Dental plaque DNA shows Neanderthals chewed ‘aspirin’

Ancient human mouths had same bacteria that cause caries and gum disease today

Ancient DNA found in the dental plaque of Neanderthals — our nearest extinct relative — has provided remarkable new insights into their behavior, diet and evolutionary history, including their use of plant-based medicine to treat pain and illness.

In research findings published in March in the journal Nature, an international team led by the University of Adelaide’s Australian Centre for Ancient DNA (ACAD) and Dental School, with the University of Liverpool in the United Kingdom, revealed the complexity of Neanderthal behavior, including dietary differences between Neanderthal groups and knowledge of medication. “Dental plaque traps microorganisms that lived in the mouth and pathogens found in the respiratory and gastrointestinal tract, as well as bits of food stuck in the teeth — preserving the DNA for thousands of years,” said lead author Dr. Laura Weyrich, ARC Discovery early career research fellow with ACAD.

Genetic analysis of that DNA ‘locked-up’ in plaque represents a unique window into Neanderthal lifestyle — revealing new details of what they ate, what their health was like and how the environment impacted their behavior.”

The international team analyzed and compared dental plaque samples from four Neanderthals found at the cave sites of Spy in Belgium and El Sidrón in Spain. These four samples range from 42,000 to around 50,000 years old and are the oldest dental plaque ever to be genetically analyzed.

“We found that the Neanderthals from Spy Cave consumed woolly rhinoceros and European wild sheep, supplemented with wild mushrooms,” said Professor Alan Cooper, director of ACAD. “Those from El Sidrón Cave, on the other hand, showed no evidence for meat consumption, but appeared instead to have a largely vegetarian diet, comprising pine nuts, moss, mushrooms and tree bark — showing quite different lifestyles between the two groups.

“One of the most surprising finds, however, was in a Neanderthal from El Sidrón, a dental calculus deposit visible on the back molar of this El Sidrón Neanderthal upper jaw. This individual was eating poplar, a source of aspirin, and had also consumed molded vegetation including Penicillium fungus, source of a natural antibiotic. Photo/Provided by Paleoanthropology Group MNCN-CSIC.

See PLAQUE, page A3
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Neanderthals, ancient and modern humans also shared some disease-causing microbes, including the bacteria that cause dental caries and gum disease. The Neanderthal plaque allowed reconstruction of the oldest microbial genome yet sequenced — *Methanobrevibacter oralis*, a commensal that can be associated with gum disease. Remarkably, the genome sequence suggests Neanderthals and humans were swapping pathogens as recently as 180,000 years ago, long after the divergence of the two species.

The team also noted how rapidly the oral microbial community has altered in recent history. The composition of the oral bacterial population in Neanderthals and both ancient and modern humans correlated closely with the amount of meat in the diet, with the Spanish Neanderthals grouping with chimpanzees and our forager ancestors in Africa. In contrast, the Belgian Neanderthal bacteria were similar to early hunter gatherers, and quite close to modern humans and early farmers. “Not only can we now access direct evidence of what our ancestors were eating, but differences in diet and lifestyle also seem to be reflected in the commensal bacteria that lived in the mouths of both Neanderthals and modern humans,” says Professor Keith Dobney, from the University of Liverpool.

“Major changes in what we eat have, however, significantly altered the balance of these microbial communities over thousands of years, which in turn continue to have fundamental consequences for our own health and well-being. This extraordinary window on early history through the microorganisms that lived in us and with us.”

(Source: University of Adelaide)
One-take impression material can save time, material, costs

By Kettenbach Staff

Purchasing impression material in bulk from your supplier? No reason to change because everything is working fine? What if you could buy a premium product, shipped directly from the manufacturer?

This can be achieved with Kettenbach, which according to the company provides high-quality performing materials that will reduce the number of retakes because accuracy is achieved the first time.

Impressions done in one take use less material and cost less. To enjoy the Kettenbach “Advantage, performance and price, sold direct to you,” call (877) 532-2123 to save hundreds or maybe even thousands on your annual purchases.

About Kettenbach

Kettenbach LP is based in Huntington Beach, Calif., and is the exclusive U.S. distributor for Kettenbach GmbH & Co. KG, based in Eschenburg, Germany. Founded in 1944, the company is a leading international producer of impression materials for dental use and is also known in other surgical areas of medicine.

For more information about Kettenbach LP products, you can call (877) KEBA-123 or visit www.kettenbach.com.

According to Kettenbach, the Panasil family of high-quality performing materials reduce the number of retakes because accuracy is achieved the first time — and impressions done in one take use less material and cost less. Photo/Provided by Kettenbach
Crosstex International Inc. and its subsidiary Accutron Inc. have launched the AXESS™ Mask, a single-use, lightweight and low-profile nasal mask that is contoured to form fit comfortably over the patient’s nose.

AXESS Mask and scavenging circuit are constructed of slender, lightweight tubing to reduce drag that can lead to mask displacement. The mask and circuit combined are designed to provide patients with a comfortable experience while offering clinicians easy and unobstructed access to the oral cavity. Neither the mask nor the scavenging circuit contains natural rubber or latex.

“Crosstex is excited to be able to offer new, innovative solutions that address patient comfort as well as patient safety. The AXESS Mask and scavenging circuit offer relaxation for the patient while giving the clinician better access to the oral cavity,” said Gary Steinberg, president of Crosstex International.

“Patient safety has always been the cornerstone of the Crosstex mission,” said Jackie Beltrani, vice president of Global Marketing for Crosstex International. “The growing emphasis on patient comfort and nitrous oxide/oxygen sedation correlates with an increase in positive patient experiences. For dental professionals, that has the potential to mean more referrals and more opportunities to grow their practices.”

