Weight control could affect gums

The health complications of being overweight, such as increased risk of heart disease, Type 2 diabetes and certain cancers, have long been reported. Health-care professionals often urge patients to manage their weight and strive to get physical exercise each day to achieve and maintain overall health. And now, researchers have uncovered another benefit of maintaining a fit lifestyle: healthy teeth and gums.

In a study published in the August issue of the Journal of Periodontology, researchers found that subjects who maintained a healthy weight and had high levels of physical fitness had a lower incidence of severe periodontitis. Using body weight control could affect gums and physical fitness may help reduce the risk of severe gum disease. (Photo/Christy Thompson, stock.xchng)

ICOI, DGOI join up for implant program in Germany

This year, the International Congress of Oral Implantologists (ICOI) will be holding its 27th World Congress in cooperation with the German Society for Oral Implantology (DGOI) for the second time in only five years.

From Aug. 26-28, leading international members of the implant scene will get together at the Hamburg Convention Center for the 7th International Annual Congress of the DGOI and the 27th World Congress of the ICOI.

This joint congress once again shows the closeness between the German Society for Oral Implantology and its international parent organization.

The scientific directors of the main podium for 2010 will be Dr. Hom-Lay Wang from the United States, representing the ICOI, and Dr. Georg Bayer from Germany, president of the DGOI.

The program will cover the following topics: “Digital Planning for Exact Implant Positioning,” “Complications and Problem Management,” “Innovations in Implant Therapy,” “Growth Factors and Predictable Bone Regeneration” and “Predictable Aesthetics: Concepts For Success.”

More than 30 international speakers will be presenting evidence-based assessments and introducing new developments in oral implantology.

In addition to the main podium schedule, the congress will: devote Saturday morning to young implantologists; have a two-day auxiliary program for staff members; allow for many international members to participate in the congress via an extensive table clinic and poster presentation competition; and feature several workshops compliments of sponsors on Thursday morning.

For more information, visit www.icoi.org.
mass index (BMI) and percent body fat as a measure of weight control, and maximal oxygen consumption (VO2max) as a measure of physical fitness, researchers compared sub-
jects’ weight and fitness variables with the results of a periodontal examination. Those with the lowest BMI and highest levels of fitness had significantly lower rates of severe periodontitis.

Periodontitis is a major cause of tooth loss in adults, and research has suggested gum disease is associ-
ated with other diseases, such as heart disease, diabetes and rheu-
matoid arthritis. Samuel Low, DDS, MS, associate
dean and professor of periodontol-
ogy at the University of Florida College of Dentistry and president of the American Academy of Periodontol-
ogy (AAP), says that research con-
necting overall health and periodon-
tal health should motivate people to maintain a healthy weight and get enough physical fitness.

"Research continues to demon-
strate that our overall health and oral health are connected," Low said. "Weight management and physical fitness both contribute to overall health; and now we believe staying in shape may help lower your risk of developing gum disease.

"Since gum disease is related to other diseases, such as cardiovas-
cular disease and diabetes, there is even more reason to take care
of yourself through diet and exer-

Low also encourages comprehen-
sive periodontal care through daily tooth brushing and flossing, and rou-
tine visits to a dental professional, such as a periodontist. About the AAP

The American Academy of Peri-
odontology (AAP) is the professional organization for periodontists. Peri-
donists are also dentistry’s experts in the treatment of oral inflamma-
tion. They receive three additional years of specialized training follow-

5-D congress a crowd-pleaser

The fourth International Congress on 3-D Dental Imaging, sponsored by Imaging Sciences International and Genex Dental Systems, held this year in La Jolla, Calif., offered attend-
ees and the dental media an ideal sub-
setting in which to learn about 3-D technology.

Experienced dental clinicians and professionals shared their consider-
able knowledge of 3-D's past, where it is today and where it’s going in the future. Attendees were provided with a wealth of information from spea-
kers and vendors that assisted them in their practical application of the everexpanding technology.

The two-day congress utilized lect-
ures, panel discussions, break-out sessions and live demonstrations to allow for full participation and inter-
action among those gathered at the event.

