**Budget proposals thrust dentists**

Dental principals are among the taxpayers likely to be hardest hit by the Chancellor’s Budget proposals, according to the National Association of Specialist Dental Accountants.

Mr Ledingham, said: ‘There will be little incentive for many principals, particularly those in NHS practices, to undertake additional work, despite the fact that the proposals are designed to kick-start the economy.’

He claimed that a dentist with taxable earnings of £200,000 in the current tax year, who earns an extra £10,000 in taxable profit in the 2010/11 tax year, will be asked to pay an additional £6,090, effectively a tax rate of 66.9 per cent.

Meanwhile, a dentist with taxable profit of £150,000 in 2009/10 will have to pay £7,090 if they earn an additional £10,000 profit in 2010/11.

Bob Cummings, NASDA’s tax specialist, said that when a person’s income exceeds £100,000 the personal tax allowance is gradually eroded and eventually reduces to zero as profits rise.

He added: ‘Dentists earning over £100,000 will therefore see their tax bills increase even if their profits remain the same. For those earning over £150,000, the highest income tax rate also increases from 40 per cent to 50 per cent.’

Mr Cummings predicted that dentists who had not incorporated might consider doing so because of the potential for reducing tax liabilities. But he stressed that all the pros and cons should be considered first and said: ‘I am sure all NASDA accountants will be working particularly hard to put in place tax strategies to ensure that their dental clients pay the minimum amount of tax legally possible.’

Mr Ledingham said: ‘It should be noted that in recent years not everything that the Chancellor has presented in his Budget speech has ultimately found its way into Statute. We will therefore have to wait until the Finance Act receives Royal Assent at the end of the summer before we know the final details. However, it is clear that the Chancellor is intent on increasing taxes and has his sights set on high earners.’

He added: ‘It is going to be particularly important over the next few years for dentists to ensure that they have access to high quality tax planning advice from people who are not only experts in the area of tax planning, but who also have an in depth knowledge of dentists and the business environment that they operate within.’

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**Complex process**

Root resorption of the permanent teeth is a complex biologic process of which many aspects still remain unclear. Dr. Eugene Chan explains.

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The contract will provide access for 15,000 patients

Oasis Dental Care has won a £1.7m contract to help alleviate the huge gaps in NHS dental care in Northern Ireland. The contract means Northern Ireland should get 58 more NHS dentists.

Health Minister for Northern Ireland, Michael McGimpsey said he has awarded a £1.7m contract for the provision of additional dentists 'where they were most needed'. He claims that the contract will provide access for an additional 57,000 NHS patients.

The first dentists will be appointed first in the areas that need them most and are expected to be in post by the end of the year. The three-year contract has gone to Oasis Dental Care Ltd, which owns and operates 170 dental practices throughout England and Wales.

Mr McGimpsey said he hoped the new contract will 'greatly ease current access problems'. He added: 'Oasis Dental Care Ltd will provide 58 dentists, targeted in access ‘hotspot’ areas across Northern Ireland ensuring people can get the health service dental treatment they need. Oasis has extensive expertise and experience in providing dental services via health Trusts across the United Kingdom and the standards they have set are impressive.

My officials are working closely with the British Dental Association to achieve a new dental contract for all health service dentists in Northern Ireland, and I look forward to a successful conclusion to this process. However, there are access problems now that I have to address, and I am delighted that Oasis will work with us on this.'

The British Dental Association (BDA) gave a broad welcome to the announcement of the award of a tender for 58 new dentists in Northern Ireland as part of the solution to the problems some patients face accessing care.

But the BDA also warned that the 800 dentists already working in Northern Ireland need more support and a new contract that allows them to provide the kind of modern, preventive care they are trained to do.

Dr Claudette Christie, director for the British Dental Association (BDA) in Northern Ireland, called the new contract ‘a welcome step’ but said: ‘However, while this is welcome news, it is not the sole solution to the problems dentists and their patients face.

Also important is that the dentist Northern Ireland does have are properly supported. The announcement recognises both the importance of prevention and the significant cost of providing care. The BDA is currently negotiating a new contract which we hope will support a preventive approach.’

Justin Ash, chief executive of Oasis Dental Care, said: ‘We are delighted to have been chosen to be part of this significant boost to the health of the people of Northern Ireland and are delighted to be working in partnership with the Health Minister and the Health and Social Care Board.‘

This contract is another re-sounding endorsement of Oasis Dental Care and our ability to deliver excellent health service dentistry.

Plans are already well advanced for the new Oasis practices and we look forward to welcoming new patients from across the province later this year. We will ensure that we keep local communities informed of the progress of the building work and will be when they will be ready to register for treatment.’

The former Western board area will get 16 new dentists - in Enniskillen, Omagh, Strabane and Londonderry. In the former Northern board area, eight dentists are to be located in Carrickfergus, Newtownabbey and Cookstown, Bangor/Donaghadee, Holywood, Dunadown/Castleveagh, Lisburn/Dumurrury and Carryduff – in the former Eastern board area - will get 10 dentists. The former Southern board areas of Banbridge, Dundonald and Newry will each receive funding for two new dentists.

Dr Cockcroft backs e-learning

Smile-on’s new e-learning programme ‘complements’ the government’s guidance on improving oral health, said the chief dental officer.

Speaking about the learning resources provider’s two-hour programme, Delivering Better Oral Health, the ‘Prevention in Practice’ CD Rom, Barry Cockcroft said: ‘The learning resource that Smile-on has produced should complement the document itself well and provides dentists with support to practically implement the messages within the dental practice environment.’

He added: ‘One of the things we learnt from PDS (personal dental services) polling was that most dentists were really keen to work in a more preventive way. We also learnt from the same poll that most dentists were unaware of what evidence based prevention really was. We were delighted that the British Association for the Study of Community Dentistry worked with us to produce such an excellent document in such a short time.’

The Delivering Better Oral Health toolkit, was sent to all NHS practices in England in 2007, by the Department of Health.

Dr Cockcroft revealed that the Department of Health has decided to update and send the hard copy document to all dentists with an NHS contract in June. The ‘Prevention in Practice’ CD Rom has been developed by Smile-on at the request of the Oxford Deanery.

It has had input from members of the team that produced the Department of Health toolkit.

The CD Rom looks at patient self-care and how practitioners can raise self-care issues with patients. This includes oral health messages as well as advising patients on healthy diets, sensible drinking, and smoking cessation.

Users can see actual interviews from a dentist and a dental care professional who have successfully implemented the toolkit into their practice. The programme is for all dental professionals from dentists to orthodontists to hygienists. Each learning programme provides two hours of CPD.

Police renew murder appeal

Police investigating the alleged crimes of a Northern Ireland dentist accused of murder, have renewed their appeal asking for former patients to come forward.

Dr Colin Howell, is accused of murdering his wife and her ex-lover's husband. The 56-year-old, from Castlerock, is also charged with drugging and indecently assaulting a number of women.

Two months ago, detectives wrote to former patients at practices in Ballymoney and Bangor as part of their enquiries. They have now issued a renewed appeal.

Detectives are investigating alleged serious crimes which may have occurred at the Causeway Dental Implant Clinic in Ballymoney over a number of years and at Bangor West Dental and Implant Clinic: in Bangor between 2005 and 2008. The investigation does not involve any other member of staff at the clinics.

Officers are asking patients if they have any information that may assist the inquiry team or if they have concerns. Police have revealed that a number of patients have already come forward and this latest renewed appeal is to ensure that ‘every possible step has been taken to identify all victims in this part of the investigation’.

Police say any contact will be treated with the utmost confidentiality.

Howell, who has 10 children, is in custody charged with the murders of his wife Lesley, 50, and Trevor Buchanan. Their bodies were found in a car filled with carbon monoxide fumes in Castlerock in May 1991.

Howell, has had his registration suspended by the General Dental Council for 18 months. Howell, who had surgeries in Bangor and Ballymoney, is seen as one of the foremost dental professionals in Northern Ireland.

The police inquiry team can be contacted on 028 7055 0955 or 028 7055 0920.
Editorial comment

Seeing the light

A friend said last week that her permanently and happily unemployed friend and her children regularly fly out to Florida for holidays at Disneyland. ‘How she does it when she doesn’t have a job I just don’t know,’ she said. But when she added up her friend’s tax credits, council tax benefits, plus the rest of the frills, it all became crystal clear. Now don’t get me wrong – there are plenty of people out there struggling to scrape by on benefits and deserve every penny and some, but there are also others who are positively living the life of O’Riley. So who’s paying for it all?

High earning go-getters have always been penalised by Mr Brown to some degree, but introducing these new taxes is like saying ‘bring on the brain-drain now’. For getting taxed to the hilt is hardly going to motivate the nation to work hard and build better businesses. Earning £100k in the UK is really not a lot these days – the average family household needs at least this to pay the mortgage, meet spiralling bills and put food on the table. So is having a holiday so much to ask after grafting the hours away day in, and day out in the practice? Apparently so, according to the Chancellor. Ok so he hasn’t said as much but actions speak far louder than words don’t they.

Thatcher’s children were all geared up to work hard and think about earning money and lots of it. She may have taken the milk away, but it didn’t half motivate us to work hard to make sure we earned enough to buy our own pint. But now why bother? For the harder we work, the less we earn. What a wonderful way to kick-start an ailing economy.

House raffle is extended

A dental technician, who put his £490,000 house up for sale in a £25 raffle, has extended the competition for a further three months, following poor ticket sales.

Stephen and Caroline Sicklemore are hoping to sell their £490,000 four-bedroom home in Devon, through a raffle. Tickets cost £25 each and if the couple sell all their tickets, they will get £675,000.

The winner will also get other benefits including their stamp duty paid, legal fees and a contribution towards moving expenses, plus an up-front payment of 12 months’ council tax of £2,760 for the Band E property. The detached Summer Breeze in Dawlish, comes with sea views, split-level design and three bathrooms.

The couple have promised to donate 5.6 per cent of the prize fund, up to £25,000, to Force cancer charity in Exeter. However, the couple have only sold 1,523 of the tickets since the raffle began in January. They have now decided to extend the competition for a further three months to the 24 July ‘to ensure we give the competition the chance of selling all of the tickets’.

People can buy tickets from the couple’s website where they have to answer three questions correctly as part of their entry to the draw.

To find out more, visit website www.summerbreezecompetition.co.uk

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National Smile Month 2009 is declared open

The profession turned out in style last week to support the British Dental Health Foundation’s 34th National Smile Month campaign despite the Sri Lankan protest in Parliament Square.

Held at the House of Commons, Look After Yourself, Brush for Health was declared open by Deputy Chief Dental Officer Sue Gregory. After thanking sponsors, P&G, Oral B, Wrigley’s Orbit Complete and Tesco Dental Insurance, the Foundation’s chief executive Dr Nigel Carter said: ‘The foundation only acts as a facilitator to help make the campaign as it is, but it would never be as successful without the help from the rest of the profession.’

Following the welcoming speech from President Chris Potts, special guests took to the lectern to speak on the importance of the UK’s largest oral health awareness campaign.

Television star Dr Uchenna Okoye represented campaign supporters Oral B and was joined by Adrian Tosney, oral care brand manager for fellow campaign supporter Wrigley’s Orbit Complete. Tesco Dental Insurance was the third of a trio of Platinum Supporters for the campaign.

Said Dr Uchenna Okoye: ‘My idea was to talk about the F-word – floss – but my expectations were exceeded when I thought am I doing what I say?! Our job isn’t to bash our patients over the head with information but to counteract the effects of inadequate oral health. Everyone plays a part to get the message out there and I believe this will be the best campaign yet so well done.’