For more information about AXESS Masks or for free mask samples, call (800) 531-2221 or go to accutron-inc.com.

About AXESS Masks
AXESS Masks offer visual assurance to the clinician because fogging appears in the translucent mask when patients breathe through their nose.

The contour around the mask perimeter provides a nasal/facial seal that minimizes ambient nitrous oxide in the operatory and gas flow into the patient’s eyes — all without the use of tape or uncomfortable cannula protruding into the patient’s nostril.

The accompanying low-profile scavenging circuit easily retrofits to most scavenging circuits and can be steam-sterilized and reused, making it both cost-effective and environmentally friendly. AXESS Masks are available in three sizes and two scents — mint and bubblegum. A clear, unscented version is available for scent-sensitive patients.

About Crosstex
Crosstex International, a Cantel Medical company, manufactures infection prevention and compliance products for the global health care industry.

Founded in 1953 and headquartered in Hauppauge, N.Y., Crosstex is widely known for its portfolio of waterline treatment, biological monitoring, sterility assurance packaging and personal protection equipment (PPE). Sold in more than 100 countries, the range of products distributed to medical, dental and veterinary practices and facilities include the award-winning (five consecutive years) SECURE FIT™ technology face masks, DENTAPURE® waterline treatment cartridges and LIQUID ULTRA® waterline treatment, SURE-CHECK® sterilization pouches with internal/external multi-parameter indicators, Tyvek pouches with 510K approval, SteamPlus Type 5 chemical integrators, CONFIRM® and PASSPORT® Plus in-office and mail-in biological indicators, and RAPICIDE® OPA/28 high level disinfectant. For more information about the full line of Crosstex infection prevention, patient safety and compliance products, please contact Crosstex at (631) 582-6777 or visit www.crosstex.com.

About Cantel Medical
Cantel Medical products include specialized device reprocessing systems for endoscopy and renal dialysis, advanced water purification equipment, sterilants, disinfectants and cleaners, sterility assurance monitoring products for hospitals and dental clinics, disposable infection control products primarily for dental and GI endoscopy markets, dialysate concentrates, hollow fiber membrane filtration and separation products. It provides technical service for all products. For more information, visit the Cantel website at www.cantelmedical.com.
Nasal spray is first FDA-approved, needle-free, regional dental anesthesia for maxillary arch

From St. Renatus: Kovanaze (tetracaine HCl and oxymetazoline HCl) Nasal Spray

By St. Renatus Staff

St. Renatus recently announced that Kovanaze™ (tetracaine HCl and oxymetazoline HCl) Nasal Spray, the first FDA-approved, needle-free, regional dental anesthesia for the maxillary arch, is available for order. At the American Academy of Cosmetic Dentistry Annual Scientific Session in Las Vegas, you can visit booth No. 525 to place an order.

Approved by the U.S. Food and Drug Administration (FDA) on June 29, 2016, Kovanaze is indicated for regional anesthesia when performing a restorative procedure on teeth #4-13 and A-J in adults and children who weigh 40 kg or more.

“It is a significant moment in dentistry as a new delivery method for pain management is now available,” said Steve Merrick, chief executive officer of St. Renatus. “For decades, needles have been the mainstay for delivering dental anesthesia; now dentists have the option to offer patients a regional anesthesia via a nasal spray for restorative procedures in the smile zone.”

For full prescribing and important safety information, visit www.kovanaze.com. To learn more or to place an order, you can visit booth No. 737 in the exhibit hall at the AAACD Scientific Session in Las Vegas, contact your dental dealer or call the Kovanaze Support Line at (800) 770-9400.

Additional prescribing information

These highlights do not include all information needed to use Kovanaze safely and effectively. See the package insert for full prescribing details:

- **Indications and usage:** Kovanaze contains tetracaine HCl, an ester local anesthetic, and oxymetazoline HCl, a vasoconstrictor.
- **Dosage and administration:** Kovanaze is for intranasal use only. Administer Kovanaze ipsilateral (on the same side) to the maxillary tooth on which the dental procedure will be performed.
- **Dosage forms and strengths:** Nasal spray in pre-filled, single-use sprayer: 6 mg tetracaine HCl and 0.1 mg oxymetazoline HCl (equivalent to 5.27 mg tetracaine and 0.088 mg oxymetazoline) in each 0.2 mL spray.
- **Contraindications:** Known hypersensitivity to tetracaine, benzyl alcohol, other ester local anesthetics, p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product.
- **Adverse reactions:** The most common adverse reactions occurring in less than 10 percent of patients include rhinorrhea, nasal congestion, lacrimation increased, nasal discomfort and oropharyngeal pain. Transient, asymptomatic elevations in systolic blood pressure and diastolic blood pressures have been reported.
Rhein83, which produces attachments for removable prosthesis, describes its OT EQUATOR as being the smallest dimensional attachment system on the market. The system employs a reduced vertical profile of 2.1 mm with a 4.4 mm diameter. According to the company, the attachment is compatible with all implant systems and brands and provides superior stability and retention for the prosthesis.

Features include:
• The smallest dimensional implant abutment available on the market.
• Manufactured to be compatible with all implant brands and platforms.
• Available in eight different gingival heights.
• Titanium coating procedure used to increase the attachment’s hardness and durability.
• Variety of elastic retentive caps available.
• Smart Box system now available to enable corrections of more than 50 degrees in implant divergence.
• Single castable and threaded titanium attachment systems available.
• Customized ordering based on implant brand, diameter and gingival height.
• ISO 9001 – ISO 13485 valid certificates.
• Patent validated by FDA, CE, Russia, Canada, Japan, Korea and other countries.