Attendee Dr. Christopher Phelps of Charlotte, N.C., said: "There was definitely a wealth of course top-

ics here, including detailed clinical information. And for those of us who already have the technology, it was helpful to have courses that focus on non-clinical aspects, as well, such as marketing and both medical and den-
tal insurance reimbursement."

A new speaker at this year's con-
gress, Dr. John Graham, focused on clinical findings not apparent with 2-D radiology and staying ahead of the curve when it comes to dentistry’s evolving standard of care involving CB/CT.

"The dentists who attended the congress were looking to learn more about a technology that can help them advance patient care," he said. "I believe that they came away with a greater understanding of this and more."

Returning speaker and modera-

tor, Dr. Scott D. Ganz, presented on how the utilization of cone-beam data provides clinicians with a new sense of confidence to diagnose, plan, com-
municate and execute dental implant reconstruction and related proce-
dures, such as bone grafting. As Ganz said, "It’s not the scan, it’s the plan!"

Commenting on the congress’ other clinical courses, Ganz added: "Attendees benefited greatly from world-class speakers who illustrated a variety of applications for both general and specialty practices.

Dr. Sharnell Muir spoke on the use of CBCT in conjunction with CAD/
CAM applications that, in part, cov-
ered the process of in-office milling of surgical guides and restorations.

Mark Hillebrandt, director of prod-

duct management for ISI and Genex, said: "Dr. Muir’s presentation gets right to the heart of how dynamic 3-D technology is — the ability to simultaneously plan restorations and implants in a single piece of software is a game changer for how patient

driven dentistry is accomplished. She very effectively illustrated the power of a brand new level of CBCT-CAD/
CAM integration."

Also in attendance, Henrik Roos, president of Imaging Sciences and Genex, noted the attendees were very eager to learn about the benefits of 3-D technology.

"We are proud to sponsor this comprehensive educational event that offers dentists the information they seek — how to better treat their patients and how to expand services in their practices," he said.

The companies also announced the upcoming fifth International Con-
gress on 5-D Dental Imaging will be held in Dallas at the Gaylord Texas from Nov. 4–5, 2011.

The ISI and Genex dedication to education is exemplified in their col-
laboration to deliver quality courses on 3-D imaging. Events include intro-
ductive webinars, interactive regional meetings and local training sessions provided by knowledgeable dental professionals. Visit www.i-CAT3D.

com for a complete course listing and registration information. IMPLANT TRIBUNE | August 2010

Attendees of the 4th International Congress on 3-D Dental Imaging pay close attention to the presentation. (Photo/Provided by Imaging Sciences/Gendex)
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Typical Uses:
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- Filling of extraction sockets
- Elevating the maxillary sinus floor
- Filling of peri-implant defects
AAID to navigate implant complications

59th annual meeting will take place
Oct. 20–23 in Boston

Complications and how to identify and overcome them will be one focus of the American Academy of Implant Dentistry’s 59th annual meeting, to be held Oct. 20-23 at the Boston Marriott Copley Place.

The theme for the meeting is “Navigate Zones of Implant Dentistry: Complications, Confidence, Comfort.”

As always, the scientific program will showcase an international cast of speakers and offer comprehensive implant dentistry continuing education.

According to organizers, the event is highly regarded in the dental profession as an innovative forum and valuable resource for continuing education, product demonstrations and networking. More than 1,600 dentists, allied staff and exhibitors are expected to attend.

Each AAID speaker will cover his or her topic from three different approaches — experience of the practitioner, what complications could be encountered and what solutions are available.

Surgical as well as restorative aspects of implant dentistry will be addressed. Hard- and soft-tissue challenges also will be covered.

The schedule of presentations and events for the AAID meeting is available at www.aaid.org.

“Dental implant growth in the United States has been exceptional in recent years due to technology advances and increasing public awareness that implant procedures are more than 97 percent successful and are the preferred method for replacing lost teeth,” said AAID President Joel Rosenlicht, DMD.

“As a result, the AAID annual meeting is the essential resource for dental implant practitioners for cutting-edge information from world-class experts in the field and practical knowledge they can apply every day in their practices.”