Following the celebrations Dr Nigel Carter said: ‘The National Smile Month launch proved a fantastic event as once more the great and the good of UK dentistry came to toast this year’s campaign. We are sure the campaign theme Look After Yourself, Brush for Health will get the nation talking about the importance of good oral health and we anticipate yet another successful campaign.

‘This event will hopefully prove to be the perfect platform for events across the country and we look forward to the activities organised by all our supporters.’

National Smile Month runs from May 17th until June 16th 2009, with a second National Smile Month USA running the length of June in conjunction with Oral Health America.

Scores of events across the UK will help drive the British campaign. Practices, schools, businesses, hospitals and Primary Care Trusts can find information, downloadable press release templates, sponsorship forms and a chance to register their activity at the website www.nationalsmile-month.org.

For a chance to win an oral health supply pack for the primary school of your choice upload your National Smile Month photos online to take part in the campaign photo competition.

For more information contact the Foundation on 0870 770 4014 or email pr@dental-health.org.
A potential development in mouth cancer treatment has been welcomed by the British Dental Health Foundation.

The British Dental Health Foundation has welcomed results of studies at the Albert Einstein College of Medicine of Yeshiva University in New York.

The study ‘The histone deacetylase inhibitor LBH589 inhibits expression of mitotic genes causing G2/M arrest and cell death in head and neck squamous cell carcinoma cell lines’ showed that an anti-cancer compound killed off mouth cancer cells removed from head and neck cancer patients.

Nearly 5,000 people are diagnosed with mouth cancer in the UK each year and currently just half of those diagnosed survive beyond five years. The new studies – found when scientists tested a drug for its effects on blood cancer and reported in the online edition of the Journal of Pathology – will it is hoped, mark a significant breakthrough.

The experimental drug involved new chemotherapy agents known as histone deacetylase (HDAC) inhibitors - which limit cell growth.

Lead researcher, Einstein clinician Richard Smith, M.D. said: ‘This report shows that an HDAC inhibitor is effective on head and neck cancer cell lines, and that is the first step toward use in humans.’

The Foundation’s chief executive Dr Nigel Carter said: ‘Such news, though very early days, is to be welcomed as the low long-term survival rate from mouth cancer makes the disease one of the deadliest.

Currently the best chance of beating the cancer comes from early detection, improving survival rates to more than 90 per cent, so it is important to follow the slogan of the Mouth Cancer Action Month campaign: ‘If in doubt, get checked out.’

He added: ‘Though this research could prove important, it is vital that dentists and health professionals continue to perform oral screenings and educate on how to look out for signs of oral cancer. Maintaining a healthy diet and lifestyle also helps to prevent problems developing.’

The most common causes of oral cancer are smoking and drinking alcohol to excess, linked to 80 per cent of cases. Research has recently suggested that the human papillomavirus (HPV) transmitted via oral sex, could soon become one of the most common causes of the disease.

Quitting smoking, cutting down on alcohol and eating a balanced diet with plenty of fruit and vegetables lowers the risk of mouth cancer.

Mouth Cancer Action Month 2009 takes place in November. For more information go online at www.mouthcancer.org or call the National Dental Helpline on 0845 065 1188.
A couple in the Midlands have set up the first dental practice in the UK that is solely for children. The children go into a brightly coloured room and they are then introduced to the hygienist and then the dentist.

‘By the time they eventually sit in the dentist’s chair they feel safe and realise that, actually, it’s no big deal,’ said Sara Reece who established Smilescool with partner Mike Reece.

Smilescool is aimed at pupils aged up to 11. The children learn how to brush and floss, and they can also carry out scientific experiments such as looking at their teeth under a microscope.

They get a two-minute egg timer for teeth brushing, a pen torch to see inside their mouth, a timer for teeth brushing, a pen to record their progress on a daily basis, and they are then introduced to a brightly coloured room and are given one of Smilescool’s unique smiles and dentists.

Each week, they chew a disclosing tablet which shows dental plaque — then record their results.

‘The beauty of this approach is that parents can see in an instant if their child is brushing effectively and making progress,’ says Dr Reece. He points to the Government ‘Future Study’ 2005, which found that if children take care of their teeth and mouths in the early years, there is an 80 per cent chance that at 15 years old they will stay free from decay.

Dr Reece describes Smilescool as ‘a comprehensive education programme’ and said: ‘It is not about fixing problems as they arise, it is about prevention’.

Chief executive of the British Dental Health Association, Dr Nigel Carter, called it a ‘highly innovative project that we are confident will help towards positive progress in children’s oral health’.

While Professor Chapple, professor of periodontology at the Periodontal Research Group at the Birmingham School of Dentistry described it as ‘the best innovation in dentistry that I have seen in many years’.

He added: ‘It is time we started implementing preventative care models properly, rather than paying lip service to prevention. This means we have to start with infants and influence their values and lifestyles to prevent common oral diseases. Given the strong associations established between peri-odontitis and cardiovascular disease, adverse diabetes outcomes and stroke, and the recognition that obesity, poor diets and sedentary lifestyles impact upon periodontal health and general health, we also have a key role to play in motivating youngsters to better lifestyles.

The successful implementation of M.I.K.E.S. System (a key component within the smilescool programme) will have a hugely beneficial effect in educating, motivating and empowering patients to achieve better oral health and therefore better general health.’

Smilescool charges a monthly fee based on the age of the child, which ranges from £3.42 to £14.48.

The fees include the ‘check-up’ provision by the dentist, any treatment the child might need, the services of the hygienist/therapist for preventative treatments such as fissure sealants and the educational, prevention focused oral care ‘POD’ sessions with the dental health educator and smilescool team.

The child will also have access to one of Smilescool dentists for ‘out-of-hours’ advice and treatment in the event of a dental emergency. The child will also be eligible for UK & Worldwide insurance in the event of a dental injury or accident away from home.

Calling top dental teachers

The director for Scotland has been working hard to raise the profile of the General Dental Council since he took on the new role this year.

The newly created role is the General Dental Council’s (GDC) next step in targeting its resources more carefully to meet the needs of the four nations of the United Kingdom.

Mr Jackson has a background in business development and consultancy and voluntary experience in education, and was previously partnership director at BT Scotland.

He said: ‘It’s a great opportunity for the GDC’s voice to be heard in Scotland — and for us to listen to others. I’m working closely with the Scottish Parliament, members of the public and the dental profession so they realise the GDC isn’t a London-centric regulator.

We are keen to find ways of making the GDC more relevant to people in Scotland. The GDC promises to protect patients and regulate the dental team — that’s the principal aim in all my work.’

Making connections with patient groups is a priority. He has also attended Scottish cross professional and regulatory groups, had informal discussions with the public health ministers and MSPs, and spoken at the Scottish Local Dental Committees’ Conference.

Speaking about his new role, Ian Jackson said: ‘Scotland is different in that it has its own system of government and professionals tend to interact differently. One of the challenges ahead is to work effectively within this framework.

My aim is for people in Scotland to better understand what the GDC does whether it’s giving dentists and dental care professionals guidance, checking educational standards or investigating complaints. And I’m here, ready to listen to find out more about how we can help develop the GDC’s role.’

Raising the profile

The Dental Defence Union has begun its annual search for Britain’s top dental teachers.

Students and vocational dental practitioners have until 31 August to nominate their teachers or trainers for the Dental Defence Union’s (DDU) Educational Awards, now in its seventh year.

Rupert Hoppenbrouwers, head of the DDU, said: ‘The DDU believes that dental educators make an enormous contribution to the future strength of the dental profession by demonstrating good practice, instilling professionalism and most of all, inspiring the next generation of dental professionals.

We are always extremely impressed by the high standards of teaching we learn about during the Educational Awards and last year’s winners – Professor Dayananda Samarawickrama, Alison Grant and Stephen Brooks – were a great example of how great teaching has made a difference to many students and trainers.

Dean Hallows, marketing director of Dentiply, which is sponsoring the awards said: ‘Dentiply is delighted to once again sponsor the DDU Educational Awards. Supporting our next generation is of paramount importance and dental teachers play a pivotal role in advancing the profession; these awards are just one way of promoting their success and highlighting excellence in this area.

There are three award categories: Dentist Teacher of the Year, Vocational Teacher of the Year and Dental Care Professional (DCP) Teacher of the Year.

The winners will be chosen on 18 November at an awards ceremony in central London.

Finalists will be awarded £250 each and the overall winners in each category will receive £1,000 towards the cost of educational materials for their schools or VT schemes.

Awards will be judged across a number of criteria, including knowledge of the subject and the ability to motivate others.

Students and vocational dental practitioners in the UK and Ireland can download or complete a nomination form online at the DDU website, www.the-ddu.com/dduawards, or obtain one from their DDU dental liaison manager.
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Sustainable Business Awards (large business category)
Nearly one in eight managers in the UK do not trust their staff when it comes to taking time off to visit the dentist. Thirteen per cent of bosses dictate when employees can visit the dentist and in some cases, actively discourage any visits to the dentist during working hours, according to Simplyhealth’s Annual Dental Survey.

Liverpool is home to some of the least trusting managers, with almost one in four admitting they strictly control when staff visit the dentist. Managers in Cardiff are among the strictest, with more than a quarter requesting dental appointments are carried out during the employees’ own time.

A similar number of managers in Brighton (20 per cent) confess to operating a system where staff are ‘encouraged’ to get their teeth checked out during lunch breaks, after work or at weekends.

But while many managers admit to subjecting their staff to high levels of scrutiny, bad dentistry can have a negative effect on workers’ careers, according to health provider Simplyhealth. Three-quarters of employees feel their chances of career progression could be affected because they have bad teeth, while four out of 10 managers say an employee with an unattractive smile or bad breath would not be taken to client meetings.

Nearly a third of bosses give bad teeth as a reason for not promoting an employee, the survey found.

The survey also suggests that while many employers are unhappy about staff taking time out of the working day to visit the dentist, more than half believe staff absenteeism would be significantly reduced if dental benefits were included in the employee benefits package. Meanwhile three-quarters indicate its provision would lead to an improvement in employee morale.

James Glover, corporate director at Simplyhealth, said: ‘All managers want to be able to trust their staff, as a positive relationship between manager and employee is far more likely to lead to a good and sustained working relationship.

But staff absenteeism is a frustrating and costly issue for many managers in the UK, and giving staff time off to get their teeth checked can have a significant impact on the day-to-day running of a business.

The economic conditions are certainly playing their part in how infrequently people visit the dentist, and indeed 45 per cent of people we questioned cited cost as the main reason for delaying treatment.

However, those who decide to put off dental treatment can only expect their teeth to get worse, which can ultimately result in more expensive treatment and the need to take more time off work.’
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Touting your wares

Marketing your practice gives you the chance to make it utterly irresistible to patients. Simon Hocken explains

The benefit of being your own boss is that you can focus on the kind of dentistry that interests you. However, without a bespoke marketing plan designed specifically to suit your needs, you will not be able to attract the right patients and your expertise will go to waste.

Marketing enables you to make your practice utterly irresistible to patients seeking your high-value treatments. It lets you tailor your patient base, picking and choosing who you want in your appointment book.

At the moment, the industry is seeing the rise of branding as dentists seek to create a culture within the practice that adheres to the dentist’s unique vision. This is the necessary step that a practice needs to take to remain competitive going forward, particularly in the current financial climate. Principals and practice owners need to think about how the practice’s environment, literature, website, dental team and working systems fit together and complement one another. With a coherent approach, a recognisable brand can be established that will make it much easier to communicate your service to patients.