For additional information, you can visit www.rhein83.com, send an email to marketing@rhein83.it or telephone internationally at 003 (905) 124-4510

Smart Box
Rhein83 also has developed Smart Box, which can be used with the OT Equator in cases of extreme divergences between the implants. The Smart Box has an inner tilting mechanism that enables a passive insertion with divergent implants up to 50 degrees.

An expert’s opinion
Roberto Scrascia, DDS, is a prosthodontist specializing in bone regenerative surgery. He has written numerous clinical articles for publications in Italy and throughout the world (Roberto.scrascia@gmail.com). Following are his comments about his use of the OT Equator attachment system and the Smart Box:

In the implant prosthetic rehabilitation with an overdenture, the choice of the retentive systems is a crucial moment; it is fundamento to analyze and evaluate carefully the options provided by the market in order to avoid problems that may occur at an early stage or during the treatment.

Before the Smart Box, there was little chance of being able to take advantage of the performances of the OT Equator when there were severe divergences of the implants due to the lack of bone because of resorption in the jaws of older patients. In situations like these, a low-profile attachment is often the preferable solution, because it provides good stability and all the space for an esthetic denture.

Thanks to the innovative and original mechanism of the Smart Box, we can extend the limit of usability of the OT Equator attachment without losing any of its performances and qualities.

The Smart Box, with its tilting mechanism, allows and facilitates the smooth insertion of the prosthesis, a positive feature of the OT Equator by Rhein83. Smart Box is a new product that provides us a good opportunity to enhance the solutions we can offer to our patients in our everyday work.
10 do’s and don’ts for generating and monitoring online reviews

By Travis Rodgers, RecordLinc

DO:
1. Claim your online business listings: There are several review sites for potential customers to find information about you or your competitors. Claim your listings on as many of these sites as possible. Make sure all information is accurate and consistent across all sites and edit your listings to include a brief business profile, photos, office hours and list of services.

2. Routinely ask your customers to write reviews: If past customers have articulated how pleased they are with the service you provide, ask them to submit an online review that speaks to their positive experience. The most trusted reviews are the ones that provide details. Both customers and search engines want to see if you’ve earned accolades for your service over a period of time.

3. Make your review request personal: However you request reviews — by snail mail or email — let your customers know you value their honest feedback. Ultimately, it will help you improve your operations and customer service.

4. Monitor your reviews: Online reviews tell you a lot about what customers think about the quality of your service. Without continual and thorough monitoring, you’re left with a serious blind spot. You can mine this wealth of data to uncover and address recurring service or operational issues — such as difficult parking or personnel challenges.

5. Mention reviews in your customer-facing sites: Add those positive reviews to your own website and social media pages. Link reviews back to their original sources. Loyal customers who read these reviews may be inspired to add their own. You can also put tablets or kiosks in your reception area to collect new reviews.

DON’T:
6. Send out review requests all at once: It’s important to generate reviews on a scalable and scheduled basis, not all at once. The power of reviews is cumulative.

7. Solicit or publish fake reviews: Never offer your customers an incentive to write a review or create testimonials. This is unethical and will lose credibility for your company. In fact, review sites are becoming more savvy about false reviews and may remove them.

8. Ask disgruntled customers to review your organization before you’ve resolved their issues: It’s wise to resolve issues prior to requesting a review. Once the issue is resolved, you can request that the customer write a review about how you addressed the problem. Often your fiercest advocates are initially unhappy customers whose problems you’ve solved.

9. Ignore negative reviews: Negative reviews can put your reputation on the line. But you can control the outcome. Your best defense is a good response. Customers want to see how you handle the situation when things go wrong. If appropriate, offer to handle the issue offline.

10. Try to remove negative reviews: If you can’t resolve a customer’s issue and turn a negative review into a positive one, let it go. Attempting to remove a negative review can aggravate the situation and lead to additional negative comments. Focus instead on building a wealth of positive reviews.

To learn more about how you can improve your business’s online reputation and drive revenue, email Travis Rodgers at RecordLinc at travis@recordlinc.com.
Kovanaze™ is the first FDA-approved Nasal Spray indicated for regional anesthesia when performing a restorative procedure on teeth 4-13 and A-J in adults and children who weigh 40 kg or more. And as its name implies, Kovanaze Nasal Spray is needle-free!

Inject or spray? — The choice is between you and your patient.

IMPORTANT SAFETY INFORMATION: Use in patients with uncontrolled hypertension or inadequately controlled active thyroid disease of any type is not advised. Tetracaine may cause methemoglobinemia, particularly in conjunction with methemoglobin-inducing agents. Use of KOVANAZE in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methemoglobinemia-inducing agents have been used. Confirm diagnosis by measuring methemoglobin level with co-oximetry. Treat clinically significant symptoms of methemoglobinemia with a standard clinical regimen. Allergic or anaphylactic reactions can occur. If an allergic reaction occurs, seek emergency help immediately. KOVANAZE is contraindicated in patients with a history of allergy to tetracaine, benzyl alcohol, other ester local anesthetics, p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product. Some clinical trial patients experienced an increase in blood pressure so blood pressure should be monitored. In addition, patients should be carefully monitored for dysphagia. KOVANAZE is not recommended for use in patients with a history of frequent nose bleeds. Concomitant use of monamine oxidase inhibitors, nonselective beta adrenergic antagonist, or tricyclic antidepressants may cause hypertension and is not recommended. Discontinue use of oxymetazoline-containing products 24 hours prior to KOVANAZE administration. Avoid concomitant use of intranasal products. The most common adverse reactions to KOVANAZE occurring in >10% of patients include a runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes.