About AAID

The AAID is the leading professional society dedicated to maintaining the highest standards of implant dentistry through research and education. The annual meeting is the field’s leading venue for cutting-edge, evidence-based implant research presentations and demonstrations of state-of-the-art implantation techniques.

The AAID can help consumers find a local credentialed implant dentist at www.aaid.com. The AAID is based in Chicago and has more than 5,500 members. It is the first organization dedicated to maintaining the highest standards of implant dentistry by supporting research and education to advance comprehensive implant knowledge.

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12 mm x 24 mm | Actual size

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Due to a crown-root fracture, the right central incisor has to be extracted. Immediate implant placement is planned.

The interdental papillae is carefully undermined and elevated. All remaining soft tissue is removed from the interdental and margins of the socket.

The gap between the facial aspect of the implant and the buccal wall is filled with a combination of autogenous bone chips and allograft bone.

A textured, high-density PTFE barrier membrane (Cytoplast® TXT-200 Single) is placed. The membrane is trimmed, then placed into the subperiosteal pocket on the palatal aspect.

The membrane is then tucked under the facial flap and the interdental papillae, taking care to keep the edge of the material a minimum of 1.0 mm away from adjacent tooth roots.

A single 3-0 PTFE suture (Cytoplast® PTFE Suture) is placed to further stabilize the membrane. The membrane is intentionally left exposed, as primary closure is not required in this technique.

At 3 weeks, the exposed membrane is easily removed by grasping with tissue forceps. Topical anesthesia may be used, but local anesthesia is not necessary.

At 6 weeks after implant placement (three weeks after membrane removal), keratinized mucosa is forming across the former extraction site.

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Biological allograft products applied to dentistry

By Jason Yamada, DDS, MS

The advent of human bone grafting has led to applications within the specialties of dental and sinus reconstructive surgery for corrections to maladies such as ridge augmentations, sinus elevations and repair of other bony defects. There are a myriad of specialized allograft products for various dental, oral and sinus reconstruction. This article describes products for use by general practitioners, endodontists, oral surgeons, maxillofacial surgeons, periodontists and other related specialties.

The preparation of targeted bone grafts for the mandible and maxilla include the preservation of minerals and collagen while removing inactive pathogens, antigens, fatty tissues and other decayed materials. The minerals and collagen become the building blocks to complete and rapid bone regeneration as the expected outcome for your patients.

Mandible and maxilla bone grafts can be applied to dental surgery procedures for needed graft areas to fill voids left by bone decay and loss, for sinus grafts or for implants. Preservation of such grafts should include at least a five-year shelf life at room temperature. Specific types of biological allografts for these uses are described next.

The block allograft eliminates the need for autogenous bone harvest-
Quick and easy prosthetic planning

By Dr. Lieven Renier and Dr. Dominik Maylaert

The primary and most important complaint of this 17-year-old woman was lack of esthetics. She also complained about tooth mobility and limited functional comfort. She was afraid to lose her teeth at “any moment.”

Anamnesis

At the age of 4, an embryonic sarcoma of the naso-pharynx was diagnosed. The sarcoma was treated with chemotherapy, followed with radiotherapy.

As a result of this therapy in the very early stage of facial forming, growth of the maxilla and all structure in the field of view of radiotherapy were compromised.

Clinical and radiological examination (Figs. 1–3)

1) Lack of an esthetically pleasing smile line, resulting in reduced self-confidence.
2) Pseudo Class III because of hypoplasia of the maxilla.
3) No root formation in the maxilla, causing tooth mobility and functional disorders.
4) No sinus formation.
5) Missing upper lateral incisors and lower canine.

Initial treatment plan

The initial treatment plan was based on the clinical and basic radiological examination.

• Prophylaxis and oral hygiene instruction.
• Fixed orthodontic appliance in the lower jaw.
• At the age of 18, extraction of the upper teeth, except tooth #16 and #26.
• Removable temporary restoration.
• Three-month healing period.
• 3-D imaging and treatment planning with SimPlant® (Materialise Dental).
• 20 sessions of hyperbaric oxygen therapy.
• Flapless computer-guided implant surgery (Facilitate®, Astra Tech).
• 12 sessions of hyperbaric oxygen therapy and six-months healing period.
• Final prosthetic restoration

Pretreatment and preparation for guided surgery (Figs. 4, 5)

Extraction of the upper teeth except tooth #16 and #26, which will be used as anchorage for the temporary restoration.

