnoses.

It is not a coincidence that during the last three years, while our economy has been less than stellar, practices that routinely allow their patients monthly payments for their treatment have experienced significantly less of an impact from the economy than have the cash-only practices.

Appropriate credit granting is often the answer to building a consistently growing, productive and profitable practice. Of course, “appropriate” is the operative word. While you cannot afford to have your great patients postpone their treatment because of your financial policies, neither can you afford the financial loss and other problems associated with granting credit to the wrong patients.

Obtaining credit reports on patients was the answer to this dilemma in 1980, and it is still the answer today. The difference today is that learning a patient’s potential risk to the practice is much less expensive, less intrusive, less time consuming and much more accurate than it has even been.

The Zuelke Automated Credit Coach (ZACC) is a Web-based tool available from DentalBanc that has been specifically designed for the dental profession. ZACC evaluates stability, maturity and credit integrity in exactly the same fashion as a bank loan officer, but ZACC does it in a few seconds.

Once ZACC has evaluated your patient/responsible party, ZACC...
assigns a credit grade and even makes a recommendation regarding the most liberal financial arrangement that you can safely offer the patient.

Although ZACC reads and interprets every line and every column on a credit report, a ZACC inquiry does not affect a patient’s credit score nor does a ZACC inquiry show up as an inquiry to your patient’s other creditors. You can grow your practice with safe and appropriate credit granting. Take a look at ZACC at www.getzacc.com.

Paul Zuelke is president and founder of Zuelke & Associates, Inc., a management consulting firm specializing exclusively in teaching credit management and accounts receivable control techniques to health-care practices.

Zuelke’s extensive professional background in lending and corporate finance, combined with 30 years of experience with more than 1000 client practices located throughout the United States, Canada and Australia, position him as the leading authority in using effective credit management to build a quality health-care practice.

Directa AB — a leading Scandinavian dental manufacturing company located in Stockholm — dedicates itself to introducing innovative, high-quality and cost-effective products into the dental market, is probably best-known for its Luxator® extraction instruments and polycarbonate crowns.

However, a new Directa product is now creating quite a buzz in the dental world.

Many dental practitioners are already familiar with Directa’s FenderWedge®, which separates and protects adjacent teeth during preparation for a Class II restoration. This product is a combined wedge and protective stainless steel plate, or “fender.” FenderWedge pre-separates teeth and protects the adjacent tooth during preparation.

Research has shown that damage to the adjacent tooth occurs in more than 60 percent of cases during preparation unless it is adequately protected.

Now, FenderWedge has a complementary product: FenderMate®. A one-piece sectional matrix and wedge specifically designed to allow dentists to complete a composite restoration quickly and efficiently with a tight contact and cervical margin. FenderMate may be utilized either from the buccal or lingual aspect.

— Continued, ‘The Fender …'
Velopex’s air abrasion unit fits many occasions

There are many uses of the Velopex Aquacut Quattro Fluid Air Abrasion Unit. Here are some of them:

- minimally invasive and cosmetic dentistry,
- patient-friendly stain removal and cavity preparation,
- fast, efficient cutting and cleaning,
- ideal for repair of composites.

The Aquacut Quattro will give you greater control and flexibility than any other piece of equipment you own. Some of its other benefits include:

- no vibration, turbine noise, heat generation or smell,
- greatly reduced need for local anesthesia,
- a handpiece that creates a fluid curtain around the powder medium,
- a triple-action foot control that speeds treatment by allowing cut, wash and dry operations through the same handpiece,
- no chipping or stress fracturing,
- minimal loss of sound tooth material.

Kank-A launches soothing beads

Mouth pain can occur at any time throughout the day, and treating the problem while away from home isn’t always convenient. The best products provide a tailored solution to localized pain, but can be difficult to use on the go.

Kank-A® Soothing Beads™ provide two benefits: effective, comfortable relief for all-over-mouth pain and a form that is easy to carry and discreet to use.

Kank-A Soothing Beads are comfortable, smooth balls that melt in the mouth to deliver maximum strength medication (15 mg benzocaine per five-bead dose). Kank-A Soothing Beads can be rolled around the mouth for all over relief or held in one spot for concentrated treatment.

Each five-bead dose is individually packaged on a perforated card (like many over-the-counter caplets), making it easy to leave some at home, work or in any other location that’s handy throughout the day.

They beads are designed to deliver effective relief without excessive numbing and are ideal for use on gum irritations, mouth burns, canker sores, orthodontic appliances and dentures.

With a suggested retail price of $5.49–$7.99 for each 15-dose pack, Kank-A Soothing Beads will be available in May 2010 at food and drug stores nationwide.

Kank-A offers a full line of products designed to provide solutions tailored to specific oral pain needs. Each product offers maximum strength benzocaine to ease pain, other beneficial ingredients and unique application systems that deliver relief to sore spots.