Learn more at www.kovanaze.com or call the Kovanaze Support Line at 1.800.770.9400

Manufactured for St. Renatus
Brief Summary • Local Anesthetic for Regional Anesthesia

[See Package Insert for Full Prescribing Information]

KOVAZNE™ (tetracaine HCl and oxymetazoline HCl) Nasal Spray

INDICATIONS AND USAGE
KOVAZNE contains tetracaine HCl, an ester local anesthetic, and oxymetazoline HCl, a vasoconstrictor. KOVAZNE is indicated for regional anesthesia when performing a restructive procedure on teeth 4-15 and A-J in adults and children who weigh 40 kg or more.

CONTRAINDICATIONS
KOVAZNE is contraindicated in patients with a history of allergy to or intolerance of tetracaine, bupivacaine, or any other local anesthetic, p-amino-benzoic acid (PARA), oxymetazoline, or any other component of the product.

WARNINGS AND PRECAUTIONS
Risk of Hypertension: KOVAZNE has not been studied in Phase 3 trials in adult dental patients with blood pressure greater than 150/100 or those with inappropriately controlled active thydisease. KOVAZNE has been shown to increase blood pressure in some patients in clinical trials. Monitor patients for increased blood pressure. Use in patients with uncontrolled hypertension or inappropriately controlled active thydisease of any type is not advised.

Epistaxis: In clinical trials, epistaxis occurred more frequently with KOVAZNE than placebo. Either do not use KOVAZNE in patients with a history of frequent nose bleeds (> 5 per month) or monitor patients with frequent nose bleeds more carefully if KOVAZNE is used.

Dyspnea: In clinical trials, dyspnea occurred more frequently with KOVAZNE than placebo. Carefully monitor patients for this adverse reaction.

Oxymetazoline: Oxymetazoline may increase the risk of hypertension, tachycardia, and dizziness. Use in patients with active thydisease or hypertension is not advised.

Drug Interactions: Use of KOVAZNE in combination with monoamine oxidase inhibitors (MAOIs), nonselective beta adrenergic antagonists, or tricyclic antidepressants may cause hypertension and is not recommended. Alternative anesthetic agents should be chosen for patients who cannot discontinue the use of MAOIs, nonselective beta adrenergic antagonists, or tricyclic antidepressants.

Oxymetazoline-Containing Products: Concomitant use with other oxymetazoline-containing products (such as Afrin®) has not been adequately studied. Use of KOVAZNE with other products containing oxymetazoline may increase the risk of hypertension, tachycardia, and other adverse events associated with oxymetazoline. Discontinue use 24 hours prior to administration of KOVAZNE.

Intraoral Use: Oxymetazoline has been known to slow the rate, but not affect the extent of absorption of concurrently administered intraoral products. Do not administer other intraoral products with KOVAZNE.

USE IN SPECIFIC POPULATIONS
Pregnancy Risk Summary: Limited published data on tetracaine use in pregnant women are not sufficient to inform any risks. Published epidemiologic studies of nasal oxymetazoline used as a decongestant during pregnancy do not identify a consistent association with any specific malformation or pattern of malformations. There are no data on the effects of tetracaine and oxymetazoline on fetal development in animal reproduction and development studies, oxymetazoline given subcutaneously to rats during the period of organogenesis caused structural abnormalities at a dose approximately 7.6 times the exposure of oxymetazoline HCl at the 0.3 mg/kg maximum recommended human dose (MRHD) of KOVAZNE. In a pre- and postnatal development study, oxymetazoline given subcutaneously to rats caused embryofetal toxicity manifested by reduced implantation sites and live litter sizes at approximately 1.5 times the MRHD and increased pup mortality at 6 times the MRHD. No adverse developmental effects were observed following subcutaneous administration of tetracaine HCl only to rats and rabbits during organogenesis at 32 and 6 times, respectively, the estimated exposure of tetracaine HCl at the 16 mg/kg MRHD of KOVAZNE. In the U.S. general population, the estimated background risk for major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Oxymetazoline HCl in combination with tetracaine HCl during the period of organogenesis through parturition and subsequent pup weaning. Due to species-specific differences in lactation physiology, animal data may not reliably predict drug levels in human milk.

Males and Females of Reproductive Potential: Infertility: No information is available on effects on fertility in humans.

Males: Based on animal data, KOVAZNE may reduce fertility in females of reproductive potential. In both sexes, reduced fertility noted as a decrease in litter size occurred at 0.7 times the oxymetazoline AUC exposure at the MRHD of KOVAZNE. It is not known if the effects on fertility are reversible.

Females: Based on animal data, KOVAZNE may reduce fertility. In male rats, decreased sperm motility and sperm concentration occurred at approximately 2 times the oxymetazoline AUC exposure at the MRHD of KOVAZNE.

Pediatric Use: KOVAZNE has not been studied in pediatric patients under 3 years of age and is not advised for use in pediatric patients weighing less than 40 kg because efficacy has not been demonstrated in these patients.

Geriatric Use: Clinical studies of KOVAZNE did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. Other reported clinical experience has not identified differences in effectiveness between the elderly and younger patients. Monitor geriatric patients for signs of local anesthetic toxicity, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

CAUTION: Sore eyes or skin around the eyes may cause eye pain and may reduce vision temporarily. Use on these areas is not recommended. Use on the eye or around the eye is not recommended.

Storage and Handling: Store at 2° to 8°C (36° to 46°F); excursions permitted between 0° and 15°C (32° and 59°F) [see USP controlled cold temperature]. Discard any unused solution. DO NOT USE if drug is left out at room temperature for more than 5 days.

PATIENT COUNSELING INFORMATION
Informed consent is necessarily obtained by the physician before administering the drug. Informed consent is necessary if the patient is to receive more than 0.2 mg of tetracaine HCl (0.2 mL of 1% solution) at the same site. This is especially important when the patient is being treated for chronic ocular pain. The patient should be informed that the drug may produce a temporary decrease in vision, and that it may cause the pupil to dilate. The patient should be informed that the drug may cause redness and inflammation of the conjunctiva, and that it may cause a temporary decrease in vision.