Before extraction of the teeth, a temporary removable prosthesis was made, which was seated the day of surgery, so the patient did not have to leave the hospital without teeth.

Original tooth set-up was compensated for and adapted to a more symmetric and esthetic appearance.

Lower teeth were already aligned using fixed orthodontics.

Converting temporary prosthesis into a scan prosthesis (Figs. 6, 8–12)

The Dual Scan Package (Materialise Dental) includes all dental products that are necessary to convert an existing, radiolucent prosthesis into a scan prosthesis.

For each clinical procedure, there are clear guidelines to give instruction of how to use the products correctly.

Relynig of the temporary prosthesis

First step was to refine the prosthetic chair-side. It is very important to use suitable radiolucent relining material as some materials on the market are radiopaque, thereby causing scatter and artifacts in the images. Relynig will enhance patient comfort and accuracy of the additional steps.

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a sample product of Triad® Dualine® (Trubyte).

**Fabrication of a bite index**
A bite index ensures that the prosthesis remains well-positioned and the jaws stabilized at the time of scanning. Make sure to use a radio-lucent silicone material.

The Dual Scan Package contains a sample product of Aquasil Bite® (DENTSPLY Caulk).

**Integrating the Dual Scan Markers**
Dual Scan Markers (Materialise Dental) are prefabricated markers and can be integrated in or glued on the surface of the prosthesis. The Dual Scan Markers do not cause scatter, even in CB/CT images, which allows for a correct registration in SimPlant.

It is very important to use a radio-lucent resin to fixate the markers; otherwise their visibility in the images will be disturbed. Exercise caution in product selection as most materials for fabrication of temporary restorations are radiopaque.

The surface was roughened a little bit and eight markers were glued on the outer surface of the prosthesis. It is important to distribute the markers, some close to the outer border and others close to the tooth-gingiva border.

The same day after the scan was taken, the Dual Scan Markers were removed. When the surface is only roughened and no bonding agent is used, this process is very easy to follow.

The Dual Scan Package contains a sample product of Triad Dualine (Trubyte). It is a dual-cure resin, which allows for fast fixation of the markers when light cured.

**3-D imaging and integration of the prosthetic information in SimPlant planning**
Two scans were taken with the Scanora® (Soredex) cone-beam 3-D scanner.

The first scan was of the patient wearing the prosthesis with markers and bite index. The second scan was of the prosthetic alone.

It is very important that during the second scan, the prosthesis is positioned in the same way as in the first scan! Both scan data sets were named similarly and saved in a separate folder.

First, the scan images of the patient wearing the scan prosthesis were loaded into SimPlant Pro. Next, using the Dual Scan Module registration wizard, the scan images of the prosthesis were loaded into SimPlant Pro and automatically matched with the original patient data.

**Final treatment plan**
Based on the prosthetic information and anatomy, the final treatment plan was made and communicated to the patient and her parents.

During evaluation of the patient’s anatomy, it appeared as if implant treatment would not be possible without an onlay bone augmentation procedure.

Taking into account the medical history, bone augmentation procedure was not advisable.

When combining the prosthetic information of the temporary prosthesis (which pleased the patient) from an esthetic point of view, the treatment plan needed to be reconsidered.

Taking into account the prosthetic set-up, implant treatment seemed more realistic despite the limited vertical bone height.

As can be seen in the images, this is a very small jaw with a short dental arch, which means that occlusal force will also be limited. Six Osseospeed® (Astra Tech) implants were planned; three of 6 mm, one of 8 mm and two of 9 mm.

At position #11 and #21, no implants were planned because of limited bone volume near the foramen and to avoid phonetic complaints. A pontic design in the frontal area allows for more prosthetic freedom.

Two fixation screws were planned, more or less in the same direction of the implants, to avoid tilting the guide. The more vestibular direction allows for placement during closure with the surgical guide.

