Ebola outbreak heightens infection control awareness

By Prof. Lakshman Samaranayake

Two decades ago, a seminal report from the Institute of Medicine (IOM) in the U.S., titled “Emerging Infections: Microbial Threats to Health in the United States,” warned of the dangers of newly emerging and re-emerging diseases. The concept of “emerging infectious diseases,” introduced then by the IOM, is now well entrenched, and to our chagrin we have witnessed many such diseases over the past two decades. These include variant Creutzfeldt-Jakob disease, severe acute respiratory syndrome, Middle East respiratory syndrome, and, above all, the pandemic of tuberculosis. The re-emerging infectious diseases we have seen include diseases caused by meticillin-resistant Staphylococcus aureus, and multidrug-resistant and extensively drug-resistant Staphylococcus aureus, and multidrug-resistant and extensively drug-resistant tuberculosis.

Interestingly, the concept of "emerging infectious diseases" is not new. Indeed, ancient Greek, Roman and Persian writers documented the emergence of many new epidemics. In more recent times, the scientist Robert Boyle presciently observed in 1665 that “there are ever new forms of epidemic diseases appearing, among [them] the emergent variety of exotic and hurtful.” Arguably, though, the most noteworthy relatively new emerging infectious disease with the greatest impact on the dental profession has been the human immunodeficiency virus and AIDS. And now we have a severe epidemic of Ebola virus infection. It is back with a vengeance, this time in West Africa, with more than [5,500 confirmed cases at press time] and a 69 percent case fatality ratio [at the time of writing]. The culprit is the Zaire Ebola virus species, the most lethal of the four species of the Ebola virus known, with case fatality ratios up to 90 percent.

According to the IOM report, there are many reasons that new diseases emerge and re-emerge. These include health care advances with the attendant problems (e.g. transplantation, immunosuppression, antibiotic abuse, and contaminated blood and blood products) and human behavior, including injectable drug abuse and sexual promiscuity. Societal occurrences, such as economic impoverishment, war and civil conflict, too, are critical, according to the IOM. The current epidemic of Ebola virus infection is back with a vengeance, with more than [5,500 confirmed cases at press time] and a 69 percent case fatality ratio [at the time of writing]. The culprit is the Zaire Ebola virus species, the most lethal of the four species of the Ebola virus known, with case fatality ratios up to 90 percent.
Tooth loss declining in United States

The number of edentulous people in the United States will decline significantly, according to a recent study by researchers at the University of North Carolina at Chapel Hill. The research team tracked edentulism over the past hundred years and predict that the number of people with tooth loss will be 30 percent lower in 2050 than it was in 2010.

The researchers investigated population trends in edentulism among U.S. adults at least 15 years of age by creating time-series data from five national cross-sectional health surveys: 1957–1958 (100,000 adults), 1971–1975 (14,655 adults), 1988–1994 (18,011 adults), 1999–2002 (12,336 adults) and 2009–2012 (10,522 adults). Birth cohort analysis was used to isolate age and cohort effects. Geographic and socio-demographic variation in prevalence were investigated using a sixth U.S. survey of 432,519 adults conducted in 2010. Prevalence through 2050 was projected using age cohort regression models with simulation of prediction intervals.

Researchers predict that the number of people in the United States with tooth loss will be 30 percent lower in 2050 than it was in 2010. Photo/Dana Rothstein, www.dreamstime.com
Online registration for Greater New York Dental Meeting courses and events is now open at www.gnydm.com.

You can browse through details covering more than 300 seminars, hands-on workshops, essays and "live" patient demonstrations.

Additionally, the 2014 printed Program & Exhibit Guide is being mailed and should arrive by Labor Day.

Many new events
A number of new events are on the schedule for 2014. Among the highlights:

- The World Implant Expo, four days of innovations in implantology. This new event will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3.
- An expanded ColLABoration Dental Laboratory Meeting. Bringing together dentists and lab technicians, this meeting, is expected to surpass its inaugural 2013 numbers: 1,183 technicians and technician students and 50 exhibitor booths.
- An expanded exhibit floor with more than 1,700 exhibit booths filled by more than 700 companies. The 2014 GNYDM exhibit hall dates are Nov. 30 through Dec. 3.