Advise patients to inform the dental practitioner if they are taking monoamine oxidase inhibitors (MAOIs), nonselective beta adrenergic antagonists, or tricyclic antidepressants.

Advise patients to avoid using oxymetazoline-containing products (such as Afrin® and other o-adrenergic agonists) within 24 hours prior to their scheduled dental procedure.

Advise patients of the signs and symptoms of hypersensitivity reactions and to seek immediate medical attention should they occur.

Manufactured for: St. Renatus, LLC, Fort Collins, CO 80526
KOVAZNE is a trademark of St. Renatus, LLC.

Rev. 11/2016
AO announces its first two recipients of new ‘Certificate in Implant Dentistry’

By AO Staff

A California prosthodontist and a Pennsylvania general dentist are the first Academy of Osseointegration (AO) members to receive the new AO Certificate in Implant Dentistry.

These awards were presented in February during the opening symposium of AO’s 2017 Annual Meeting in Orlando, Fla. Recipients are:

- Paul P. Binon, DDS, MSD, prosthodontist, Roseville, Calif.
- Steven Present, DMD, general dentist, North Wales, Pa.

“I am so pleased that the AO is offering a credible means of acknowledging proficiency in implant dentistry. The main reason I decided to obtain the certificate was to make a statement. Our patients and the public need to have a means of distinguishing fact from fancy. The hype is out there. I do implants, you do implants, we do implants is not good enough,” Binon said.

“I believe that obtaining an AO certificate is a very good start. It tells the public you know your stuff and have been vetted by fellow professionals. I believe it will give you considerable credibility,” he continued.

To meet the certificate’s requirements, Binon and Present presented evidence of completing 200 hours of continuing education during a three-year period, including 85 hours of ‘core knowledge.’ They also submitted four case presentations covering the following categories: single tooth, fixed partial denture (fixed bridge), full arch fixed reconstruction, and over denture. They have also been AO members for three consecutive years and attended at least two annual meetings during that time.

AO initiated the certificate program at its 2016 annual meeting in response to a growing number of AO members seeking distinction in the field of implant dentistry. The certificate represents the highest standards of excellence in implant dentistry and distinguishes practitioners’ continuing education efforts and knowledge to patients and colleagues around the globe.

“AO's new Certificate in Implant Dentistry will distinguish accomplished practitioners from those who have not,” Binon added.

AAP president: Periodontist is go-to expert

A Q&A with Dr. Griffin on AAP’s upcoming events, goals

By Sierra Rendon, Managing Editor

Please tell us your name and dental background.

Hello, I'm Terrence J. Griffin, DMD, and I am the president of the American Academy of Periodontology. I maintain a private periodontal practice founded by Dr. Irving Glickman in 1939 right in the heart of Boston. After I completed my dental degree from Tufts University in Boston, I served in the U.S. Navy where I completed a one-year fellowship in periodontics at Marine Corps Base Camp Lejeune in North Carolina. After I completed my tour of duty, I returned to Tufts as a post-doctoral fellow in periodontics at Marine Corps Base Camp Lejeune in North Carolina. After I completed my tour of duty, I returned to Tufts as a post-doctoral fellow in periodontology and later earned my certificate of advanced studies in periodontics.

“Soon after graduation, I joined the faculty in the department of periodontology at Tufts and, later in my career, was both chairman and director of postdoctoral periodontology for 15 years.”

Dr. Paul P. Binon, left, and Dr. Steven Present each holding a ‘Certificate in Implant Dentistry.’

Photo/Provided by the AO

AAP president: Periodontist is go-to expert
What has been your experience with the ability to use cone-beam computed tomography and lasers, as mentioned in the Journal of Periodontology proceedings from this meeting will be available? The periodontist's scope of practice. Professions linked to them, such as diabetes. The AO website, www.osseo.org, has more complete information, including the application along with a Q&A and supporting resources for submission. About the AAO With 6,000 members in 70 countries around the world, the AAO is well recognized as a premier international association for professionals interested in implant dentistry. AO serves as a nexus where specialists and generalists can come together to evaluate emerging research, technology and techniques; share best information; and coordinate optimal patient care using timely, evidence-based science and methods. What are your specific goals for your time as AAP president? One objective is to continue educating the public about the value of healthy gums and achieving it through regular at-home care and receiving a comprehensive periodontal evaluation every year. I also want to continue positioning the periodontist as the go-to expert in periodontal conditions and ailments linked to them, such as diabetes. Think about the difference this makes when a patient is in the chair and does not meet the parameters of periodontal health. This spurs the clinician to delve deeper into the patient’s needs and how they can be met. This workshop will provide practical, up-to-date guidance that will be published in the Journal of Periodontology in 2018. Where do travelling microbes fit in? Inflammation? What other mechanisms are driving this? As we’re able to better grasp these mechanisms, I hope that the high science can be distilled to an applicable means for treating and managing patients for both conditions or in the prevention of the other if one is present. What is your passion besides dentistry? I have a great love for teaching. In addition to my long career at Tufts, I have spent many years as a visiting professor at the University of Rome “La Sapienza,” Jiao Tong University in Shanghai and King Abdulazziz University in Jeddah, Saudi Arabia. I’ve lectured in more than 30 countries, and I’m leaving tonight to lecture in Athens, Greece, and Tehran later this year. Lecturing energizes me, and I love to engage my audience. One of my favorite things is to see students light up at the many new possibilities for the specialty of periodontology.
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THE LEGENDS

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THE HIGH ROLLERS

Tuesday, April 18 - Friday, April 21, 2017
The Venetian Hotel Resort & Casino
33rd Annual Scientific Session

Register now to save $150 with early bird pricing.
www.AACDconference.com
Dentistry’s ‘Legends, Illusionists and High Rollers’ reveal techniques

Aacd annual scientific session in Las Vegas April 18–21

The American Academy of Cosmetic Dentistry (Aacd) 33rd annual scientific Session will be held from April 18–21 (Tuesday—Friday), in Las vegas, nevada.