**Implant surgery**
A SAFE SurgiGuide® (Facilitate, AstraTech) was chosen to allow for
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Photo courtesy of The Las Vegas Convention and Visitors Authority
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physical depth control and guided implant placement.

A mucosa-supporting surface was chosen to allow for flapless implant placement.

As healing and osseointegration would be compromised, the goal was to work as much as possible in an atraumatic way. With flapless surgery, the periosteum is not removed and, therefore, blood supply is not compromised, allowing for better healing.

In addition, the fit of the temporary restoration is not compromised. The prosthesis can be easily relined at the implant sites, allowing the patient to go home, wearing her temporary prosthesis.

Then there was six months of healing in combination with 10 sessions of hyperbaric oxygen treatment.

Final restoration

The final restoration will be a CAD/CAM milled titanium “wrap around bar.” The bar will be made directly on the implant level as there is no height available for placing an abutment.

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Fig. 17: Bone and prosthesis.

Fig. 18: Bone and implants.

Fig. 19: Prosthesis and plan. (SimPlant, Materialise Dental)

Fig. 20: SurgiGuide.

Fig. 21: Implants placed.

Fig. 22: Radiological exam.

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Dent-X is proud to announce that its high-end panoramic/cephalometric X-ray, the Strato Digital, is now available with low-dose and frontal dentition applications.

Offices now have the ability to conduct a low-dosage scan that shows the full patient dentition. Clinicians can use this view to see if a patient has his/her wisdom teeth or might require corrective practices, such as braces, while using a fraction of the radiation. This scan has a faster rotation and uses less X-ray dose for an overall drop in radiation.

The Strato Digital is also introducing its frontal dentition examination. This view allows a clinician to see the frontal dentition only. This, combined with the ability to take half-pans, means one can see the right half, left half or frontal view of any panoramic X-ray without exposing unnecessary regions.

The Strato Digital now comes standard with more than 13 applications, including digital linear tomography.

The cesium iodide CCD sensor provides the highest quality images in any examination type.

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For more information, please contact Julia E. Wehkamp, C.E. Director, Dental Tribune Study Club
Phone: (416) 907-9836, Fax: (212) 244-7185, E-mail: j.wehkamp@dtstudyclub.com

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12:20 – 2:20 Dr. Martin Goldstein, DMD
A Simplified Approach to Multi-Layer Direct Composite Bonding
2:40 – 3:40 Dr. Marius Steigmann, DMD
My First Esthetic Implant Case - Why, How, & When?
4:00 – 5:00 Dr. Louis Maklacher, DDS, MAGD
Total Facial Esthetics for Every Dental Practice

29 Nov
10:00 – 11:00 Mrs. Noel Brandt-Keisch
Ecological Infection Control: Understanding the Balance
11:00 – 12:00 Dr. Derek Fong, DMD
Cone Beam - Awareness in Three Dimensions
1:20 – 2:20 Various Speakers
Optimizing Your Practice with 3D Cone Beam Technology
2:40 – 3:40 Dr. Daniel Nepomuceno, DDS
High Resolution Cone Beam with Priorion 3D
4:00 – 5:00 Dr. Maria Ryan, DDS, PhD
Detecting Coronary Heart Through Periodontitis and Perimplantitis

30 Nov
10:00 – 11:00 Dr. Fotinos Panagakos
Dentin Hypersensitivity - New Management Approaches
1:00 – 2:00 Dr. Jay Reznick, DMD, MD
3D Imaging and CT-Guided Dental Implant Surgery
2:00 – 3:30 Dr. Dev Almag, DMD
Introduction to Cone Beam CT (CBCT), Especially as it Pertains to Prevention of Failures in Oral Implantology
4:00 – 5:00 Dr. Dwayne Karateev, DDS
Contemporary Concepts in Tooth Relacement: Paradigm Shift

1 Dec
10:00 – 11:00 Mr. Al Dube
Mercury Amalgam, Waste and OSHA and Regulatory Issues Affecting Dentists
1:00 – 2:00 Dr. George A.
An Introduction to Diode Lasers: Top 10 Procedures You Can Do with Your Diode Laser
3:00 – 4:30 Various Speakers
Revolutionary Implant Design Unveiled
Suni offers 3D-only CBCT with high-resolution images and affordable price

Suni Medical Imaging has introduced a 3-D cone-beam CT (CBCT) system for the dental and endodontic markets designed for affordability and high-definition images.