Again for 2014, the GNYDM, which is sponsored by the New York County Dental Society and Second District Dental Societies, will remain free of any registration fee. Other distinctions that help make the GNYDM stand out include:

- This is the only major annual dental meeting with a four-day exhibit hall.
- The meeting features more than 300 educational programs.
- One C.E. unit can be earned simply by exploring the exhibit floor.
- The live dentistry arena on the exhibit floor features eight live patient demonstrations during the course of the meeting. There is no admission charge.
- Multilingual programs are presented in Spanish, Russian, Portuguese, French and Italian.
- A laser pavilion features a variety of educational sessions focusing on all aspects of laser dentistry.
- Tickets are required for all free and paid programs with the exception of the alumni/affiliated group programs and the "live" dentistry arena.

Three airports — Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) — and hotel discounts make it easy to attend the meeting and enjoy New York City during the holiday season.

(Source: Greater New York Dental Meeting)
outbreak of Ebola virus infection is a perfect storm created by a lethal combination of some of these factors and also including rampant deforestation, poverty and the war-stricken situation in many African countries.

So how does Ebola spread? According to World Health Organization reports, Ebola virus disease (EVD) is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. Human-to-human transmission is through direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids, such as saliva, of infected people, and indirect contact with environments contaminated with such fluids.

Transmission through the air has not been documented in the natural environment, nor have there been any case reports of transmission through saliva contamination. Infection in health care settings has been due to health care workers treating patients with suspected or confirmed EVD, especially when infection control precautions were not strictly practiced. Reports indicate that those who recovered from the disease could transmit the virus through their semen for up to two months after recovery.

EVD is a severe acute illness characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, impaired kidney and liver function, and both internal and external bleeding in some cases. Oral manifestations, such as acute gingival bleeding, have been reported. The mortality rate of EVD is very high and 50–90 percent of patients die owing to the profound systemic hemorrhage or its complications. The incubation period of EVD is two to 21 days.

Up to now, there have been no reported cases of transmission of EVD in any dental settings. However, the fact that it is transmitted through human secretions, which includes saliva, and that the incubation period could last up to 21 days implies that dental care workers in the endemic areas of the virus, such as West Africa and sub-Saharan Africa, may run the risk of acquiring the disease if strict standard infection control measures are not routinely followed.

In dentistry, we are constantly exposed to these emerging and re-emerging infectious threats, and we cannot afford to let our guard down. Vigilance, awareness and good clinical practice with standard infection control at all times are fundamental to prevention, as-yet-unimagined new diseases surely lie in wait. Although we have made spectacular technical and scientific advances since the release of the original IOM report some two decades ago, it appears that humans are still defenseless in the face of the relentless march of our microbe foes.
Across the five-decade observation period, edentulism prevalence declined from 18.9 percent in 1957–1958 to 4.9 percent in 2009–2012. The single most influential determinant of the decline was the passing of generations born before the 1940s, whose rate of edentulism incidence (5–6 percent per decade of age) far exceeded that of later cohorts (1–3 percent per decade of age). High-income households experienced a greater relative decline, but a smaller absolute decline, than did low-income households.

By 2010, edentulism was a rare condition in high-income households and had contracted geographically to states with disproportionately high poverty. With the passing of generations born in the mid-20th century, the rate of decline in edentulism is projected to slow, reaching 2.6 percent (95 percent prediction limits: 2.1 percent, 3.1 percent) by 2050. The continuing decline will be offset only partially by population growth and population aging, such that the predicted number of edentulous people in 2050 (8.6 million; 95 percent prediction limits: 6.8 million, 10.3 million) will be 30 percent lower than the 12.2 million edentulous people in 2010.

“While it’s encouraging to know that this study by Dr. Gary Slade illustrates a steep decline in U.S. edentulism over the past five decades, these health gains in absolute terms have not been distributed equally,” said American Association for Dental Research President Dr. Timothy DeRouen. “Additional public health measures must be taken to reduce tooth loss in low-income populations.”