The conference, described by organizers as “the world’s largest continuing education program for cosmetic dentis-try,” will feature more than 35 hands-on workshops, 60 lectures and 100 speakers. The annual event typically draws between 1,300 to 1,500 dental professionals and includes courses and events serv- ing dentists, lab technicians, hygienists, and dental team members to help them refine their skills, learn the latest tech-niques and share ideas.

General session speakers

The 2017 conference will take place at the Venetian Resort Hotel & Casino and will feature three groups of educators: the “Legends,” the “Illusionists” and the “High Rollers,” who will reveal their tech-niques and share their expertise.

The Venetian Resort Hotel & Casino is one of Forbes Travel Guide’s Four-Star hotels for the 13th year in a row and has been described as being one of the seven “Greatest Hotels in the World.”

General sessions at Aacd 2017 in Las Vegas will feature some of the industry’s top speakers with messages for the entire dental team. Speakers include:

- Daniel “Rudy” Ruettiger, who over-came obstacles and criticisms to attend Notre Dame and play football for the Fighting Irish. As fans cheered “RU-DY, RU-DY,” he sacked the quarterback in the last 27 seconds of the only play in the only game of his college football career. He is the only player in the school’s history to be carried off the field on his teammates’ shoulders. Today, he is considered to be one of the most popular motivational speakers in the United States.

- Doug Hanson, an internationally rec-ognized speaker, consultant and peak-performance coach, will reveal why businesses with high expectations and a positive approach are innovative, effi-cient, productive. have lower costs. lower turnover, fewer distractions and are quicker to respond to change. Hanson will show how great teams create rela-tionships that last a lifetime.

- Dr. Jackie Freiberg will lay out the preconditions leaders must create to ensure that “innovation” is a deeply em-bedded part of your practice’s cultural DNA, where teams are hungry for change and inspired to find innovative ways to overcome challenges in part by reducing costs while improving quality of patient care. Freiberg will share strategies for collaborating, thinking creatively, turning liabilities to assets and finding ideas outside of your industry. Attendees will learn how the most creative companies in the world innovate beyond customer expectations.

The Aacd is the world’s largest non-profit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthet-ics and function.

Comprising more than 6,300 cosmetic dental professionals in 70 countries, the Aacd fulfills its mission by offering edu-cational opportunities, promoting and supporting an accreditation credential, serving as a forum for the creative ex-change of knowledge and ideas and pro-viding accurate information to the pub-lic and the profession.

The academy is a recognized credit pro-vider for the Academy of General Den-tistry, the American Dental Association, and the National Association of Dental Laboratories.

Learn more about the annual meeting at www.aacdconference.com.

- See LEGENDS, page C3

Clinical

Periodontal esthetics with soft-tissue lasers

By David L. Hoexter, DMD, Facd, Ficd, Editor in Chief

The use of lasers in dentistry — and in medical procedures in general — has made great strides in recent years, not only in effectiveness but also in accep-tance by patients. Our colleagues in medicine, such as dermatologists and ophthalmologists, have used la-sers for years for myriad reasons. Vis-iting a dermatologist’s office recently, I observed a variety of large, bulky and costly lasers. The different types have been needed because the doctor’s choice of laser power source will vary based on the desired outcome goals for the procedure. Dermatological proce-dures are chiefly concerned with soft tissue — its responses and reactions defensively as well as offensively.

As has been true with general medical uses of lasers, the laser systems recom-mended for dentistry have been relegat-ed primarily to soft-tissue procedures. The reason for this is that with the ex-ception of relatively recently introduced technology, using lasers on hard tissue in dentistry would typically cause desic-cation of the tooth or bone being treated,
leaving the affected hard tissue dried out and brittle. Early laser technology that was promoted as appropriate for hard-tissue procedures made lots of noise, cost lots of money and at best achieved minimal and limited results. Recently, however, new laser technology for use on hard-tissue dental structures has proved to be more capable of meeting goals of both practicality and effectiveness. This article, though, will limit its focus to the soft-tissue side: specifically, achieving desired esthetic results by using soft-tissue laser technology to treat gingival hyperplasia.

My personal experience with lasers dates back more than 25 years to when I bought a CO2 laser for my private practice. It was an adventurous and costly (about $60,000 in early ’90s dollars) commitment. There were no laser dental societies back then — just a few of us dentists trying to find newer techniques to more effectively and comfortably achieve the results our patients desired. Hyperplasia of epithelial tissue of the gingival area breaks the smooth appearance of the periodontal tissue, compromising esthetic goals. It also makes it difficult for patients to maintain good oral hygiene, leading to inflammation of tissue and increasing risk of progression to periodontitis.

Case 1

As illustrated in Fig. 1, a patient presented to my office with a singular localized dense hyperplastic area, confirmed through oral examination. The 31-year-old female had neat clothes and clean, well-maintained hands and nails. She related how difficult the local area was to clean, describing that cleaning efforts hurt and caused bleeding, especially when she flossed. The local area also didn’t look clean visually, creating an unrestful environment. There was a break in the continuity of the smooth appearance of the gingiva, causing the tooth to appear uneven.