After branding, the next stage is niche marketing, and implementing loyalty systems to reward patients who return for treatment, and encourage loyalty to your brand.

Marketing strategies
Your business is unique. Your marketing approach needs to be unique too. The essential marketing strategies include reaching out to ‘dormant’ patients who perhaps have not returned to the practice in a while, and re-activating any incomplete treatment plans.

Send a letter out to patients who have not visited the practice for a certain period of time (24 months is a good yardstick). Make a point of pleasantly stating that you understand how the patient might be nervous about being reprimanded for not keeping regular appointments. You could reinforce this with a special offer of a half-price check up, to be redeemed by a set date.

Patients with treatment plans that have not been completed should be contacted by the dentist and offered a ‘smile check’ to encourage them to return to the practice by highlighting any concerns they might have about their oral health.

Leading practices have also discovered the benefits of a referral card, which allows loyal patients (who are of course overjoyed with the service they receive!) to pass on the practice’s contact details to their friends and family.

Also, if you have not implemented a website, you need to – today. A website is the most cost-effective marketing tool, and can host news about your team, special offers, contact details and a wealth of information in several formats about your treatments. You can even include testimonials from happy patients.

Research, research, research
Dentists need to understand the local demographic in order to have a complete picture of the patient base. Without this, any strategic business planning will be sorely limited.

As well as looking at prospective patients, you also need to look at your team. This requires an audit. Look at the skills each of your dental team members possesses, and think about the opportunities these skills unlock. Also consider how to make the most of these skills.

When new patients come to the practice, find out how they respond to your brand, and what they think of the environment itself. This has the two-fold effect of making patients feel like an intrinsic part of your business (which of course they are), and enables you to find out if your marketing strategy works.

One enormous question dentists need to answer when marketing their practice is, ‘Who is my audience?’. Divide your desired patients into segments such as the over 50s in transition, orthodontics (adults/children), family dentistry and think about the opportunities that this affords.

The competition
Of course, once you’ve analysed your audience, you then need to analyse the competition. Chances are, there are several quality practices in your area. Why not visit their websites, look at their treatment lists? You could even visit the practices themselves. Then compare the standard of service offered by the competition with your own standard of service.

You can do this by mystery shopping. Call your own practice at set hours through the day. Find out exactly what your prospective patients are experiencing when they make that first call. This may give you food for thought about how to improve services.

Ensuring a return
When you are looking to break through to a new plateau of success with your business, ROI should be uppermost in your mind. Try and monitor how many new patients visit your practice, and how many return for treatment. Ask new patients where they heard about you, and why they chose you, so you can tweak your marketing to make it even more effective.

If you consider that your average marketing spend for each new patient is somewhere between £25 and £90, this will give you an idea of what you need to do to get a return on your investment. As you draw up your marketing plan and budget, consider how many prospective patients become actual patients, and what treatments they are likely to need or take up.

With marketing such a vital part of modern dentistry, many dentists have chosen to work with leading coaches to help them discover how to implement the best strategies in order to guide their business in the desired direction. With bespoke solutions, advice and support from Breathe Business, for example, dentists, principals and practice owners can learn from experts who not only possess a wealth of experience when it comes to working in dentistry and owning practices, but also have a firm grasp on developing market trends and proven business strategies.

About the author
Simon Hocken BDS has owned two private practices and is an accredited coach. He has recently joined forces with Chris Barrow to form a new business training and coaching company called Breathe Business. For more information call Breathe Business on 01548 855860, email simon@nowbreathe.co.uk
In all walks of life, you can only achieve excellence by looking to the best for inspiration. One of the many ways the current financial crisis has impacted on dentistry is that it has increased the need for competitiveness and it’s now a necessity to pull out all the stops just to survive. This means measuring your service against that provided by the UK’s best dental practices.

A great team of focused and dedicated dental professionals needs a suitably world-class environment in order to reach their potential. This does not necessarily mean fitting the surgeries with the latest, most high-tech equipment; but it does mean a practical layout that promotes efficient working processes and supports consistent compliance with industry requirements. In fact, as guidance such as HTM 01-05 are introduced, dentists whose practices are in converted domestic buildings are set to discover a wealth of logistical problems that a new lick of paint simply won’t address.

Design-and-build does not just let you develop a practice that ticks all the right boxes, it provides an astonishing opportunity to take a massive step up as a provider of high-quality dental care. Doubtless you’ve read about dentists who have followed their dreams and now offer treatment in environments that are space age by comparison with many high-street practices. Take the time to find out how they did it.

Raising the bar

Why not take a tour of some of the most remarkable practices? Many dentists who have invested in a new practice will be keen to market this via their websites, and may even provide the option of a virtual tour. This is a great way to gain a good understanding of where the bar is currently set, and how you can raise it even further with your own project.

Design-and-build is your chance to go that extra mile. Enlist a proven company that has comprehensive knowledge of the industry, and will work with you to create designs that enable straightforward compliance with new and existing guidance, and put you in a great position to roll with the punches when new guidelines are released.

Ask the company about its previous successes, and discuss how you can develop the definitive design.

The right design-and-build company will have extensive experience of delivering truly world-class working environments, and will do so smoothly within your set budget and time constraints. You should accept no substitute. After all, this is an opportunity to reveal to your patients and peers your dedication to dental excellence and really set yourself apart. Who knows – maybe the next wave of dentists will look to you for inspiration when designing their dream practices.

Chris Davies

Appointed in 2006, rugby enthusiast and family man Chris Davies has led Genus’ new dental division to secure a significant share of the market. For more information on refurbishment, design and new build projects, contact Genus on 01582 840484 or email info@genusgroup.co.uk

About the author

Through the keyhole

Chris Davies suggests looking to those who inspire you for motivation to create your ultimate practice

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Poolside Solution
This week I’m coming to you from our annual family reunion on Pleasant Road Beach, Cape Cod.

I am feeling lighter than ever – the feeling you get when you clean out your garage or closet. There is something magical that happens when you do this; ever notice your mind is a little clearer? The excitement of filling up bags or boxes is actually very cathartic for most of us.

You might be asking, “What the heck does this have to do with building my practice?” Good question.

For my five hour flight from Phoenix to Boston I packed a suitcase full of dental publications that had been growing in my office. You know that stack of guilty and obligation that confronts you every morning? You know it’s there and you beat yourself up for not getting to it. This stack of possible gems has been sitting dormant subconsciously screaming for my attention. Well, during my flight I read some amazing articles from the top dogs of dentistry. My brain is maxed. Reading was a great exercise in gaining more compassion for you, as I’m sure you do plenty of “advise reading” and end up feeling the same way I did – overwhelmed and not knowing where to start.

I share this with you to aid in addressing this week’s Chairside Challenge. If information were as easily digestible as an article you read, it would be a lot easier to manage. Most of our lives we spend going around you figures out ways to help you get where you want to go. Most of our lives we spend going through the motions, wallowing in molasses.

Go ahead and dream again. The sixty-something doctor I met in Las Vegas had the courage to. He inspired me and left me feeling eager to share his breakthrough with you. So enjoy the story, learn from it, and most importantly do something with it.

Once you decide what you want, find yourself an expert in customized implementation. Let’s come full circle. Remember back to the beginning of this article where I spoke about the “guilt stack.” Great data alone has little meaning. It might make you feel a bit smarter but we have all proven that being smart doesn’t improve cash flow, retirement savings, team harmony, patient compliance or your satisfaction and fulfillment.

Step to the edge of all you have known and take a leap. You’ll be glad you did.

The root of it all is the belief you have on how much you allow in. If you think you can, you will and if you think you can’t, you won’t – either way you will be right. You will always validate your beliefs. Humans are not naturally wired to accept being wrong, especially if it is something we believe. It is a lot easier to make others wrong and make ourselves right. The most challenging thing on the planet to do is to invalidate a belief we have had either about ourselves or something we are personally attached to. Most of the time we make dramatic changes only when we have hit bottom and are sick and tired of how things are. I say, bring your bottom up. Do not stand for anything in your life that is not working. Life is not a dress rehearsal. If not now, when? We would rather guard the loss of what we already have than generate and create a bigger future. Focusing on not losing manifests more loss. Whatever you focus on you get more of. Start focusing on what is possible rather than what you might lose. You will experience many more wins and a renewed sense of joy and fulfillment.

I recently delivered a workshop in Las Vegas on Re-Thinking Your Practice and had noticed a dentist with eyes wide open, listening more intensely than all of the graduating seniors in attendance. He approached me at the break and shared that his son (also a dentist) suggested he attend my workshop. He told me that he had been practicing dentistry for 44 years and had now decided to draw a line in the sand. “Drawing a line in the sand” is a term I use for acknowledging your past so you can start with a blank slate, reinventing a future not tied to your past.” – When he told me about his decision, I was floored.

He continued to share with me that his son had been practicing with him but recently decided to branch out on his own because of the way his senior practiced – old school, old equipment, de-caring environment. This father explained how he didn’t feel that he deserved to have an updated practice, being an “old doctor.” While talking with him, I seemed to recall the moment during the workshop when he let his limiting belief go. I could feel his energy at the front of the room. You know the saying, “What happens in Vegas stays in Vegas?” Well, I’m breaking that rule and I’m taking his story with me. It’s an example of why I get so fired up about this stuff: meeting a man who represents so many other guys and gals who are just sitting on the fence waiting. If you’re one who’s teetering, cut it out. You deserve it all, just as this man does. The end of his story is only the beginning: the veteran doctor ordered a dumpster, called his Schein Representative, and transformed his practice, not to mention the golden years of his life.

You see, once you truly make a commitment, everything conspires in your favor. The world around you figures out ways to help you get where you want to go. Most of our lives we spend going through the motions, wallowing in molasses.

About the author

Gary Kadi
Innovated the NextLevel methodology and is one of America’s leading dental practice developers. His 12 years of transforming and developing dental practices are captured in his latest book, “Million Dollar Dentistry.” He can be reached at gary@nextlevelpractice.com, or by visiting nextlevelpractice.com.
Practical cabinetry
David Rhodes offers a tale of refurbishment, showing that it doesn’t need to be a stressful procedure.

Finally decided the time had come for a much needed, no holds barred ‘makeover’ of my associate’s surgery, to bring its ergonomics and decor up to the standards of the rest of the practice. This was going to involve a complete refurbishment of his surgery, and would mean stripping the walls back to the brick, rewiring, replumbing and then completely replastering the whole room. I am not fond of exposed pipes and cables, and a priority for me was to combine a new layout with aesthetic cabinetry placement to enable the maximum concealment of the utility delivery systems.

Domestic harmony
Having refurbished the waiting room, reception area, sterilisation rooms and consulting room over the previous 18 months, I was fortunate to have an existing relationship with an excellent builder; I am also lucky to be married to an interior designer, who had her own ideas about the desired outcome. Domestic harmony was assured, however, as it became clear that we held similar opinions on the appearance of the end product. A vital element was the choice of cabinetry. It was important to choose cabinets of imaginative design, but whose visual impact was in keeping with the overall colour scheme and design aesthetic of the rest of the practice. (We have bold reds and black backed by light ceramic tiles throughout all the treatment rooms.)

I was already familiar with the elegant Tavom cabinetry range, supplied in the North West by RPA Dental Equipment Ltd, and a recent visit to international dental implant facilities in Dubai, created for the MSc programme run by Stewart Harding and Warwick University, gave me the opportunity to inspect Tavom cabinetry at first hand.