Engineered for ease of use, this new high-definition imaging system is equipped with simple-to-use “Easy3D” software and includes quick 3-D image reconstruction times.

At a price of less than $75,000, the Suni3D HD system boasts the lowest price in the market ever for 3-D systems.

Many practitioners look at price as a major hurdle in entering the 3-D market. Suni’s new 3-D-only CBCT system provides entry to 3-D imaging at a price never before seen in the U.S. market.

The Suni3D HD system has a .08 voxel size, among the elite voxel sizes currently in the industry, providing image definition and anatomical landmarks that cannot be seen by traditional 2-D imaging. Suni3D HD is a perfect fit for endodontists and practitioners performing implants.

“Suni has always been interested in the specialized needs of endodontists,” said Paul Tucker, vice president of marketing. “The small field-of-view design is perfect for quadrant dentistry, while keeping radiation doses for patients at a minimum.

“The Suni3D HD system is one of the few systems on the market with a 5 x 5 cm focused field-of-view, meaning lower doses of radiation for the patient and less liability for the doctor.”

The Suni3D HD system is perfect for capturing the necessary 3-D anatomic structures for even the most demanding endodontic procedures, according to the company.

Suni3D HD optimizes the clinician’s practice while allowing him or her to provide the exceptional endodontic care that patients deserve. The new 3-D-only system is also upgradeable to include a panoramic option should the practitioner decide to perform panoramic imaging in the future.

“Suni has always been a market-driven company,” said Bill Fitzpatrick, CEO of Suni Medical Imaging. “The new Suni3D HD system is yet another addition to the string of innovations that Suni has provided to the dental industry. And, the price point for the Suni3D HD system will allow all practitioners to benefit from the improved diagnosis and treatment planning that the system provides.”

The Suni3D HD system is currently available for purchase in the United States.

For more information on pricing and a complete description of features, contact Suni Medical Imaging at (800) 458-7864 or visit www.suni.com.
ERA Mini™ Dental Implant System

Zimmer Dental – the worldwide exclusive distributor of the ERA Mini Dental Implant System and related products.

The ERA Mini Dental Implant System offers the life-improving benefits of denture stabilization with the capability to correct implant misalignment.

EASY TO USE
- Enables uncomplicated, minimally invasive, chair-side procedures in as little as one visit

RESILIENT
- Provides vertical resiliency, helping to reduce load transmission to implants\(^1\)

AFFORDABLE
- Low-cost denture stabilization

To learn more about the ERA Mini Dental Implant System please visit us online at www.zimmerdental.com or to speak to a sales representative call 1 (800) 854-7019.


Guide Right by DéPlaque launches GENERATION II

Bending tool designed to be used with Guide Right

GENERATION II Guide Posts

Guide Right™ by DéPlaque announces the GENERATION II Bending Tool, an innovative system of components for the planning and positioning of guide posts and guide sleeves in surgical templates with use of three-dimensional cone-beam X-ray imaging for precision implant placement.

This is a technique that allows you to fabricate, evaluate, correct and position implants precisely right in your office or by your lab.

The GENERATION II Bending Tool is designed to be used with the Guide Right Generation II Guide Posts. Guide sleeves are fabricated into a surgical template, evaluated with 3-D X-ray imaging, the angles of the guide post corrected and the implant placed.

The GENERATION II Bending Tool is used to bend the guide post both mesio-distally and bucco-lingually. It is calibrated in 1-degree increments. The guide post is placed in the bending tool and can easily be corrected with the bending stylus.

A surgical template using the Guide Right Surgical Components is fabricated and evaluated with a periapical or 3-D X-ray prior to surgery. The difference in the actual angle of the guide sleeve and the desired angle of the guide sleeve can be determined by laying the Guide Right Protractor over an X-ray or measuring the angle with the cone-beam software.

The correction of the angle can then be made by bending the guide post in the bending tool and remaking the template.