As mentioned, there are and have been several laser devices available for years for use in a variety of soft-tissue dental procedures. All have the ability to achieve desired results when the practitioner is experienced with the technology and procedure. Some laser devices have the adaptability for different strengths, but, when used correctly, all can treat soft-tissue disease with desired results.

To correct this particular defect, we had the choice of using a sharp, cold-steel instrument or a laser. We opted to use a diode laser, which is easy to use and causes no bleeding in the wound, thus avoiding the need for a periodontal dressing that would be necessary to cover the resulting wound if cold steel was used.

The results documented in Figs. 1-4 were achieved using the AMD Picasso (Indianapolis) diode laser exclusively. Instead of being heavy or bulky, it is portable and lightweight. It can be moved easily into each operatory as needed, removing the need to purchase separate units for each operatory. Also, the fiber tips are disposable, ensuring sterility.

A key factor for me in choosing the AMD Picasso laser was that, traditionally, costs for soft-tissue lasers seemed relatively high, ranging from $2,000 to $2,500. In my experience, the system not only achieves results comparable to the more expensive systems, but it does so with ease. In this particular case, a diode laser was used. The result was an esthetic situation in the maxillary area that was homogeneous color background that blends unnoticed with its environment and enables oral hygiene techniques that keep the area healthy, esthetically pleasing and easily maintainable.

Case 2

This second case demonstrates use of the diode laser in an acutely inflamed hyperplastic situation in the maxillary anterior of a male teenager who desired a more pleasing smile (Fig. 5).

Initially, the patient visited an orthodontist to seek treatment of his rotated, overlapping dentition and red, acutely edematous, easily bleeding tissue. The orthodontist advised the patient that he could not treat him predictably (and thus would not treat him), until the acute periodontitis had been eliminated and overall oral health restored. With the parents’ permission secured and the patient showing newly minted enthusiasm, we proceeded with the case, as illustrated in Figs. 5-8. The figures and captions document the treatment of a simple local hyperplastic tissue area, as well as a complex acutely inflamed hyperplastic area.

Conclusion

In both of these cases, the patients were treated by using a soft-tissue laser to achieve correct, desired results. While any soft-tissue laser system might have achieved similar results, in these cases, a diode AMD Picasso laser was used. I chose this particular laser primarily because of what I consider to be its reasonable cost when compared with others, its ease of use and the disposable tips that make it easy to maintain sterility.

David L. Hoexter, DMD, FICO, FACOF, is director of the International Academy for Dental Facial Esthetics and a clinical professor in periodontics and implantology at Temple University, Philadelphia. He is a diplomate in the International Congress of Oral Implantologists, the American Society of Osteointegration and the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 12 fellowships, including FADC, FICO and Pierre Fauchard. He has a practice in New York City limited to periodontics, implantology and esthetic surgery. Contact him at (212) 355-0004 or dhoexter@gmail.com.
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Endodontists from around the world to gather for AAE17

Annual meeting is April 26-29 in New Orleans

Registration is open for AAE17, the annual meeting of the American Association of Endodontists, taking place April 26-29 (Wednesday through Saturday) at the Ernest N. Morial Convention Center in New Orleans. Billed as the world’s largest education, exhibit and networking event for endodontists, AAE17 features a broad range of speakers, an exhibit hall and a number of special events.

This year’s general session will feature keynote speakers James Carville and Mary Matalin, New Orleans residents and one of America’s best-loved political couples. Other special events include the President’s Breakfast, the Louis I. Grossman Ceremony, recognizing the newest diplomates of the American Board of Endodontics, and the Edgar D. Coolidge Jazz Brunch, honoring the AAE’s award winners. Making the most of the Crescent City, the Welcome Reception will feature New Orleans-style cuisine and entertainment, while attendees will join a brass band to march to “Celebrate New Orleans!” at Generations Hall.

On the show floor, attendees will be able to visit with nearly 100 vendors to explore the latest in endodontic equipment, materials and supplies, as well as practice management and other business resources to support endodontic practices.

There are plenty of educational opportunities, offered in many different settings.

“My goal for AAE17 is to offer a highly scientific, evidence-based program, and to include speakers new to presenting at the annual meeting,” said AAE President Linda G. Levin. “I also want attendees to enjoy all that New Orleans has to offer — from the sights, sounds and cuisine, there will be no mistaking we’re in the Big Easy.”

AAE17 offers more than 100 educational sessions in a variety of tracks, including “Pulp Fiction,” which will address controversial and misunderstood topics in the specialty; “Saving the Natural Tooth,” sharing the latest evidence and recommended treatments to save patients’ teeth; and “Surgical and Non-surgical Endodontics.” The highlight of the surgical endodontics track is live, 3-D microsurgery. Dr. Syngcuk Kim will perform two live endodontic microsurgeries using 3-D technology that allows attendees to view the procedure as the surgeon sees it through the microscope.

More educational highlights Dr. L. Stephen Buchanan will offer “CT-Guided Endodontic Procedures” on Saturday from 12:45 to 1:30 p.m. in Room 244. CT-guided implant surgery has been around for more than a decade and has grown as the sine qua non of implant surgery. This technology is directly applicable to endodontics, both for conventional access preparation and apical surgery. This presentation will review CT-guided implant technology and Buchanan’s clinical cases using this method for conventional and surgical endodontic treatment. It will show how clinicians can set up and use this paradigm shift in procedural treatment planning for root canal therapy as well as for implant placement for those endodontists who want to add implant surgery to their practices.

Dr. Anne L. Koch will offer two presentations, starting with “The Single Cone Bioceramic Sealer Obturation Technique: A Historical Perspective” on Saturday, from 8:30 to 9:15 a.m. in Room 349. Recently, it has been reported that a single cone bioceramic sealer technique has been used in 20 million cases. It is known as an excellent technique, based on science, and one that has gained worldwide acceptance. Consequently, Koch will review this technique from its inception, through its development, and ultimately to where it is today.