The paper, titled “Projections of U.S. Edentulism Prevalence Following Five Decades of Decline,” was published online on Aug. 21 in the Journal of Dental Research ahead of print. The journal is a publication of the International Association for Dental Research (IADR) and the American Association for Dental Research, a division of the IADR. The IADR is a nonprofit organization dedicated to advancing research and increasing knowledge for the improvement of oral health, among other objectives.

(Sources: University of North Carolina at Chapel Hill and the International Association for Dental Research)
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The NanoCamHD complete system includes a color corrected ULTRA Mini LED DayLite® headlight. The combination headlight/NanoCamHD weighs 1.1 ounces and can be attached to your loupes or can be worn on a lightweight headband.

The system also includes a foot pedal to enable hands-free operation of the NanoCamHD. Record/pause, mute/unmute and still photography are controlled by the operator hands-free via the foot pedal.

For best results, Designs for Vision recommends that users combine the NanoCamHD with the company’s dental telescopes. Matching true magnification levels of 2.5x, 3.5x or 4.5x will produce the most realistic simulation from the user’s perspective, according to the company. The NanoCamHD can also be attached to the new Nike® Retro frames or the new DVI Sport frames.

At the AAP annual meeting

To “See the Visible Difference®” yourself, you can visit Designs for Vision in booth No. 632 (level 1) or booth No. 1512 (level 2) at the American Academy of Periodontology Annual Education Meeting, Sept. 19–22 in San Francisco.

Source: Designs for Vision
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Online-review rules you should follow

Safeguard your reputation with these three principles

Online reviews dramatically change the way patients choose a dental care provider. Eighty-eight percent of consumers trust online reviews as much as personal recommendations. In the highly competitive world of dentistry, online reviews can substantially impact the growth and profitability of your practice.

Here are three principles to help you protect your online reputation, ensuring your high-quality reviews get in front of prospective patients searching for a dentist:

• Make sure your published reviews get in front of prospective patients. It’s imperative that your online reviews are published to a site generating organic prospective patient traffic and has tools that convert that traffic into appointment requests. Healthgrades is an example of this, boasting over 230 million annual visitors and more than 20 million visitors looking for a dental care provider. Last year Healthgrades Enhanced Profiles from Sesame Communications were introduced in the dental industry. With an Enhanced Profile, your high-quality, verified patient reviews are automatically populated and allow prospective patients to click-to-request an appointment. A recent study by Sesame Communications found that dental care providers with a Healthgrades Enhanced Profile publish an average of more than 21 online reviews and generate 11 appointment requests every month.

• Keep track of your online reputation. There is always the possibility your profile will encounter a negative review. This is easier to track when reviews come from your verified post-appointment surveys. Keeping track of online reviews across the Internet can be a challenge. Utilize a service from a reputable vendor that can traverse major review sites and return the results to you. Also, make sure you publish a sufficient volume of positive reviews. They will put infrequent negative reviews in the right perspective.

• Address every negative review. Dealing with a negative review isn’t easy, but quickly addressing the issue can have a positive outcome. Contact the reviewer immediately, apologize where appropriate and then ask the reviewer to re-submit their review. The best review sites will override the negative review with the new review, ensuring the reputation of your practice is accurately represented.

Final thoughts

The weight prospective patients put on online reviews continues to grow. By publishing reviews where prospective patients search for a new dentist, keeping track of what patients are saying about your practice online and quickly addressing negative reviews, your practice can use this powerful medium to promote the value of your practice and expand your loyal patient community.

(Source: Sesame Communications)

References

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.”

Take control of your practice
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’ physiologic 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.

Comprehensive care
A successful restorative practice doesn’t need to be built on insurance reimbursement schedules. An independent business should stand not on the whims and distractions of a fee schedule but rather on the ideal benefits of comprehensive care balanced by the patients’ needs and desires. Dentistry is a challenging and thankless business, but it doesn’t have to be. Through complete and comprehensive diagnosis, there is an amazing world of thank-yous and hugs and tears that our patients bring to us, but only when we can change their lives. The Core I program at LVI is the first step on that journey.