If the direction of the guide post is corrected but the bodily alignment is off, an offset guide post in 1.0 mm or 2.0 mm is used.

The GENERATION II Bending Tool has three Bending Styluses available to be used with the bending tool to bend 3.0 mm, 4.0 mm, and 5.0 mm guide posts.

Using the Guide Right Bending Tool to bend the guide posts accurately corrects the angle of the guide sleeve.

This is based on the angle determined by the 3-D scan image. If the angles need to be changed, a new template needs to be made with the corrected changes.

The GENERATION II Bending Tool allows the implant-placing surgeon, restorative clinician and lab technician to efficiently and effectively communicate and execute a precisely placed implant from the osteotomy to the prosthetic restoration.

The GENERATION II Bending Tool is simply and cost effectively a tried-and-true method to “get it right,” as Guide Right by DéPlaque’s slogan advises.

For more information, call (800) 314-0065 or visit www.deplaque.com.
Implant & Periodontal Plastic Surgery in the Esthetic Zone
September 23-24, 2010  September 22-23, 2011

This soft tissue course trains you to perfect the dentition with periodontal plastic surgery and to restore anterior edentulous areas with implants indistinguishable from natural teeth.

Course Offerings
- Constituents of an ideal smile
- Smile design
- Implant esthetics and surgical techniques
- Gingival esthetics and surgical techniques

Bone Regeneration for Ideal Implant Placement
April 14-15, 2011  April 12-13, 2012

This bone grafting course trains you to predictably regenerate bone for prosthetically driven implant placement.

Course Offerings
- When to bone graft
- Treatment sequencing
- Graft options
- Best materials to use
- State-of-the-art surgical technology
- Management of complications & failures

Dr. Michael Sonick is committed to offering the most powerful and thought-provoking continuing education courses to dentists as well as adjunct dental team members. Held at our state-of-the-art facility, Sonick Seminars includes two of the must-know procedures today: esthetic reconstruction with implants and plastic surgery as well as major and minor bone regeneration. We also provide a very unique “over-the-shoulder” experience, which allows the participant to shadow Dr. Sonick intimately, from clinical care to case presentation to practice management.

Dr. Michael Sonick is a full-time practicing periodontist and implant surgeon in Fairfield, CT. A renowned educator, author, and clinical researcher, he is a Guest Lecturer for the International Dental Program at New York University School of Dentistry, a former Clinical Assistant Professor in the Department of Surgery at Yale University School of Medicine and University of Connecticut School of Dental Medicine, and a frequent lecturer on periodontics, dental implants and practice management for educational programs around the world.

For more information go to: www.sonickseminars.com

The Sonick Seminars Teaching Center
1047 Old Post Road, Fairfield, CT 06824
Voice: 203.254.2006  email: carole@sonickdmd.com

16 CEUs
Astra Tech launches Atlantis interfaces for DENTSPLY Friadent and Straumann

Astra Tech has expanded the Atlantis® patient-specific abutment options to include DENTSPLY Friadent’s XiVE™ and Frialit™ implants and Straumann’s Standard/Standard Plus (Wide Neck) implants for North American customers.

DENTSPLY Friadent is the latest manufacturer to be added to the rapidly expanding Atlantis patient-specific abutment assortment, while Atlantis abutments are already available for major implant systems such as Astra Tech, Straumann, Nobel Biocare, BIOMET 3i and Zimmer Dental.

These introductions are the latest in a series of Atlantis abutments being developed for new implant interfaces, further securing Astra Tech’s leadership position in providing patient-specific abutments for all major implant systems.

Astra Tech, leading provider of comprehensive solutions for dental implant therapy, plans to introduce additional interfaces and material choices for the Atlantis patient-specific solution in 2010.

The complete Atlantis compatibility chart is available at www.atlantisabutment.com.

About Atlantis abutments

Atlantis abutments are designed and fabricated using Atlantis VAD (Virtual Abutment Design) software, a patented process that combines state-of-the-art 3-D optical scanning, advanced software and manufacturing methods to deliver patient-specific abutments that eliminates the need for hand modification.

Atlantis abutments help to expand the possibilities for cement-retained implant restorations and are available for all major implant systems and in titanium, gold-shaded titanium and two shades of zirconia.