And, drawing on her personal experiences, Koch will also present “Treatment of the Transgender Dental Patient” on Saturday from noon to 12:45 p.m. in Room 349. As Koch will explain, transgender patients have historically been stigmatized, both in the medical and dental fields. The purpose of this presentation is to educate endodontists, residents and staff about the medical and psychological needs of
Sonendo to showcase its GentleWave technology at meeting in New Orleans

Sonendo® — manufacturer of the GentleWave® System featuring Multisonic Ultracleaning™ is bringing its technology and fun to AAE17, the annual meeting in New Orleans, April 26-29 at the Ernest N. Morial Convention Center.

Among the many highlights for Sonendo will be a presentation titled “Minimizing the Incidence of Endodontic Treatment Failure by Maximizing Canal Debradment and Disinfection Using GentleWave Technology.” This lecture, part of AAE’s “To The Point” series, will be offered on Friday, April 28, from 12:15 to 1:15 p.m. in the exhibit hall.

The GentleWave Procedure provides an innovative alternative to existing standard root canal treatment techniques by predictably debrarding and disinfecting while conserving more root structure, according to Sonendo. The presentation will highlight the main causes of standard root canal treatment failure and how the GentleWave Procedure may be beneficial in eliminating these failures. A review of clinical cases will be used to emphasize minimal canal preparation shapes and exceptional healing.

Sonendo will also host its 4th Annual 5K Fun Run, featuring warm-up by Science Cheerleader Wendy Brown. Participants can attend a meet-and-greet after the run, take photos and receive fitness gear. The warm-up starts at 6 a.m. on Thursday in Hilton Riverside’s Grand Salon A.

Sonendo will be in booth No. 649, and the company invites meeting attendees to stop by to learn from in-booth speakers and to experience hands-on demonstrations. More information is available online, at Sonendo.com/AAE17.

(Source: Sonendo)
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Dentsply Sirona Endodontic Suite opens at NYU College of Dentistry

On Thursday, Nov. 17, 2016, NYU College of Dentistry (NYU Dentistry) celebrated the culmination of a goal set years earlier with a ribbon-cutting ceremony for the opening of the Dentsply Sirona Endodontic Suite. The new clinical suite, which employs the most advanced educational and patient care technologies available, was made possible by a partnership between NYU Dentistry and Dentsply Sirona, a manufacturer of professional dental products and technologies.

"Today," said Dr. Charles N. Bertolami, Herman Robert Fox Dean of NYU Dentistry, "NYU has the most sophisticated endodontic suite in the nation, ensuring our ability to provide the finest endodontic education in an environment that reflects truly patient-centered care. And it could never, ever have happened without Dentsply Sirona."

The suite features a fully integrated computer network with best-practice case management software; a fully equipped, state-of-the-art suite with 37 new treatment units, introral digital X-ray stations; state-of-the-art endodontic motors, ultrasonic units, introral sensors; and a cone-beam radiography (CBCT) scanner, utilizing state-of-the-art scanning technology to produce 3-D images of teeth, soft tissue, nerve pathways and bone in a single scan.

Dr. Angeir Sigurdsson, associate professor and chair of NYU’s Dr. Ignatius N. and Sally Quarataro Department of Endodontics, expressed his appreciation to the leadership team for “making possible the outstanding facility.”

“For an endodontics department chair,” Sigurdsson said, “it is a dream come true. Speaking on behalf of New York University, NYU President Andrew Hamilton said: "Thanks to Dentsply Sirona and its partnership with the College of Dentistry, we have been able to create this beautiful and most advanced facility of its kind. Just one of the new treatment centers would be impressive, that there are 37 of them is remarkable, and that they are all in the same location and interconnected is even more so. NYU thanks Dentsply Sirona from the bottom of our hearts for the remarkable contribution that this new facility makes to the College of Dentistry and to our students’ education. It is wonderful to know that the future endodontists we are training will have a positive impact on the lives of our patients and on our community because of the splendid environment they now have in which to learn."

NYU Executive Vice President for Health Robert Berne said: “At NYU, the sweetest commodity is space. The Dentsply Sirona Endodontic Suite is a magnificent example of a brilliant use of space. It is the lodestar for future renovation projects at NYU, the one that people will look to again and again, and it is a major contribution to the education of our students.”

Dean Bertolami expressed both the college’s and his personal appreciation to Bret W. Wise, executive chairman of the board of Dentsply Sirona, noting that when the college approached what was then Dentsply International last spring to propose a partnership on behalf of the renovation, the company was in the midst of a complex, international merger with Sirona Dental Systems. Nevertheless, Bertolami said. Wise immediately indicated his support and as soon as the merger was completed, renovation of the existing clinic began.

Wise said: “This was the first project undertaken by the newly merged Dentsply Sirona and represents our commitment to research, product development and clinical education. Now, one of the best departments of endodontics has the most modern clinical suite. With this new facility, the standard has been set, and together we’ve created an unparalleled environment for research and clinical education. Dentsply Sirona is grateful for this opportunity to collaborate with NYU to advance dentistry and improve oral health.”

Dr. Mark Wolff, the college’s associate dean for development, noted that the effort to renovate the endodontic facility had been years in the making, but once the partnership with Dentsply Sirona was underway, the entire renovation was completed in just three months, making it a “fitting testimony to the powerful synergy that can occur when academia and industry partner on behalf of a shared goal.” A video of the ceremony can be viewed online, at https://youtu.be/NhT5UIEJZ60.

Dentsply Sirona Endodontic Suite

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(Source: Dentsply Sirona)

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