Kank-A SoftBrush® is a super-effective treatment for toothaches and gum pain. It offers a dual-relief formula combining the maximum level of benzocaine (20 percent) with an active oral astringent, zinc chloride, for fast, deep pain relief. Its unique, pen-shaped applicator and soft brush tip make it easy to apply gently and comfortably anywhere in the mouth, especially between teeth and around braces. Kank-A Softbrush retails for $5.49–$7.99.

Professional Strength Kank-A Mouth Pain Liquid has received the ADA seal of acceptance for its effectiveness in the relief of canker sores and has long been the ideal treatment for pain caused by canker sores and other mouth sores. Kank-A Liquid has been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores and has long been the ideal treatment for pain caused by canker sores.

The protective coating holds the anesthetic in contact with the sore and acts as a barrier against further irritation. Designed for precise, convenient dispensing, Kank-A Mouth Pain Liquid has a built-in applicator, allowing consumers to easily place the medication where it’s needed. Kank-A Liquid retails for $5.49–$7.99.

For additional information about Kank-A products, visit www.Blistex.com.
Every Generation Needs a New REVOLUTION

“The greatest revolution of our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives” - William James

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You can’t always get what you want (unless you clearly ask!)

By Laura Kelly, AAACD

Looking back, I’m amazed at what we pieced together given such limited communication tools. Yet that was the best the dentists could provide to the technician, and we had to work from what we had. It was challenging to create the specific results for, say, a single unit anterior crown.

Often there were trips between the laboratory and the practice or extra meetings — not to mention costly remakes for everyone. As we got better, we pulled it off, but it wasn’t easy.

With today’s digital technology, the clinician can instantly determine whether the information in the photograph will adequately convey everything necessary to the technician.

Many cases require more than a shade tab number written in the shade box on the prescription, and taking full face, retracted and lateral views make all the difference to the technician working on your cases.

Once the image is captured, e-mail can transfer the information virtually instantaneously, permitting the dentist to choose a technician anywhere in the country. This allows the dentist to work with a technician with whom he or she can work best, regardless of geography. The technician, in return, can send preliminary images of his or her wax up and bisque bake along with the final stage images for the dentists to review.

‘Would you like a massage while you wait?’

Florida cosmetic dentist wants to rub the stress away for his patients

By Fred Michmershuizen, Online Editor

Let’s be honest: There are times when your laboratory technician simply doesn’t deliver what you envisioned so clearly in your mind. A bit more of a convey or a specific gingival color; a minor mesial rotation on that bicuspid or an occlusal table’s just a little too wide.

Twenty years ago, when I began my career as a laboratory technician, we had only a few tools at our disposal.

Hastily made sketches on the back of prescription pads, a few colored pencils to indicate body shade, incisal level or some other specific instruction; and sometimes pre-op models were used.

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Fast forward two decades to the era of digital camera, e-mail and Skype and the way we work together is instantly and forever transformed.

No longer must we guess, imagine or try to convey with facsimiles or mere words. These tools have totally changed the way the dentist and laboratory technician collaborate on their work, and everyone — the patient included — has been the beneficiary of this technology.

Imagine if you had to work without a digital camera today: Film. Developing. Printing. Waiting. Time. Out of focus. Do it again. Wait some more.

With today’s digital technology, the clinician can instantly determine whether the information in the photograph will adequately convey everything necessary to the technician.

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When looking for a new lab ...

- Call and introduce yourself, communicate what it is you are looking for and what is missing from your current lab relationship. (We need to know what you don’t like so it’s not repeated!)
- Ask to see photos of their work, and find out who receives the e-mail photos that you will be attaching to your cases.
- Ask how the lab assigns your cases to a technician(s) and request to speak directly with the technician you will be working with.
- Visit the lab if possible, or use Skype for instant communications online.
- Ask for a bisque bake photo to be e-mailed to you for approval before sending the case out. This saves time and the dentist can give useful feedback at a time when modifications are easily made.
- Schedule quarterly phone or in-person meetings to discuss how everything is progressing; so engage in regular meetings.
- Ask other dentists what their experience has been with the laboratory you are considering.
- Outsourcing cases overseas has increased in the laboratory profession. If this is important to you, you may want to inquire as to where your restorations are being made.

What to include

- Clear, full arch impressions
- Bite
- Photos
- Face bow or stick bite
- Pre-op models
- Model of temps or diagnostic wax-up to follow
- Concise instructions

Labs evaluate you too

We all know that dentists are constantly evaluating their laboratory technicians and relationships, but the same is true for the technicians.

When we receive a case from a client who communicates well, makes expectations clear, works in a collaborative partnership and gives candid and timely feedback, we know we have to be on our toes and it challenges us to do our very best.

When we work with a dentist who sends clear impressions, focuses photos (even of temps or diagnostics), sends clear impressions, focused photos (especially of temps or diagnostics), sends clear impressions, focuses photos (especially of temps or diagnostics), sends clear impressions, focuses photos (especially of temps or diagnostics), sends clear impressions, focuses photos (especially of temps or diagnostics), asks how the lab assigns your cases to a technician(s) and asks to see photos of their work, we know the standards. We have the tools. We have the right thing. We have the technology. We have the materials. We have the protocols. We have the communication tools.