Atlantis and Atlantis VAD are trademarks of Astra Tech. All other trademarks are the property of their respective owners.

About Astra Tech

Astra Tech AB, a company in the Astra Zeneca group, is a global leader in dental, surgical and urological products, services and support.

An innovation-driven company since the start in 1948, Astra Tech has continually developed market-leading solutions to meet health-care needs based on user and medical community input. Ongoing research and development is aimed at finding new ways to support caregivers and improve quality of life for patients worldwide.

Astra Tech headquarters are located in Malmö, Sweden, with production facilities in Sweden and North America. The company is represented globally by 16 subsidiaries and selected local distribution partners.

Astra Tech has 2,200 employees worldwide and the revenue in 2009 was SEK 3.9 billion. The company invests 5 percent of its revenues annually in research.

To learn more, visit www.astratechdental.com.
InfoStar, developer of the industry leading SideKick chairside patient education program, announces the first completely customized patient education program in dentistry.

The Custom SideKick allows you to populate only the procedures you want to feature, plus provides flexibility to create your own buttons and add your own images. The Custom SideKick supports a new look and is now both PC and Mac compatible.

In addition to an already robust and dynamic program, the Custom SideKick includes many new features such as a “Smile Imaging” module, a continuous play movie module and the ability to e-mail multiple audio/animated procedures to patients. This multi-lingual, user-friendly program loads to a server network or to individual computers and offers very clear audio/video operational instructions.

InfoStar (916) 988-2323 www.infostarproductions.com

Aseptico introduces innovative electric operative system

The AEU-5000 from Aseptico easily converts any standard air-driven delivery unit to a powerful electric motor system. Features include a compact console with intuitive user interface and a large, easy-to-read, backlit display.

The powerful, 40,000 rpm brushless micro-motor is compatible with AHP-72MBFO-XL Mont Blanc 1:5 increaser, AHP-77C/CS 1:2 surgical, AHP-65MBFO-XL 1:1 standard, and 8:1 AHP-88MN/88N MicroNiti endo handpieces. Brilliant LED intensity is user-adjustable and maintenance-free. Five programmable presets per handpiece ratio. Optional under-counter bracket for versatile positioning in any operatory. Universal voltage input for worldwide operation. Two-year equipment warranty. Made in the United States.

For more information about the AEU-5000, available handpieces, and other equipment solutions, visit asep-ctico.com, call (866) 244-2954 or (425) 487-3157, or e-mail info@aseptico.com.

Aseptico (Photo/Provided by Aseptico)

InfoStar: New custom patient education software

InfoStar, developer of the industry leading SideKick chairside patient education program, announces the first completely customized patient education program in dentistry.

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MEISINGER Not just Surgical Kits... ...but a full line manufacturer of Diamonds, Carbides, Polishers, Abrasives & Procedural Kits
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- The Clearest, Most Detailed & Most Accurate Images Available
- More Accurate & More Precise Diagnosis & Treatment Planning
- Higher Treatment Acceptance Rates = Increased Profitability
- Takes the Guess Work Out of Dentistry

“When we began looking at cone beam systems, medical CT scans were our gold standard. After several months of evaluating various systems, the PreXion 3D CBCT was the only one that provided us with the same high quality images as a medical CT, with much less radiation. That truly was the deciding factor in our purchase decision.”

Edward S. Katz, DDS
Periodontist, Providence, Rhode Island

Visit us at the following events:
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- CDA San Francisco, Booth #2042
- ADA Orlando, Booth #1817
- AAOMS Chicago, Booth #129
- AAID Boston, Sponsor
- AAP Honolulu, Booth #648

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Patient-specific abutments provide several advantages over stock abutments:

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- Margins can be designed at an ideal level for safe and easy cement removal.
- The abutment provides optimal support and retention for the final restoration.
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LATEST ATLANTIS™ ADDITIONS:
- Straumann® Standard/Standard Plus WN and Bone Level
- Dentsply Friadent® XIVE S and Friavit
- Nobel Biocare® NobelActive™

Complete information on implant compatibility can be found at www.atlantisabutment.com.