Fine design
I was impressed not only with the design, with its emphasis on clean lines and modernity, but also the build quality. It was no surprise to discover that Tavom cabinetry is designed and built in Italy, the natural home of fine design. The huge range of cabinet options is mixed, matched and assembled in the UK at RPA’s Wigan showroom and design studio.

With almost limitless choices and bespoke colours, all with stunning eye appeal, the ideal solution is achievable for any surgery. RPA’s Ian Smith, with advice and using examples in the showroom, helped us to create exactly the ambience and aesthetic we were seeking. The whole process was enjoyable and straightforward.

The building team, lead by Simon Ferraris, harnessed an independent dental engineer and had only one working week to gut the surgery, dry line it, complete the rewiring, lay the ceramic floor and prepare the plumbing before the cabinets were delivered prior to redecoration.

Simon met his deadlines and the Tavom cabinets and black glass worktops were fitted within a day. Only after fitting, to ensure absolute accuracy, were the measurements taken for a Corian worktop. One week later the Corian top was fitted and the dental equipment reinstalled. After only two weeks, our new surgery was complete, looked fabulous and hadn’t been any more stressful than it might have been. I have no hesitation in recommending RPA and Tavom, who were a pleasure to work with and whose quality of service and superior products made a huge contribution to the project’s success.

About the author
David Rhodes BDS
For more information on Tavom, call Tavom UK on 0870 752 1421.

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Legal trade secrets
Tim Lee sheds some light on the subject of option agreements and rights of pre-emption when it comes to selling and buying a practice

We have recently acted on several practice sales/purchases where the recent crash in property values has significantly affected the structures of the transactions.

This is not so much to do with lenders’ requirements tightening up (less of a problem with dentist practice purchases than in many other markets), instead it arises from the increasing reluctance of some dentists, who own the freeholds of their premises, to sell outright, in the current depressed property market.

‘If the seller considers that they would not achieve the right price, then they have the choice of not selling’

Some sellers are looking to retain the freeholds of their premises, (either personally, or in their pension funds) and grant 15 or more year leases to the buyers.

Some buyers – often associates with the practice – may be reluctant to proceed, if they might find that they will not be able to exercise their pre-emption rights, and the seller may then go on to sell to a third party.

If the buyer has the benefit of a ‘call option’ (also registrable at the Land Registry), this means that the buyer, by exercising the option, can require the seller to sell, upon the terms of the option.

Rights of pre-emption and call options usually have conditions attached. Typically, there may be time limits on the exercise of a call option, providing a ‘window’ within which the option is exercisable.

Fixing a value
One mechanism to avoid this problem might be to fix a minimum ‘threshold’ value, so that the buyer can only exercise the option on condition that not only has the option window been reached, but also that the property price has reached or exceeds the agreed threshold. Agreeing such threshold may be difficult, particularly when future property prices are so uncertain.

The ‘threshold’ issue is less of a problem with pre-emption. If the seller considers that they would not achieve the right price, then they have the choice of not selling. A further problem in considering valuation formulae, whether for call options or pre-emption agreements, is whether the formula should explicitly exclude inherent goodwill value element attributable to the location and public knowledge thereof.

This raises the question of how a problem faced by a seller where there is a call option in place is that, with the current uncertainty in the market, the option may be exercised by the buyer at a time when the seller feels that property prices are still too low.

About the author

Tim Lee is commercial law director and solicitor at Young and Lee Solicitors Limited in Birmingham. For more information, visit www.young-lee.co.uk or call 0121 655 5255.
Keeping it simple

Despite all the financial doom and gloom, you still need to keep your practice stocked, which could be more economical if you stick to using just one supplier. Amy Casey explains.

Whether you’re a dentist or a plumber, you can’t fail to have heard about the economic slow-down that is affecting us all. The media, written, visual and aural, seems to take every opportunity to report the latest twist and turn in the continuing saga of international doom and gloom. We’re all becoming financial experts, and casual conversations are littered with reference to the collapse in house prices, global recession, interest rates and inter-bank lending, not to mention the high profile demise of Woolworths and several other long established and familiar High Street names.

Opinions also differ widely among professional commentators; some believe the pound’s rapid fall in value (to almost parity with the euro as we go to press) is purely temporary and will be reversed as the Eurozone economies stagnate, while others anticipate the arguments about the UK adopting the common currency to resurface.

Cutting costs

There is no escape for the individual from the effects of this turmoil in the world of high finance. While the weak pound makes overseas holidays and imported goods, including many foodstuffs, more expensive, businesses are also suffering.

For suppliers and distributors of imported goods, and it’s worth reiterating that dentistry is heavily dependent on imported European products, a pricing policy that reflects the near parity of the pound and the euro and yet still delivers value to the customer is vital. Many of the larger dental suppliers deal in euros, and Hentsply, the largest dental wholesaler in the UK, is one of them.

Constant change

The volatility of exchange rates is fast rendering traditional printed catalogues and price lists obsolete almost before they have been published. A leading player in the dental wholesale market, focuses its advice to customers on measures of more immediate concern to their balance sheets and urges dentists to check websites for the most competitive, up-to-date deals, to take advantage of internet discounts and keep an eye out for special offers—four for the price of three, for example, especially on products they buy regularly.

One to one

The benefits of dealing with a single supplier are often overlooked by busy practitioners—not only is paperwork simplified, with an exclusive contract, it should be possible to negotiate an overall discount without compromising on product or service quality.

Dealing with a single supplier encourages a closer relationship with its representative, who is well placed to advise and inform on the latest products and the best deals available. It also pays to keep abreast of current and pending regulation, particularly in the area of cross-infection, to avoid investing in products likely to become obsolete as standards rise.

People will always have teeth needing attention, and with a captive market cost-responsible practices which deliver quality care can expect to survive the present economic climate, although we must all accept that it may be some time before the situation improves.
Root resorption in orthodontics

Root resorption has been described as an idiopathic side effect in orthodontics. Although it may seem to be detrimental to the health of the dentition, it has been noted that root resorption could occur naturally and would not undermine the form and longevity of a normal functional occlusion.

Root resorption of the deciduous dentition is a normal, essential and physiologic process. Usually it is a necessary precursor to the eruption of the permanent dentition. Even with agenesis of its corresponding permanent tooth, some deciduous teeth still undergo root resorption. On the other hand, root resorption of the permanent teeth is a complex biologic process of which many aspects still remain unclear.

Incidence and susceptibility
The incidence of root resorption varies in different studies. Most investigations, however, agree that idiopathic root resorption does occur in an unattended population. A high percentage (90.5 per cent) of individuals with permanent teeth play microscopic lesions of external root resorption (0.75 mm length and 0.10 mm depth).

The numbers of incisors with root resorption increases from 15 per cent before treatment to 75 per cent after10, or from 4 per cent before treatment to 77 per cent after treatment.11 The most frequent site is at the apex, followed by mesial, buccal, distal and lingual surfaces. The most commonly affected teeth (in decreasing frequency) are: maxillary laterals, furred teeth (in decreasing frequency, they have greater resorption area than the total root surface unless it is extensive, whereas apical root resorption is often readily visible on radiographs.

The differences between right and left sides or maxillary and mandibular teeth are negligible. When molars do exhibit resorption, they have greater resorption areas than the total root surface.2 Susceptibility to root resorption varies considerably. Teeth with radiographic signs of resorption prior to treatment have been reported to develop more extensive areas of resorption during orthodontic treatment than initially intact. However, in most cases, it could still be very unpredictable.

The type of appliances used in the management of the orthodontic malocclusion usually dictates the type of resorption. In palatal expansion, resorption develops mainly in the cervical part of the mesioocclusal surfaces and furcation areas of multi-rooted teeth, and also buccal and apical egions of single-rooted teeth with only limited involvement of other areas. However, such cervical resorption generally remains undisagined unless it is extensive, whereas apical root resorption is often readily visible on radiographs.

Aetiology and type
The aetiology of root resorption is multifactorial. Whenever extensive areas of resorption occur, various predisposing factors have been proposed: vitality of the pulp, gender of the patient, type and mechanics of force delivery, bone density, magnitude and duration of the force and systemic factors (eg, endocrine disorders, asthma).

In general, clinical orthodontics often presents with three types of external root resorption: surface, inflammatory and replacement resorption. Surface resorption is usually a self-limiting process involving small outlinings followed by a spontaneous repair from adjacent intact parts of the periodontal ligament. Inflammatory resorption occurs when initial root resorption has reached dentinal tubules of an infected necrotic pulp tissue or an infected leaky crown whereas replacement resorption takes place when bone replaces the resorbed tooth material leading to ankylosis.

Root resorption encountered in orthodontic treatment is often surface resorption or transient inflammatory resorption. Occurrences of replacement resorption as a consequence of orthodontic tooth movement are rare.

Mechanism of root resorption
Orthodontic forces applied to the alveolar system act directly on bone and cementum. This bone-cementum interface is separated by the periodontal ligament (PDL). If there were no differences in the biologic behavior of these two organs, both would undergo resorption equally. However, for tooth movement to occur, bone has to resorb at a greater rate than cementum. Although it has been noted that under applied orthodontic forces, cementum does have a higher resistance to resorption than bone, resorption of the cementum and dentine also occurs.

Clinically, after the application of orthodontic force, it can take between 10 and 35 days for a resorbed crater to appear. This degree of resorption cannot be detected clinically with radiographs, especially when occurring on the buccal and lingual surfaces.

Resorption craters appear mainly on the pressure side and rarely on the tension side. When bone, cementum tends to decrease in thickness on the side of compression. If the pressure persists, root resorption progresses even if it was initially protected by uncalcified tissue. Human and animal research demonstrates that periodontal hyalinisation precedes the root resorption process during orthodontic treatment. Loss of root material occurs adjacent and subjacent to this area.

Three stages are described in the hyalinised zone: degeneration, elimination of destroyed products, and re-establishment. During the remodeling process of the hyalinised zone, the necrotic hyalinated tissue and alveolar bone wall are removed by phagocytic cells such as macrophages, foreign body giant cells and osteoclasts.

As a side effect of the cellular activity during the removal of the necrotic PDL tissue, the cementum layer of the root and the bone are left with raw unprotected surfaces in certain areas that can readily be attacked by resorptive cells. Root resorption then occurs around this cell-free tissue, starting at the border of the hyalinised zone.

Further investigations by Brudvik10-11 and Rygh12-15 have noted that multi-nucleated giant cell-like cells with ruffled borders mainly accounted for the removal of this hyalinated tissue and subsequent resorption.

Force-related factors
The magnitude of force has been considered an important factor with regards to the rate of tooth movement in orthodontics. Brudvik14-18 has always advocated the use of light orthodontic forces in order to increase cellular activity in the surrounding tissues and reduce the risk of root resorptions. This was later confirmed by King and Fischbechweiger28. In an investigation with rats they found that light forces produced insignificant root resorptions whereas intermediate or heavy forces resulted in substantial crater formation. This result was in agreement with earlier findings, both in animals and in humans.

However, contradictory findings were reported by Stenvik and Mjör in a study concerning premolar intrusion in humans. They observed that root resorptions increased after application of light forces, 55 g when compared to heavy forces, 250 g.

Storey and Smith reported the ‘optimal force’ theory and documented a range of pressure 150-200 g (equivalent to 150–200 cN) on the toothbone interface that would produce the maximum rate of tooth movement for distalization of maxillary canines in humans. For pressures below this range, movement was limited due to the ability of the soft tissue to function as a shock absorber. If the force was increased beyond this optimum, the displacement would be reduced due to tissue necrosis of the PDL, ie, hyalinization.