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Three decades of healthier teeth and beautiful smiles

After 30 years in practice, Dr. Brett Magnuson of Kalamazoo, Mich., is smiling, too

By Fred Michmershuizen, Online Editor

Magnumon is accredited by the American Academy of Cosmetic Dentistry (AACD), and he has served as an accreditation examiner for that organization. He is also a member of the American Board of Cosmetic Dentistry. The Consumer’s Research Council has named him one of America’s Top Dentists.

In addition to offering porcelain dental veneers in Kalamazoo and other methods of improving smiles and general oral health, Magnuson says he makes it a point to reach out to his own community as well as those around the world.

He is a contributor to the Give Back a Smile Foundation — an organization dedicated to helping victims of domestic violence — and the AACD Foundation Disaster Relief Fund. The latter organization has helped many people in the United States and around the globe who have been affected by the 2007 California wildfires, the 2004 tsunami that hit countries along the Indian Ocean and the 2005 hurricanes that impacted the U.S. Gulf Coast.

Dr. Brett Magnuson, a cosmetic dentist, is celebrating 30 years in practice this year. His office, Magnuson Dental Design, offers cosmetic dentistry services to residents in Kalamazoo, Mich., and surrounding communities.

Magnuson says he is honoring the occasion by continuing to do what he does best: making people smile. He says part of the mission of his practice is helping patients improve the look and health of their teeth by offering the latest procedures in a friendly, relaxed atmosphere, and to truly help them understand the importance and advantages of maintaining their oral health.

Magnuson, who began his dental career in 1978, which is when he opened his Kalamazoo practice, “I just fell in love with the town, the community, and the people,” he says. Magnuson specializes in correcting common esthetic and functional issues for his patients and also performs teeth whitening, composite fillings and dental implants.

“We foster teamwork through innovation, personal responsibility, trust and communication between our doctors, dental team and patients,” he said.

Magnuson prides himself in staying on top of the latest technology and giving people effective, beautiful results in the most comfortable way possible. He says his experience has been a rewarding one, largely because of his patient-centered approach toward dentistry.

“Our staff strives to create open, friendly relationships with each of our patients to ensure that they receive the most dedicated and highest quality customer service and care,” he says. “Our personalized service and warm, relaxing atmosphere set us apart.”

Magnuson says his 30-year milestone as a cosmetic, implant and sedation dentist have only made him more excited about the future ahead. He says that as dental technology and techniques continue to evolve, the coming years should hold even better ways to give his patients bright, breathtaking smiles in a comfortable, pain-free experience.

“We strive to give every patient who walks in our doors star-quality, individualized attention and treatment,” he says.

Patients can also receive reflexology massage, which stimulates reflex areas and improves blood flow, as they are seated in the dental chair. Massage chairs in the office allow for full body massage and relaxation.

“The body is a complex system, and when one part of the body is in pain, the entire body reacts,” Nassery says. “With the use of massage in the dentist’s office, patients can experience a sense of overall balance, making the dental procedure that much more effective and painless.”

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By Fred Michmershuizen, Online Editor

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By Fred Michmershuizen, Online Editor
**LABS EVALUATE YOU BY ...**

- Quality of impression, free of pulls, distortions or voids on the margins.
- Photographs sent with shade tab desired, as well as prep or “stump” shade for all ceramic restorations.
- Detailed prescriptions and “call to discuss” written on cases that require more communication.
- Your willingness to be open to feedback. Ask your technician what you can do to make his/her job easier and he/she will be happily surprised.
- Your direct and honest feedback. Technicians need to know what you like and what you don’t in order to improve and meet your expectations.

**CASE FILE: COMPARING TECHNIQUES**

- **Pressed & Stained**: The most simplified technique, yet all surface staining creates an unnatural appearance, and surface stain can be removed leaving “bald spots” if adjustments are necessary.
- **Pressed/Cut-Back**: Maintains excellent marginal adaptation due to the lost wax technique, and also provides a more natural appearance due to the internal placement of color.
- **Feldspathic/Layered**: Very natural appearance due to complete layering of porcelains. Can be technique and labor intensive, requiring technical expertise to provide excellent, life-like results.

**About the Author**

Laura Kelly is a dental ceramist and began her dental laboratory career in 1985. An accredited member of the American Academy of Cosmetic Dentistry (AACD), she is also the first dental technician to have been elected to serve as president of the AACD (2007–2008).

Recently, Kelly was elected to serve as secretary for the International Federation of Esthetic Dentistry (IFED), currently serves on the editorial board of Spectrum, and is also the editor in chief for Lab Tribune. She lectures nationally and internationally on dentist/technician communications, new laboratory materials and how to incorporate effective marketing concepts into dental practices and laboratories.

Kelly can be contacted at laura@lkdentalstudio.com.
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