That’s why when you call, we will answer the phone, “LVI, where lives are changing daily!”

LVI Core I three-day course teaches comprehensive patient care process
Powerfully easy

Crisp, clear intraoral images delivered on a screen your patients hold in their hands

By DrQuickLook Staff

DrQuickLook™ SD Basic and SD Plus intraoral cameras deliver powerful features that can lift your practice to the next level. Showing crisp, clear images delivered on a screen that your patients hold in their own hands is the best way to convince patients to follow your recommendations for treatment.

Distortion-free imaging, adjustable lighting system

These devices are feature-rich to deliver the utmost in quality images, according to the company. The camera lens is covered by optical glass for distortion-free imaging. Six powerful LEDs highlight the most minute details for your patient to see.

The lighting system is adjustable to create the lighting balance needed for a variety of situations. Turn off the LEDs to take an image of a traditional radiograph on a viewbox to send to an insurance company or to add to your digital patient records. Images can be magnified for immediate viewing of defective margins and fracture lines. One touch of a button on the wand saves the image to a standard SD card.

Highly portable

Images can be quickly reviewed from the SD card to show your patient all the images in sequence. Need to magnify that fracture line? Simply move the image with your finger if needed and press the magnify button. Interested in showing an image to a parent or caretaker in the waiting room? That’s not a problem with DrQuickLook intraoral cameras. Take the viewer in hand and see how portable it is. Try that with a traditional intraoral camera.

Care to show patients images of actual cases you have completed? Download images to a standard SD card, insert the card into the viewer and present a slide-show of real-life treatment. Show old broken fillings transforming into beautiful new restorations and crowns. Reality at its best.

Draw on the screen to explain treatment plans

The DrQuickLook SD Plus model has a draw feature that the company says will amaze your patients. During image review, simply circle a critical part of the image with your finger or the drawing pen. Save and send this new image to the insurance company to highlight, for example, a fracture line that calls for a crown on the tooth.

The FaceCam feature in the SD Plus model can create a quick portrait image to enable immediate patient recognition at your reception desk or to send as an additional aid for your dental laboratory. Optional patient education can make your practice cutting edge. That’s why another feature enables patients to see any of 31 videos to fully understand procedures. You can provide your own narrative with the matching slideshow series.

Saving images to the patient file in a practice management system is a breeze using the standard SD card, according to the company. If you want to retain any image, simply eject the SD card and, using the supplied adapter, import the jpeg images into the patient’s file. Save when you want and discard images if they are not needed. This works with both Windows- and Mac-based systems.

No formal training needed

DrQuickLook SD Basic and SD Plus intraoral cameras are so easy to use, the company says that formal training is not needed. Simply have any staff member take the unit home for the weekend and practice until he or she feels comfortable with all of the features. The touch screen creates an intuitive interface for all of the available features. According to the company, working with DrQuickLook SD Basic and SD Plus intraoral cameras is revolutionary. Everything needed to get things started is included the first day you open the box.

Think about how DrQuickLook SD Basic and SD Plus intraoral cameras can transform your practice into an efficient office where you and your staff can deliver the kind of quality care you’ve dreamed about. Don’t let another day go by wondering whether dental imaging and patient education can help make your office the kind of practice where you can’t wait to get to work each day.

With the company’s “30-Day Do Your Own Demo” you can discover the success that practices all over the country have been achieving with the DrQuickLook SD Basic and SD Plus intraoral cameras.

AGD, OralID partner to give oral cancer screenings

During the Academy of General Dentistry (AGD) 2014 Annual Meeting & Exhibits in Detroit, the AGD Foundation hosted oral cancer screenings in an effort to increase early detection and public awareness of the disease. Twenty-two dentists conducted thorough head and neck exams for 136 patients, utilizing the proven fluorescence technology of OralID’s oral cancer screening device and setting a high standard for oral cancer examinations.

“Oral cancer is the sixth most common cancer accounting for nearly 5 percent of all cases,” says AGD spokesperson Vincent Mayher, DMD, MAGD. “More than 43,000 Americans will be diagnosed with oral or pharyngeal cancer this year, resulting in more than 8,000 deaths—that’s more than one person every hour.” Oral cancer is particularly dangerous because it can go unnoticed in its preliminary stages. In many cases, however, dentists can detect the disease early, which makes the dental community the first line of defense against oral cancer.