This theory was critically reviewed by Boester and Johnston who found that the amount of space closure after premolar extraktion was about the same if the applied force was 5, 8 or 11 ounces (140, 225 and 310 g), but significantly less if only 2 ounces (55 g) was used. A similar opinion has been presented by other researchers who suggested that tooth displacement was the same even if the applied force was increased.

However, other investigations demonstrated a more linear relationship between force magnitude and tooth movement: the heavier the applied force, the greater the rate of tooth movement. In the early 1970s two reports, one on humans and one on cats, presented a large variation in tooth movement in response to applied force magnitudes. This was further confirmed in an investigation in dogs by Matha et al. They reported that bodily tooth movement...
Recent investigations with beagle dogs revealed that the rate of tooth movement did not depend on the magnitude of forces used, but rather on whether continuous or intermittent forces were applied. They found that there was a greater tooth movement in continuous light force application as compared to intermittent forces applied in premolars of beagle dogs. However, contrary to Pi-lou’s study, they reported that if forces were sufficiently lighter, the increase in the magnitude of forces can influence the rate of tooth movement.

A more recent study further explored the extent of root resorption using this experimental setup. They reported that intermittent forces cause less root resorption than continuous forces, and that force duration plays an important role in the extent of resorption. However, they noted that root resorption may still not be sensitive to the magnitude of forces applied.

As a consequence of such diverse findings in previous studies, it becomes confusing as to whether there is a direct correlation of the magnitude of force used for hard tissue destruction in orthodontics. Closer examination of the methodologies of these studies explains intricate results and findings.

Qualitative evaluation of re- sorption using radiographs has proven to be highly inaccurate due to magnification errors and their inability to be reliably read. Further, difficulty in reproducing, Studies using histology sections of samples have proven to be laborious and technically sensitive. Inherent parallax errors and loss of material in data transfer have detracted the true understanding of this three-dimensional event. The case selection of subject matter is often unclear. Having a multifactorial aetiology, the study of root resorption becomes complicated if underlying systemic and local factors that may predispose to resorption have contributed to other confounding factors cited.

Recent findings in a more controlled clinical evaluation in humans have demonstrated that accurate volumetric quantification of root resorption can be obtained. Heavy forces consistently generated more root resorption than lighter forces. There was more root resorption in the areas under high compression as compared to the areas under tension. These events indicate that a higher level of forces relates directly to root resorption, and the notion of using light forces in clinical orthodontics should be adhered to as much as possible.

Repair potential

Despite the negative reports on root resorption, most external root resorption could be self-limiting. But it should be noted that self-limiting does not equate to a reversal of damage. Approximately 70 per cent of all defects seen in old teeth are anatomically repaired. However, the mechanism behind this self-limiting phenomenon has not been fully explored.

It has been suggested that once the level of force decreases, the healing process is initiated. Repair of resorbed craters is seen after 35 to 70 days after applied force decays. Some cemental resorbed craters are fully anatomically reconstructed. Deep dentinal craters are repaired by a thin cemental layer that results in an irregularly shaped root. However, some authorities would have deemed this effect as irreversible damage. After both types of repair, the periodontal ligament width is usually normal. The root contour is frequently followed by bone contour, increasing tooth anchorage without compromising function.

Several studies have been carried out to elucidate the reparative process during retention after rapid maxillary expansion, and they all agreed that repair seemed to increase with retention time. It has been hypothesised that all resorptions will be repaired once the cause of root resorption has ceased. However, Vardimon et al. confirmed that all resorptions would heal provided that the resorbed surface area does not exceed the unresorbed one.

Case report

The following report demonstrates a case with an underlying condition with a predisposition for root resorption and has shown marked progress of hard tissue destruction during the course of orthodontic treatment.

Case history and treatment plan

Patient RN was 17 years and 8 months old and unemployed when she first presented in the clinic for records (Fig. 1). Her chief complaint was her crooked front teeth. She had a history of trauma at region #21 when she fell and hit her front teeth on the side of a swimming pool a few years ago (Fig. 2). The tooth was asymptomatic, and her periapical radiographs did not show any signs of periapical lesion. She was diagnosed as a class II division 1 malocclusion on a skeletal 1 base with normal direction of growth.

The extraction of upper first and lower second premolars was indicated, followed by full fixed orthodontic appliance therapy. Her oral hygiene was fair, and special care was needed to take periapical radiographs of her upper front teeth as treatment progressed.

Upper space closure should be done judiciously in round wires with light forces. Due to her marked upper midsagittal discrepancy, it was noted that her midsagittal might not be fully corrected at the end of treatment. The decision was made that her upper front teeth were to be restored after the completion of orthodontic treatment.

Treatment progress

RN’s treatment progressed well initially, but after a couple of months her oral hygiene deteriorated and she started to miss her appointments. She had repeated constant multiple breakages, but did not report them until the following appointment. She attached her mobile phone call to her mom revealed that they had some family problems to deal with at home. They were also on government welfare and pension. Most failed appointments were due to her inability to afford a train ticket to travel up for her appointments.

These issues, coupled with her complicated case history, got more complex when she called up one morning reporting that she was expecting a child and was 16 months into pregnancy. As extractions were still present and the progress of her case slow due to her frequent failed appointments, the immediate plan was to complete space closure and get her into a functionally acceptable occlusion as soon as possible.

Her oral hygiene deteriorated further from this point, and after a couple more months, her mobile phone was disconnected and we were not able to contact her. RN did not return to the clinic until after she had her baby son, which was another 4 months later. She still maintained poor attendance at the clinic while we were trying to close up all the spaces and get her out of treatment as soon as possible.

We did not see her for another 6 months. This time she had another fall and hit her already compromised #21 and fractured it further. An emergency appointment was made for her to attend the general dentistry clinic to have that restored, but she failed to attend that clinic as well.

When she turned up again another 8 months later, there were generalised decalcifications, multiple caries detected and ap- palling oral hygiene. At this stage, all the spaces were closed and immediate removal of the fixed orthodontic appliances was performed (Fig. 5).

Radiographs at this stage showed marked root shortening (Fig. 4); however, clinically, the teeth were not any more mobile than usual. Figures 5a-d documented her upper incisor root length through the process of treatment. She was issued with immediate suck-down type retainers and appointments were made for her with the restorative dentistry department for the management of her caries and oral health conditions. However, she failed to attend any of these appointments.

Her total treatment time was spread over 47 months, and it can be noted from this experience that what could go wrong will go wrong in special cases such as this. In hindsight, we might not have started her case in the first place. With a compromised upper anterior dentition complicated by poor compliance and oral hygiene, root resorption or even crooked teeth may not be the issue of utmost importance. Her inability to juggle childbirth and personal commitments with other social difficulties may have taken their toll on RN.

While we attempted to use light forces to achieve our objectives of space closure, we wished we could activate these light forces more constantly by having shorter inter-appointment times. However, this was not possible with RN.

Despite our urgency to get her out of braces, multiple failed appointments and lengthy periods of neglect in supervision of ongoing treatment increased treatment time instead. Her combined endodontic and restorative condition did not help the progress of her orthodontic treatment at all. Despite such an outcome, her arch forms and orthodontic treatment objectives were reasonably achieved. With proper management of the restorative condition of RN, the upper incisors may still be reason-ably maintained within the short to medium term.

Conclusion

Root resorption is and will remain a complicated subject matter to the orthodontist. The purpose of this article was to provide an overview of the subject and to introduce a more complex case with root resorption.

Acknowledgement

We would like to thank Dr Joe Greent for contribution to the treatment and management of the case documented in the report, and Professor M Ali Daren- delier and Dr David Armstrong for proofreading this article.

About the author

Dr. Eugene Chan obtained his BDS in Singapore in 1997. He is currently a Staff Spec- ialist at the Central Sydney Area Health Service and a lecturer at the University of Sydney. You may contact Dr Chan at: cheungchane@unsw.edu.com
Cost-effective denture treatment

Dr Salt offers a guide to fitting implants for denture wearers for the best results

Denture wearers, as a population group, are the people that can benefit the most from dental implants. As dentists we are only too aware that the wearing of dentures can be a crippling experience for many of our patients. Alveolar bone is unique in that it is generally only present to support teeth within the jawbone. The loss of teeth triggers the physiological resorption of the alveolar bone and wearing of a hard acrylic denture hastens the resorption process.

With the slow progressive loss of alveolar bone, ridge height reduces, attached gingiva gradually decreases and muscle attachments are moved closer to the crest of the ridge. This combination of loss of alveolar ridge height and movement of the soft tissues resulting from the under-lying muscle pull tends to increase the instability of the dentures.

Denture instability

This denture instability is most evident in the lower jaw. More often than not, most denture wearers have learned to tolerate an upper denture, but it is usually the lower denture that tends to cause the most grief. An upper denture has a propensity to be tolerated more readily because there is a larger surface area for the denture base to cover, which enables the “suction” effect, and the upper front teeth are key for smiling and talking when facing the general public. The lower denture on the other hand, has a much smaller surface area and the muscles of the tongue (on the inside), and lips and cheeks (on the outside) tend to dislodge the denture each time the patient tries to talk, chew or swallow. Once the alveolar bone is completely lost, the only way a denture can be retained is by careful muscle control between the lips, cheeks and tongue.

As patients get older, their muscle tonicity decreases and it becomes increasingly more difficult to stabilise dentures. All the early implant studies were devoted to the placement of dental implants in the lower jaw, between the mental foramina, thereby providing an anchor to enable full lower denture wearers to overcome these problems.

Implants not only help to provide increased retention and stability for unstable dentures, but they also help to protect and retain the alveolar bone, (and in some instances actually help to promote bone formation) from the continuous hammering that it receives from wearing dentures.

Improving denture wellbeing

In the lower jaw, the placement of two well-placed implants can dramatically improve the general wellbeing of a denture cripple. Although the over-denture on two implants is still predominantly mucosa-borne, it no longer floats around during function. In the more discerning patient, the placement of additional implants enables the denture to be less mucosa-borne and more implant-borne. Depending on the system that is used, as few as three to four implants can be used to support a fixed bridge. However, it is generally agreed that five strategically placed implants are required to support a fixed implant supported bridge. More than five implants in the lower jaw will enable a longer bridge to be constructed and provide back up should any of the implants fail. The number of implants placed should be determined by the type of restoration that will be placed; the quality and quantity of available bone height and the dentition in the opposing arch.

The number and placement of implants in the upper jaw is determined by the fact that the bone is of poorer quality than in the lower jaw. On average, a minimum of four implants are required for an implant supported overdenture and six to eight implants are required for a fixed implant supported prosthesis.

Cost-effective solution

A technically simple and cost-effective solution has been introduced by BioHorizons to improve the stability of the lower denture. The BioHorizons OS System can provide your patient with four implants to improve the stability of an unstable lower denture. For £99 (excluding VAT), the 5mm implant comes as a one-piece, transmucosal implant with the ball attachment already attached. The procedure is usually performed under local anaesthesia with a flapless approach, thereby minimising postoperative discomfort. Unlike mini-implants, which are only licensed as a transitional implant, this system has FDA approval for “permanent” usage in the lower jaw.

At the time of placement, the patient’s existing denture can be adjusted to accommodate the implants, thereby immediately loading the implants. As this is a one-piece ball attachment implant, it cannot be “upgraded” to a fixed bridge in the future. However, it will provide the simplest and most cost-effective solution to a patient that will gain the greatest benefit.