Adjunctive devices, such as OralID, manufactured by Forward Science Technologies, make it possible to detect abnormal lesions at their earliest stages, which may increase survival rates.

“We designed OralID with community outreach programs in mind,” said CEO Robert J. Whitman. “We understand that some of the highest-risk patients are ones who cannot make it to the dental office. Thus, we designed a device that is easy to use and portable, without any restrictions or consumables, this allows for a large number of people to be screened in a short period of time. We also added a camera filter to put on any smartphone or tablet, so dentists can take pictures of any lesions they find. It’s rewarding to be able to give back to the community in such a unique way.”

Forward Science Technologies supplied the AGD Foundation with 10 OralID devices for the screening event, enabling the volunteers to use the latest technology on meeting attendees and members of the public. Whitman personally oversaw the event, along with Mayher and AGD Foundation Manager Marilyn Mays. “It was great to see the AGD members rally together for a great cause,” Mays says.

Forward Science Technologies Forward Science Technologies is a privately held medical device company based in Houston. OralID was designed with community outreach programs in mind. With the launch of CyteID, Forward Science Technologies becomes the first company in the United States to provide an oral health protocol, referred to by the acronym F.A.C.T. In addition to being the only FDA-cleared oral cancer screening device with no per-patient costs, OralID carries a two-year warranty.

(Source: Forward Science Technologies)
According to a recent Oral Health America (OHA) survey, low-income Americans and those with children are more likely to delay and skip dental visits. That’s why OHA’s Fall for Smiles campaign is so important this year. Every September and October, the campaign teaches Americans about the importance of maintaining a healthy smile by brushing and flossing daily, regular dental visits, eating healthy foods and avoiding tobacco products.

Support from the dental community is key to the success of the campaign — the more people who hear the message of the importance of oral health at their dental offices and in their communities, the more likely they are to focus on maintaining a healthy mouth.

To help dental professionals and families participate in the campaign, OHA will have various materials available on the Fall for Smiles website throughout September and October. For those looking to engage and educate children, the campaign website features an activity booklet, coloring page, brushing chart and tip sheet to make caring for teeth fun.

Those who want to spread the message of the importance of oral health in their communities can use a template press release, letter to the editor, social media guide, Web button and customizable poster. OHA will also be releasing information about the state of oral health in America throughout the campaign and hosting an event on Capitol Hill with “Oral Healthcare Can’t Wait,” an initiative by the Dental Trade Alliance to address the oral health needs of communities throughout the country.

To learn more about Fall for Smiles, including more information about the Capitol Hill event on Sept. 10, visit www.oralhealthamerica.org/fallforsmiles. With help from dental professionals, the organization plans to reach millions of Americans with the message that oral health impacts overall health.

(Source: Oral Health America)
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NYUCD to offer 17-month AAS degree in dental hygiene

New York University College of Dentistry (NYUCD) starting in January will offer an accelerated, continuous, 17-month Associate in Applied Science (AAS) degree in dental hygiene. The Fast-Track AAS degree program, the first of its kind in the state, is designed specifically to enable highly motivated students to gain access to the same innovative, high-quality education that is offered by the traditional two- to three-year course of study, but in a more concentrated period.

On ‘Best Jobs of 2014’ list

US News and World Report ranks dental hygiene in the top 10 on its list of “Best Jobs of 2014.” Many dental hygienists make yearly starting salaries of more than $70,000, and the prediction is for 33.3 percent employment growth in this field within the next decade. “The new Fast-Track program addresses the readiness of high school graduates — and those who already hold college degrees but desire to change careers — to enter one of the most personally fulfilling and professionally rewarding health professions within the shortest possible time,” said Dr. Cheryl Westphal Theile, assistant dean for allied health programs at NYUCD. “As key members of the
Hands-on clinical experience in the community

Community-based rotations further enable students to gain valuable clinical experience while helping to educate patients about the importance of oral health and promoting a lifetime of good health habits.

Graduates of the program are qualified to take the clinical board examinations and the dental hygiene national boards, which are requirements for state licensure.

The NYU Fast-Track dental hygiene program is fully accredited by the American Dental Association Commission on Dental Accreditation for Dental Hygiene Education Programs. Professional opportunities following graduation include clinical practice, public health careers, research and health-care management.

Financial aid is available.

The Fast-Track AAS Program is currently accepting applications for January 2015.

The deadline for submission of applications is Nov. 1. For more information and to apply, you can visit the school’s website at www.dental.nyu.edu.

About New York University College of Dentistry

New York University College of Dentistry is the third oldest and the largest dental school in the U.S., educating more than 8 percent of all dentists. NYUCD has a significant global reach and provides a level of national and international diversity among its students that it describes as being unmatched by any other dental school.

Learn more at www.dental.nyu.edu.
Keystone Industries acquires the Harry J. Bosworth Co.

To further its goal of producing innovative, high-quality products for the dental industry, Keystone Industries has acquired Harry J. Bosworth, a company that has been dedicated to producing top-quality dental materials since its founding in 1912.

The Bosworth Co. has been committed to the improvement of the dental world on the practitioner side, and Keystone Industries is a leader in the U.S. dental manufacturing industry. Customers of the two internationally recognized companies will receive extensive access to unique dental products, according to the companies.

Blended strengths
Milly Goldstein, president of the Bosworth Co., said, “By blending our strengths, the laboratory and dental trade markets we serve will benefit from a greater continuity of service and products. We are truly excited about this endeavor and look forward to the projects we can accomplish together.

Keystone and Bosworth bring together more than 200 combined years in the dental manufacturing business. Bosworth will remain headquartered in Skokie, Ill., and Keystone Industries in Cherry Hill, N.J.

Family roots, global perspective
“To have an excellent group such as the Bosworth company come onboard with our Keystone companies is an impressive move for the advancement of the dental industry,” said Otto Voit, president of the Keystone Dental Group. “By leveraging our combined strengths we can provide an unparalleled opportunity for growth in this challenging market today while ensuring that our core values of maintaining a family-oriented business are secured for future generations.”

About Bosworth Co.
Bosworth, a business that remains committed to the dental industry and its growth, is an ISO 13485:2003 certified company, practicing specific standards to provide the highest level of quality and performance for all products manufactured. Bosworth continually stays at the brink of dental technology, developing top-quality products backed by service and value.

About Keystone Industries
Keystone Industries, a privately held company founded in 1908, has maintained a strong reputation for producing innovative, high-tech dental products in both the operatory and laboratory realms. Its dedication is driven by the need to provide customers with the finest quality materials while developing products that meet and surpass customer expectations. According to the company, that same dedication continues to guide it as it moves forward with the acquisition of the Bosworth Co. and its product lines.

(Source: Keystone Industries)

Survey: Tooth Fairy tightens purse strings
American children are receiving an average of $3.40 per lost tooth this year, down 8 percent from last year, according to Visa’s annual Tooth Fairy survey.

Fathers reported a far more indulgent Tooth Fairy, saying that the Fairy left 45 percent more than moms said she did ($4.20 vs. $2.90). More than 50 percent of kids will get either $1 or $5 (33 percent of respondents reported that the Tooth Fairy left a dollar). Only 3.6 percent said that the Tooth Fairy left $20 or more, down from 6 percent in 2013.

Kids in Canada are receiving the equivalent of $2.60 in U.S. dollars on average this year (the same as U.S. kids in 2011).

(Source: Visa Inc.)
LED ZygLite NanoCam HD™
Enhancing Dental Surgery

2.5x, 3.5x and 4.5x lens system to document and record from the dental surgeon’s perspective
HiDef 1080p Video Capture
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Plus –

NEW Nike Retro Frames
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LED ZygLite NanoLite™
1/3 the weight of competing systems
Telescopes, Light and Cable shown here weigh less than 60 grams

NEW DVI Sport Frames
Wrap Around Design
Available in Two Sizes and Six Colors

Booths 632 and 1512