About the author

Dr Stephen Salt, BDS MDent (Rand) specialises in prosthodontics and has 16 years of dental implantology experience. He is the principal of Century Dental Clinic, a state-of-the-art private dental practice situated in Putney. Dr Salt also teaches restorative dentistry at Guy’s Hospital and St Thomas’s School of Dentistry.
A team approach

To generate a loyal customer base, the entire practice team must make the patient’s experience worthwhile, not just the dentist. Dr Riz Syed explains

In order to succeed in implant treatment, dentists must look beyond their own skills and expertise in terms of what they can offer patients. It is of paramount importance for the whole team to act as a single functioning unit for complete patient care.

I have heard many skilled surgeons complaining of the lack of patients being seen in their clinics despite heavy marketing, which costs valuable time and money. A motivated team is a reflection on the surgeon, indicating what they can offer and what care patients will receive when coming to the clinic.

The receptionist

The initial contact point for every patient is the receptionist and key areas of interest include how they deal with visitors and what level of knowledge they possess. It is important to train your receptionist in what each aspect of implant dentistry involves. This includes what an implant is, the procedure, post-operative care and the length of time involved.

Having the right implant system is crucial, but even with a solution from a leading implant company such as Nobel Biocare, patients won’t benefit if the receptionist cannot answer their questions.

Dental nurse

Having mentored many surgeons across London and the Home Counties, I see many nurses not adequately trained for the procedures carried out in their surgeries. It is important not to see implants as part of routine dentistry but as a specialist field. Nurses’ training courses (basic and advanced) are readily available and I would recommend that implant surgeons ensure that their nurses are sent on these courses. They should be aware of each component of an implant, the stages involved and the time frame.

Hygienist

The team approach extends beyond the receptionist and nurse to other specialties within dentistry. My initial therapy for a patient usually involves them seeing my hygienist first to maintain and achieve a healthy environment in which I can operate. Implantology is often seen by surgeons as an isolated field, dealing with a specific site. A full comprehensive treatment should be given to restore the mouth with implants complementing this treatment.

It is also important for the hygienist to secure the oral health of the patient and reinforce oral hygiene techniques following implant therapy.

About the author

Dr Riz Syed qualified at the Royal London Hospital in 1999, runs a referral clinic in Islington and Walton-on-Thames, and was one of the first surgeons in the country to use NobelGuide. He is a mentor for Nobel Biocare, helping to train UK implant surgeons. Regularly consulted for complex treatment-planning cases, Dr Syed lectures on guided implant surgery. He is a member of the Association of Dental Implantology, the International Congress of Oral Implantologists and Fellow of the Royal Society of Medicine. His practice includes sinus grafting, surgical crown lengthening and hard and soft tissue grafting, and has been awarded the Clinic of Excellence in Implant Dentistry. To contact Dr Syed, email rizsyed@hotmail.co.uk or call 01923 223479 (Mulberry Dental Care) or 0207 2269797 (AG Dentistry).
A good impression

Luke Barnett talks about making the most of the latest implant technology and the skills of your laboratory

There are numerous different implant systems with largely the same success levels. Your choice should be determined by the clinical parameters of the case and the patient’s precise requirements rather than a blanket preference.

Choosing a reputable brand – Nobel, 3i, Straumann, Ankylos, BioHorizons, Astra tech, to name a few – ensures that you are working with durable, quality materials designed with a high standard of craftsmanship and the right technical backup.

Zirconium is becoming increasingly popular as an implant material, but its integrity can be compromised by the way it is handled, for example, using the right diamond for adjustments and avoiding rapid or extreme changes in temperature during manufacture. It's vital to follow the manufacturer’s instructions to ensure a durable outcome and that technicians use great care when designing abutments and substructures. I would however strongly recommend zirconium for use in the aesthetic zone.

Delivering results

Outside the aesthetic zone, and when space permits, titanium is perfectly satisfactory with the most recent brands being gold plated to enhance aesthetics. All ceramic systems, whether zirconium or pressed ceramics etc, will deliver excellent aesthetic results so long as they aren’t compromised by the way it is handled or into a curve. Selecting the right diamond for adjustments or into a curve. Selecting the right diamond for adjustments etc, will deliver excellent aesthetic results so long as the materials limitations are fully appreciated.

The key to success and good relations is communication. Encourage the use of a tissue model to replicate the gum to aid in the aesthetic zone. Equally detailed instructions for the handling of contacts and occlusal loading. These are critical to the success of the final outcome, take face bow records where possible to help to minimise functional adjustments. No dentist likes to grind porcelain and no technician likes to hear of his or her work being adjusted. Keeping the lines of communication open and offering accurate information saves misunderstandings on both sides and eliminates the need for unnecessary modifications or for work to be repeated.

Today’s patients have high expectations for their implants, and aesthetics must now be matched by the restoration of natural function. With the support of Cad/Cam technology and the extensive research, which underpins today’s implant systems, meeting these expectations has become the norm.

Luke Barnett Laboratories is located in the commercial heart of Watford and has a special interest in implantology and cosmetic dentistry. The Luke Barnett Laboratory is recognised as one of the best in the UK for providing superior general crown and bridge solutions. For more information please contact 01922 353 557 or visit www.lukebarnett.com.

Luke Barnett has been a highly regarded dental technician for over 50 years. Luke started studying the art of prosthetics and orthodontics under the guidance of Peter Looch at Newland’s Dental Laboratory in Golders Green. Graduating in 1980, Luke went into training as a gold worker and received tutoring with master ceramicist Chris Liu. In 1985, under the Enterprise initiative, Luke started his first business, which today has the reputation of a world-class laboratory synonymous with quality crown and bridge production. Luke is currently the chairman of the laboratory committee for the BACD and on the advisory panel for the DLA. Luke also lectures in the specialist field of smile design and works closely with the Aesthetic Advantage Group USA and the American Academy of Cosmetic Dentistry.

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* ProTaper Universal is the market leader with 56.6% market share (Q1, 09 SDM data)
Mectron, based in Italy, has revolutionised dental surgery with their development of piezoelectric bone surgery. Recently, the company presented the 3rd generation of their Piezosurgery device at the IDS show in Cologne in Germany. We spoke with company founders Domenico Vercellotti and Fernando Bianchetti, as well as area managers Wolf Narjes and Alexandre Cadau, about the clinical advantages of their invention and how the company is reacting to the current market conditions.

Dental Tribune: Market prospects for 2009 are rather uncertain due to the financial crisis. Is your company prepared for a potential economic slowdown?

Fernando Bianchetti: The only way to withstand this crisis is to remain successfully in the market through investments in scientific and technical research, in Europe and other countries.

Domenico Vercellotti: What Fernando just said has always been our corporate philosophy; it will certainly help us in difficult times like this. Mectron offers high quality products at reasonable prices and puts a lot of effort into the development of new technologies and not merely into expensive marketing campaigns.

Wolf Narjes: Being a family-owned company, Mectron is currently undertaking more revolutionary projects.

An interview with Mectron, the company who invented Piezosurgery

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R Patel	July 11th	Sheffield
P O'Reilly	Sept 5th	Dublin
N Sisodia	Oct 3rd	Uxbridge
A Faqir	Nov 7th	Edinburgh

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Interview

Domingo Vercellotti: The latest innovation is tips for the implant site preparation that have demonstrated histological benefits and a better osseointegration of implants compared to the traditional twist drill (Giulio Preti et al., ‘Cytokines and Growth Factors Involved in the Osseointegration of Oral Tita-

 Alexandria Cadau: Piezo-
surgery has certainly been one of the most important developments in the dental and medical field. This unique device allows the surgeon to work in less stressful and safer conditions. Postoperative healing times are also reduced threefold with this method.

Alexandre Cadau: Founded by Rong and optometrist Kim Jensen, ExamVision™ offer a welcome commitment to delivering superior design and quality craftsmanship, which perfectly complements our 16 years of unrivalled loupe experience and outstanding customer service.

Wolf Narjes: I have found that several countries, including South Korea, Italy, and Germany, have been very open-minded to this new technology. Most Scandi-

Wolf Narjes: Our Piezo-
surgery device is scientifically approved and we are consid-
ered to be the only company in this field to have a clinical data-

Alexandre Cadau: Piezo-
surgery is clearly the most important development in the dental and medical field. This unique device allows the surgeon to work in less stressful and safer conditions. Postoperative healing times are also reduced threefold with this method.

Alexandre Cadau: It is essential to be suitably trained in this technique.

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The Postgraduate Dental Education Unit (PGDEU) is one of the UK’s leading dental education centres offering an established portfolio of courses for qualified dentists who wish to develop their knowledge of the latest methods, equipment and techniques in implant dentistry and orthodontics. The wide range of programmes on offer are delivered by leading professionals, academics and researchers using a wide variety of educational tools.

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This course is aimed at Dental Care Professionals who wish to train as an Orthodontic Therapist providing orthodontic treatment, working under the supervision of a Specialist Orthodontist.

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The implant dentistry programme at The University of Warwick is designed with the busy GDP in mind and recognises that implant dentistry will be delivered in the general practice environment. For this reason we have based the clinical teaching in selected general practices which meet stringent quality assurance.

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**BDA conference and exhibition 2009**

This year’s BDA conference programme will encourage and inspire all members of the dental team to realise their full potential.

**The BDA is pleased to announce that the 2009 British Dental Conference and Exhibition will be held from June 4 to 6 2009 at the Scottish Exhibition and Conference Centre, Glasgow.**

Based on the theme ‘Dentistry is transforming’, the conference programme will feature motivational, expert speakers who will inspire you to develop new ideas for your practice and enhance your career.

### New clinical Speaker

Luca Dalloca, a Prosthodontist and Aesthetic specialist from Oral Design Milan, Italy, will talk about ‘Art and visual perception applied to aesthetic dentistry’. This speaker will give you insights into making your restorations fit your patient’s face while looking real and natural, a truly fascinating presentation not to be missed!

Catch Luca Dalloca in the Lomond Auditorium from 2pm-3.30pm on Thursday June 4.

**Charan Gill – Keynote speaker**

Inspirational entrepreneur Charan Gill MBE, the man behind the Harlequin Leisure Group, will be the keynote speaker. He developed the largest Indian restaurant in the UK and built a reputation as Glasgow’s ‘Curry King’.

**Cherylly Sheets – Main clinical speaker**

Clinician, educator, author and lecturer Dr Cherylly Sheets will be presenting a day-long lecture on Friday June 5 2009 looking at ‘Meeting the demands of today’s aesthetic restorative practice’. Dr Sheets has a private practice in California and specialises in aesthetic rehabilitation of dentistry and implants. She is also Clinical Professor of Restorative Dentistry, USC School of Dentistry, Los Angeles and co-executive director of the Newport Coast Oral Facial Institute, an international non-profit teaching and research centre; considered to be one of the finest microsurgical training centres in the world.

### Career and business development seminars

There will be a range of sessions focusing on career paths, setting up in practice, and business planning. If you are thinking of diversifying into areas such as whitening, smoking cessation and implants, the business development streams will help you explore opportunities in these areas.

**Clinical seminars**

You will also have the chance to attend a wide variety of clinical presentations covering topics such as management of failures, veneers, periodontology, caries detection and diagnosis, plus much, much more.

### Exhibition-only tickets – **FREE**

You may be interested in attending the Exhibition only. If this is the case, you will be pleased to hear that this is FREE!

Not only will you have access to 6,900 sq m of Exhibitors, but you will also be able to attend Exhibition hall seminars in the Exhibition hall throughout each day.

**The exhibition**

Running alongside the comprehensive conference programme will be the popular exhibition, which is set to be our largest yet. You can meet suppliers, pick up samples and learn about new products and services.

The 2009 exhibition will take place in the Scottish Exhibition and Conference Centre’s largest hall, Hall 4.

**Book your ticket**

Registration is now open. If you book online, you’ll receive a £20 discount on the price of a three-day ticket and £10 off the price of a one-day ticket. Visit www.bda.org/events/annual-conference/index.aspx for more details, call 0870 166 6625 or email bda@delegate.com.
Visit the KemdentstandB24 at the BDA exhibition in Glasgow to take advantage of the special offers on the Diamond range of Glass ionomer cements and the brand new range of PracSaft Clear Infection Control products. Practically disposable pastes have been launched recently and very successfully. So Kemdent have some excellent offers on their refill packs of Cross infection control products.

Kemdent has a responsibility for quality and reliability.

Kemdent has demonstrated its ability to innovate with the introduction of Diamond, a unique GIC that sets rapidly and is resistant to saliva. Since it was first launched in 1997 it has gained a significant share of the UK restorative market and is successfully marketed in many European countries and the Middle East.

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For further information on kemdent products visit our website www.kemdent.co.uk

BOS Debut – The British Orthodontic Society makes its first appearance at the BDA Conference

The British Orthodontic Society (BOS) will make its BDA Conference debut in Glasgow in June. The Society, which represents 1,500 UK orthodontists and is the largest of the dental specialty groups, is a registered charity and as part of its outreach policy is engaging more actively with general dentists.

In addition, the BOS has been working more closely with the BDA to help its members with issues relating to contracting, retirement and practice sales, to name but three. The two organisations stood shoulder to shoulder at the recent Parliamentary Health Select Committee and are in accord on many issues.

Stand visit: A visit to stand A48 in Hall 4 at the BDA Conference will give delegates a chance to meet the Chief Executive of the BOS, Les Joffe and take the opportunity to find out more about the many ways in which orthodontics fits into an inter-disciplinary approach to dental care.

Those unable to make the trip to Glasgow for the BDA can find out more about the British Orthodontic Society by visiting www.bos.org.uk

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At the BDA Conference in Glasgow this year (stand A21), we will have the Absolute Professional Dental Chair with LED operating light, Bluelight wireless foot control and the unique ‘On the Rocks’ cabinetry. The unit is controlled through the Wayfinder (launched at BDS Cologne), a multifunctional interactive screen providing total control of all dental unit functions. The Absolute comes with a panel of standard and many modular options - this flexibility offers basic options or high tech - tailored completely to your needs. With specialist 3D software we can design the surgery to meet your needs and budget.

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You can claim a FREE Berti Curing Light worth over £800 when you purchase refill's of HercuLite XR Ultra composite, as well as making substantial savings on the various kit options.

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These are just a couple of the many ways in which Kerr are helping to beat the recession; there are many more money saving promotions in Kerr's latest flyer please call Kerr for further details.

Tel: 07733 892392

Stewart Angus is the UK Director of Sales for Isoplan, one of Britain’s largest practice management board providers. He asks – are you having concerns about the impending new contract and worrying about the long term impact this will have on your business and work/life balance? You’re not alone, why not explore the options for taking control of your business – and your life - with Isoplan’s Practice Membership Plan. Ours is a dental payment plan designed to be of maximum benefit to both dentist and patient. Our highly trained and motivated sales staff will talk you through the process of having your own self-branded plan, aiding you each step of the way and in turn making the process clear and simple.

If you've never had any more information on any of our products, please visit us on stand number B21 at the BDA in Glasgow in June, or contact our Business Development Consultants direct on these numbers –

Tania Winters, BDC – South West England & N Ireland: 0791 7030495
Carole Kitchen, BDC – Northern England: 07917030492
Margaret Johnston, BDC – Scotland: 07917030495
Kay Hammond, BDC – South East England: 07915655276

Discover The Leading Patient Referral Plan
At The 2009 British Dental Conference

Delegates at the 2009 British Dental Conference (4th-6th June 2009) at the Scottish Exhibition and Conference Centre, Glasgow are invited to visit the Munroe Sutton team and discuss a new way to attract patients and increase revenue with the Munroe Sutton Patient Referral Plan.

Proven successful in the US market over the last 20 years, Munroe Sutton is now helping UK dentists enjoy a substantial increase in profits and develop and maintain strong relationships with patients.

Available at no charge to the dentist, the Plan is suitable for any practice, whether focusing on general or specialist treatment. Supported by training and education solutions and a 24/7 automated phone system for quick and easy patient verification, the Munroe Sutton Patient Referral Plan also includes a unique and outstanding aesthetic smile design solution from Jason Kim and attractive discounted lab fees, and should attract a great deal of interest at the 2009 Conference.

For more information please call 020 7887 6004 or visit www.munroesutton.co.uk/identikit

BSA Conference Glasgow – A21

United Kingdom Edition

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GlaxoSmile®/Kline Consumer Healthcare UK – Oral Care (stand B27)

GlaxoSmithKline Consumer Healthcare (GSK) will showcase a number of new product launches at this year’s BDA Conference, including new Corisyl® Daily Gum & Toothpaste. This clinically proven gum paste helps to maintain firm and gummy gums, and, unlike many regular toothpastes, over 67% of the ingredients are for the care of gingiva and teeth, up to twice the amount of many other toothpastes.

Sensodyne, Aquafresh and Macleans have launched a new unique range of toothpastes containing iso-active technology.

As well as visiting the GSK stand (B27), delegates are invited to visit the iso-active ‘dome experience’ situated outside the main entrance on Friday 5th June. Visitors will have the opportunity to try our new iso-active® foaming gel toothpastes and experience the next generation in oral care.

GSK are also sponsoring a special presentation on the topic of paediatric restoration by Peter Clay, entitled “Trauma, Teeth and Transports” on Friday 5th June at 14:15 in Boisdale Room 1.

Experience the all new A-dec 300 at the Glasgow BDA Conference

4th-6th June 2009

As one of the world’s leading dental equipment manufacturers, A-dec designs, builds, and markets much of what you see in the dental treatment room. Our range includes chairs, stools, delivery systems, dental lights, cabinets and infection control units along with a full line of accessory options.

A-dec will be exhibiting at the 2009 BDA Conference at the Scottish Exhibition and Conference Centre and look forward to the opportunity of welcoming you to Stand C14 to experience a selection of equipment packages including the all new A-dec 300 chair, the most recent addition to our product line. We will also be demonstrating our range of innovative cabinetry solutions as well as our latest integrated options.

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The BDA Conference and Exhibition

Market leaders in high-quality turbines, handpieces and small equipment, NSK are dedicated to ensuring that you use simply the best handpieces on the market, delivering high performance products for the whole dental team at amazingly affordable prices.

Visitors to NSK on Stand A13 will have the opportunity to see some of NSK’s innovative new products including their new LED Coupling; the first of its kind in dentistry and compatible with both NSK and Kavo turbines, the coupling provides the equivalent of natural daylight ensuring a far brighter and better clinical experience.

For more information visit Stand A13 or if you are unable to attend the BDA call Jane White on 0800 6341909.

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For more information visit www.nsk-advantage.co.uk.

Denplan sponsor BDA
Denplan, the UK’s leading dental payment plan specialists, is delighted to be a platinum sponsor of the BDA Conference and Exhibition 2009 and to be invited to the beautiful city of Glasgow once again.

This year, Denplan’s conference seminar ‘Dental Care or Beauty treatment? – a choice for today’s oral health care professionals’, features highly respected guest speaker Richard Ibbetson, Director of the Edinburgh Postgraduate Dental Institute and Honorary Consultant in Restorative Dentistry, Lothian Primary Care Trust. This seminar will take place on Friday 5th June in the Boisdale Room 1 from 9.30 – 10.45.

Denplan’s knowledgeable and expert team will also be on hand throughout the exhibition at stand number A30 to talk to you about its range of flexible payment plans as well as some exciting company news for the future.

For more information about Denplan, please go to www.denplan.co.uk or call us on 0800 401 402.

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Braemar Finance is a well established direct lender to the dental profession, and as part of Close Brothers plc, are well capitalised and have funds available to help you develop your dental practice. Braemar are delighted to offer pre-approved finance, allowing you more time to locate and order the equipment which best suits your practice.

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Visit us at Stand B17 at the British Dental Conference & Exhibition at the SEC between the 4th and 6th June 2009, alternatively contact us on 01563 821020 where we are available to discuss your finance options.

Visit our web site www.braemarfinance.co.uk and register for any Braemar update that may affect your profession, we will only send relevant information when necessary.

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**Coltene Whaledent Ltd**

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From surgery disposables to high tech equipment Coltene Whaledent offers the highest standards in Dental products including Miris the innovative natural layering technique composite devolved by Dr Didier Dietschi who is lecturing at the second Aesthetic Vision symposium 9/10th October in London 2009.

Visit stand C11 for our latest products and offers.

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**Dentists’ Provident**

Dentists’ Provident offers 3 months’ free premiums

Dentists’ Provident is the leading provider of income protection insurance to dentists in the UK and Ireland. At the British Dental Conference & Exhibition 2009, any dentist applying for income protection at Dentists’ Provident stand A08 will be offered three months’ free premiums. (Available for direct applications only and cannot be used in conjunction with any other offer.)

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Dentists’ Provident is a mutual organisation, which means it is owned by and managed solely for the benefit of its members. Visit stand A08 to find out why over 13,000 dentists have chosen to be a member.

For more information call 020 7222 2511, write to 9 Gayfere Street, London SW1P 3HN or visit www.dentistsp provident.co.uk.

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**Maximise Your Potential**

Visit PracticeWorks and take your practice to the next level!

PracticeWorks will be inspiring delegates to be the best at the British Dental Association (BDA) British Dental Conference and Exhibition 2009. From the 4th-6th June 2009, dental professionals will be attending the Scottish Exhibition and Conference Centre, Glasgow to discover the impressive products and services of leading providers PracticeWorks.

The expert team will be showcasing the R4 Practice Management Software Version 3.0 that is currently transforming dental practices all over Britain. There is no need to install any software or back up the system with the new Managed Service.

Learn more about the extensive digital imaging products also from PracticeWorks such as the new 9500 Cone Beam CT Scanner. Professionals can now take high quality 3D CT scans in the comfort of their own office. The incredibly high resolution ensures the anatomical information is undistorted, helping dentists give an accurate diagnosis.

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**Oral-B**

P&G Professional Oral Health

Products sold in practices are often demonstrated to patients to ensure they are being used correctly. In recognition of the time and effort this entails, P&G will include a free educational DVD and the Oral-B 3D-reel of seven replacement heads with every Professional Care and Triumph power product sold. This is the first time the Profession have been given their own extra value pack sold only to dental professionals and by dental practices to help ensure patients use the right type of brush, the right way.

The launch of these packs coincides with some upgrades which are being launched into the Professional prior to retail! At the top is still Triumph SmartGuide which has been re-branded ‘Triumph 5000 SmartGuide’. Next is ‘Pro-fine’ and ‘Pro-fine’ Free pack offer limited to one pack per Dental Practice

*Offer subject to availability.

Visit our web site www.oral-b.com or visit us on Stand B13 at the British Dental Conference & Exhibition at the SECC 4th-6th June 2009, alternatively contact us on 0800 169 9692 or visit www.braemarfinance.co.uk
Panasan

Upgrade to the healthier side of whitening and stop Gingivitis before it starts

Beverly Hills Formula pre-mium brand dental whitening products have unique combinations of anti bacterial agents, low abrasion and anti-stain polishes to protect and whiten teeth. They gently remove stains from teeth, without harsh abrasives. Tests conducted by the BBC Watchdog programme revealed that Beverly Hills Formula Toothpaste removed over 90% of staining. According to another BBC research study suffer 40-50% of adults across the world from gum dis-ease, making this the most com-mon dental problem. In its bid to prevent gum disease by control-ling the amount of plaque that builds up on your teeth, Beverly Hills Formula has formulated Gum Strengthening toothpaste. “Look After Yourself - Brush for Health!” is the ‘good oral health’ awareness message emphasised by Beverly Hills Formula and the British Dental Health Foundation to draw the Nation’s attention to the impor-tance of good dental care across all age groups during National Smile Month 2009 (May 17th to June 16th).

For further information please visit: www.beverlyhillsformula.com.

Buy 2 Practice-safe sprays and receive a 20% discount.

On display will be the award winning AquaCut and the Velopex colour Diode laser along with the Aseptico range of portable equipment, processors and the Velopex Digital system. We will also be talking through the exciting relationship that we have established with the Cali-fornia Centre for Advanced Den-tal Studies (CCADS) and how you can be part of a clinical study suffer 40-50% of adults and new customers come our way.

The new address will be: Prestige Medical Ltd., East House, Duttons Way, Shadsworth Business Park, Blackburn BB1 2QR Telephone: 01254 682 622 Fax: 01254 682 606.

Grandio Flow – Now in new NDT® syringes

Hygienic and efficient use through non-dripping tech-nology

Starting now, syringes that run, drip and leave strings and the accompanying waste of ex- pensive material belong to the past. VOCO has successfully developed a non-run-ning, non-dripping syringe based on the innovative non-dripping tech-nology (NDT®) especially for highly flowable materials.

Test dentists are impressed with the new technology

The new NDT® syringe was extensively tested by numerous dentists over the past few months. All of the practitioners described the dosability and overall handling as exact and ex-cellent. The runoff behaviour was likewise given a rating of ex-cellent. Most dentists rate ex-actly this property as problem-atic for working with flow prod-ucts. Almost all test dentists could even imagine that there was no runoff of the employed mate-rial (Grandio Flow) with the use of the NDT® syringe. More important: The test dentists even stated that handling was improved by using the NDT® syringe.

For more information please contact Tim McCarthy, UK Sales Manager, Mobile: 07500-769-615, tim.mccarthy@voco.com.

Upgrade to the healthier side of whitening and stop Gingivitis before it starts

The product is the same as we had before with the three year expira-tion date, the reason we have two years on it because all new products have to go on stability before they can justify their expiration date whenever any changes are made, in this case with the contin-uation of the product passed an ac-celerated three month which jus-tifies a two year expiration and it’s currently in the midst of an accel-erated six months to justify the three year expiration. The next batch will have three years on it, this batch host every syringes, manufactured till August.

The Velopex Team will be de-lighted to welcome you to Stand at the World Aesthetic Congress at the QEI Centre, Westminster between the 12th and 15th of June this year.

Exhibitions are always an ex-citing time for Velopex – both ex-isting and new customers come and chat about existing products and new products.

On display will be the award winning AquaCut and the Velopex colour Diode laser along with the Aseptico range of portable equipment, processors and the Velopex Digital system. We will also be talking through the exciting relationship that we have established with the California Centre for Advanced Dental Studies (CCADS) and how you could be put forward to receive an educational grant worth £18,500.00!

For those of you not going to the WAC in Westminster, you can find us at the BDTA Dental Show-case at the NEC between the 12th and 14th November.

For more information, please contact Mark Chapman on 07754 048877 or via mark@velopex.com.

For more information on our range of products, please see: www.velopex.com.

PracticeSafe disinfectant spray is alcohol based and highly effective against MRSA/ HBV/HIV/HSV/BVDV, vaccinia, tuberculosis, hospitalism, prophylaxis, bactericidal, fungicidal.

This highly effective spray is available in a choice fragrance. Dentists, hygienists and dental nurses can choose a disinfectant spray with an odour to suit their mood!

It is available in neutral, lemon, fruit and flower fragrances. To take advantage of this excellent special offer, ring Jackie or Helen on 01795 818461, or visit our website www.kemdent.co.uk.

Continued success drives Prestige Medical to new premises!

Prestige Medical has announced that it is relocate of-fices and production from its cur-rent factory in Clarendon Road to a larger modern industrial unit currently being prepared on the popular Shadsworth Business Park in Blackburn.

Managing Director Ian Starkey commented: “We have a programme of continuous im-provement and strive to ensure that Prestige Medical products consistently provide the best solu-tions for infection control. Our products are sold all around the world and we are delighted that, even in the current difficult eco-nomic climate, we are continuing to increase business and have now outgrown our old factory. The new premises are out-veniently located just off the M65 motorway and we look forward to welcoming customers old and new to East House.”

Prestige Medical provides the healthcare industry with a full range of integrated decontamina-tion solutions including portable and bench-top autoclaves; washer-disinfector units and associated decontamination rooms and ad-vance on legislation compliance.

The new address will be: Prestige Medical Ltd, East House, Duttons Way, Shadsworth Business Park, Blackburn BB1 2QR Telephone: 01254 682 622 Fax: 01254 682 606.

Grando Flow is available in tea-shades (A1, A2, A3, A3.5, A4, B1, B2, C2, D2, OA2). In addition to exact shade matching with Grandio, the universal restora-tive, non-standard indications can also be fulfilled with Grandio Flow using the special shades Bleach Light (BL) and White Opalux (WO). Bleach Light is not only suitable for bleached teeth, but also for paediatric dentistry. White opa-que forms an excellent restoration foundation. Grandio Flow in the new NDT® syringe – hygienic, quick, precise and no waste.

Get ready to jump
Try a 10,000 ft freefall parachute jump and raise money for charity at the same time

Imagine standing at the edge of an open doorway in an aircraft flying at 10,000 feet—the noise of the engines and the wind ringing in your ears with only the outline of distant fields below. Now imagine leaning forward out of that doorway and letting go—falling forward into the clouds, diving down through the air (without the parachute deployed) for several thousand feet; while you’re harnessed to a professional parachute instructor at all times throughout the descent. This is literally the chance of a lifetime! This jump is also much less demanding than the traditional ‘static line’ jump as it and the training are completed in one day and your instructor will control your landing.

What does it involve?
Technically the jump is called a ‘Tandem Skydive’—you’ll be freefalling through the air (without the parachute deployed) for several thousand feet; while you’re harnessed to a professional parachute instructor at all times throughout the descent. This is the only way you can jump from such an altitude without spending thousands of pounds becoming a freefall parachutist. This is literally the chance of a lifetime! This jump is also much less demanding than the traditional ‘static line’ jump as it and the training are completed in one day and your instructor will control your landing.

Stop press
Dr Ian Wilson, Bridge2Aid’s co-founder and CEO, is not one to turn down a crazy opportunity—so he has taken up the challenge of doing a tandem skydive, alongside a brave group of B2A fundraisers. Ian’s dive will take place on June 15 2009 at the Brackley jump site, near Oxford. He would love for more people to join him on this amazing day. All participants need a sense of adventure (very important) and will need to raise £395 (or more) to jump for free.

If you want to join Ian next June, or would like to jump at one of the 20 sites either singly or as part of a group, please visit www.bridge2aid.org or contact Kerry Dutton, our fundraising co-ordinator by email kerry@bridge2aid.org or by telephone 07881 912060.

Introducing A-dec 300

A-dec 300™. Another excellent choice from the leader of dental equipment solutions.

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Microscope use for the dental team

Join this one-day, hands-on course for an introduction to using individual Zeiss microscopes within a demo surgery set-up

Since its introduction into dentistry over 20 years ago, the microscope has become commonplace in endodontics and periodontics, but it can be used for so much more than just these procedures. Accuracy of both crown and cavity preparation is unequalled and the type of preparations and instruments used are often specific to the microscope. You can prep those margins you never could really see and be confident of a better fitting crown.

Caries removal is accomplished with the adjunct of caries stains, and is extremely accurate. The combination of excellent magnification and coaxial illumination give the best possible visual feedback. The microscope is an excellent teaching tool and can be used to record both video and photograph at the highest quality. These images are excellent for both patient communication and education, as well as being able to be used for teaching and contemporaneous record keeping. During the course we will talk about different imaging and archiving systems available.

Outputs to monitors enable nurses, patients, accompanying persons, or other to see what the operator is seeing. It adds tremendous value to the treatment and will help differentiate your practice.

An essential tool

If you want to offer the highest standard of endodontics possible to your patients then a scope is essential.

It is superb as a diagnostic tool, enabling early identification of fractures, caries, leaking restorations, resorptive defects and many more. Local anaesthetic can be delivered in a truly gentle manner by seeing the exact position of the needles bevel.

It is invaluable in retreatment, meaning that now many procedures are able to be treated non surgically with techniques such as instrument removal, perforation repairs, open apex management and management of calcified canals becoming routine.

We will show examples of implant placement under the microscope, and how teeth are extracted utilising the scope and rubber dam. We will show surgery with microsurgical instruments, ultrasonic aids to cavity preparation, using the scope to find caries and fractures.

Reducing stress

During the day, delegates will be shown how to work effectively and ergonomically, speeding up procedures and reducing stress. We will show how to plan your surgery design to make scope usage easier, we will show correct positioning of dentist, assistant and patient to enable unsurpassed vision in all areas of the mouth. We will complete a full mouth exam under low and high power showing the versatility of the scope.

How to book

The course will be held at Highfield Dental Clinic, Birmingham on July 11 2009. Places cost £295 plus VAT per dentist and £100 plus VAT for one nurse. The course provides six hours of verifiable CPD. To book your place, contact Martin Hellawell on 01455 759659 or email martin@nuview-ltd.com.
Implantology Mini Residency

One Year Surgical & Restorative Implantology Course

with Dr Mark Hamburger, Specialist Prosthodontist

An implant course to provide you with the necessary knowledge and skills to start a successful career in implants.

The course is aimed at general dental practitioners looking to integrate implant dentistry into their patient care.

The course provides:

- All necessary education to comply with the GDC guidelines as set out by the Faculty of General Dental Practitioners, UK and the Royal College of Surgeons, England, in the document entitled: Training Standards in Implant Dentistry for GDP’s 2008 (download at GDC.gov.uk)
- Compliant with GDC guidelines for 185 verifiable CPD points.
- Benefit from over 20 years of clinical knowledge & experience.

The course:

- 18 full days spread over a 14 month period, located in Harley Street, London.
- Maximum of eight candidates per course.
- Each candidate will place and restore at least two implant cases under the direct supervision of Dr Mark Hamburger. In addition: treatment planning, surgical and restorative observation of all course patients.
- Guest speakers:
  - Dr Henri Thuau, Consultant Maxillo Facial & Oral Surgeon
  - Dr Jo Omar, Medical Emergencies and CPR

For further information and to request a brochure/registration form, please contact:

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First choice scrubs & AWB Textiles are brand names of AW Best Ltd
40% of adults across the world suffer from gum disease
(Source: BBC News - Health)

STOPS GINGIVITIS BEFORE IT STARTS

www.beverlyhillsformula.com