Micro-dentistry is one of the new areas in the world of modern dentistry. Many different terms are used. Microscope dentistry, microscope-centered dentistry and microscope-enhanced dentistry are just some expressions that fall under the area of micro-dentistry. It also includes micro-restorative dentistry.

What is micro-dentistry?

Micro-dentistry is one of the new areas in the world of modern dentistry. Many different terms are used. Microscope dentistry, microscope-centered dentistry and microscope-enhanced dentistry are just some expressions that fall under the area of micro-dentistry. It also includes micro-restorative dentistry.

What reaction do you want?

The easy and tasteful white transparent 5% Sodium Fluoride Varnish in a non-messy new delivery system.

What cosmetic services do you offer in your blue-collar practice?

We offer probably the same services in the cosmetic realm as many other practices, such as all-porcelain crowns, no amalgams, bleaching, Invisalign, implants and so on. But we also do a lot of root canal treatment, pedodontics and periodontics. One of the biggest profit centers for us is in the area of esthetic dentures and partials.

An interview with Dr. Craig Callen

Your seminar is entitled, “The Million Dollar Blue-Collar Practice,” is that what you are promoting?

I am not really promoting any one form of practice, just showing that there are several different practice models that can be successful, including a practice in a blue-collar area. You can still have a successful practice and provide quite a bit of cosmetic treatment for your patients in a blue-collar setting. You need to know your market and what it will support. I have seen successful cosmetic boutique practices in small towns, but they are few and far between. Often those practices were transitioned from a traditional family practice.

Do you think that blue-collar practices are more profitable than a high-end cosmetic or reconstruction practice?

Not necessarily more profitable, but more realistic based on the demographics of your area. For instance, in Mansfield we have a median income of $30,000 and a shrinking population base. The manufacturing jobs are leaving and being replaced with lower paying service and retail jobs. While it may be possible for one or two strictly cosmetic practices to prosper in the area, it would be a real marketing challenge. However, gearing your practice toward the blue-collar market and offering a variety of services draws in a larger number of patients, some of who will accept cosmetic dentistry. Everyone seems to be going for the same slice of the pie. Many of our patients start out only concerned about a toothache and end up having their mouth rebuilt when all is done.

What tools do you use to upgrade your patients treatment to accepting cosmetic dentistry in a blue-collar practice?

We use a variety of materials and equipment to help us educate and motivate our patients. It starts with a nice professional “Smile Analysis graphics of your area. For instance, in Mansfield we have a median income of $30,000 and a shrinking population base. The manufacturing jobs are leaving and being replaced with lower paying service and retail jobs. While it may be possible for one or two strictly cosmetic practices to prosper in the area, it would be a real marketing challenge. However, gearing your practice toward the blue-collar market and offering a variety of services draws in a larger number of patients, some of who will accept cosmetic dentistry. Everyone seems to be going for the same slice of the pie. Many of our patients start out only concerned about a toothache and end up having their mouth rebuilt when all is done.

What tools do you use to upgrade your patients treatment to accepting cosmetic dentistry in a blue-collar practice?

We use a variety of materials and equipment to help us educate and motivate our patients. It starts with a nice professional “Smile Analysis...
UCSF receives $24.4 million to fight early childhood cavities

The UCSF School of Dentistry has received the largest grant in its history: $24.4 million from the National Institutes of Health (NIH) to address socio-economic and cultural disparities in oral health.

The seven-year grant, which is funded through the NIH National Institute of Dental and Craniofacial Research, will enable the UCSF Center to “address disparities in children’s oral health” (nicknamed CAN DO) to launch new programs in preventing early childhood tooth decay. The programs will include new research to compare methods to prevent dental caries in children, as well as efforts to integrate and improve cultural understanding across a variety of primary care and social service settings.

The NIH also tapped UCSF as the Data Coordinating Center for three of the funded centers: UCSF Boston University and University of Colorado, Denver. These three centers are being collectively called the Early Childhood Caries Collaborative Centers. Each center includes two randomized clinical trials, and all are focused on preventing early childhood caries in different vulnerable, high-risk populations.

“Dental caries is the most common chronic disease among children and it is becoming more prevalent nationwide, disproportionately among children in low-income families and certain minority groups,” said John Featherstone, PhD, dean of the UCSF School of Dentistry. “This disease is very difficult and expensive to treat in young children, but it is largely preventable.”

The 1999-2004 National Health and Nutrition Examination Survey from the Centers for Disease Control illustrated these disparities in children by race/ethnicity with 42 percent of Mexican American and 52 percent of black children ages 2-5 having decayed or filled teeth, compared with 24 percent of white children.

The new programs will assess the best way to reach susceptible young children and their caregivers to prevent early childhood caries and reduce oral health disparities. Early childhood caries is a particularly devastating form of dental caries in young children. General anesthesia is often required for treatment of early childhood caries, making it an expensive and traumatic condition to treat, said Jane Weintraub, DDS, MPH, professor and chair of the Division of Oral Epidemiology and Dental Public Health at UCSF.

“We need to get out the message that healthy baby teeth are important for children’s health and well-being,” said Weintraub, who is the principal investigator for the CAN DO Center. “We have an easy, relatively low-cost strategy — fluoride varnish painted on the child’s teeth — that helps prevent teeth from decaying and causing children to have toothaches and difficulty eating, sleeping and speaking.”

Weintraub said this funding will enable the UCSF program to forge new partnerships with dental, medical and primary care colleagues, as well as with the federally-funded Women, Infants and Children (WIC) health and nutrition program, to create effective ways of improving children’s oral health in non-traditional settings. For further information, visit www.ucsf.edu.

**Blue-collar** From Page 1

Form” they receive in their new patient packet. From there we have a 42-inch flat-screen monitor in our reception room with a custom made Powerpoint presentation on an endless loop that shows our own cases. We have backlit pictures in the hallways and the CASEY Enterprise system in every operator. We are very high tech, so we have intraoral TVs connected to the computers in each operator and we also do quite a bit of digital photography with our Canon camera. The digital X-ray system also helps.

What do you think is key to the success of a blue-collar practice? That is easy: a great staff. Seriously, you must have a quality, well-motivated, well-paid staff to which you are willing to delegate confidently as much as you possibly can. I only work 26 hours a week at the practice so I have to delegate confidently as much as you possibly can. I only work 26 hours a week at the practice so I have to delegate confidently as much as you possibly can. I only work 26 hours a week at the practice so I have to delegate confidently as much as you possibly can. I only work 26 hours a week at the practice so I have to delegate confidently as much as you possibly can. I only work 26 hours a week at the practice so I have to delegate confidently as much as you possibly can.

The key to success with dentures is finding a great lab and being willing to pay the price. Any final thoughts? Look at the type of practice you have and then decide what you want it to be. If you are there already, great, but if not, put a plan together to realize your dream. Make sure of your demographics and it will be easy to support the style of practice you want. If you enjoy a larger practice and staying busy, then learn how to upgrade your patients and get them to longer lasting, better looking restorations. Surround yourself with the right team with the same vision as you and go for it.

An article on immediate dentures by Dr. Callen can be found in the enclosed edition of Cosmetic Den-
tistry, on page 23.
Is your staff crippling your practice?  
Or are you crippling your staff?

By Sally McKenzie, CEO

Ignore it long enough and eventually the problem will take care of itself.

That’s the old look-the-other-way approach. Just pretend it’s not really a concern, and sooner or later those messy matters will just go away. If only that philosophy worked when dealing with employees.

Actually it’s more likely that your staff — the good ones anyway — will just go away, and so too will a fair number of the patients, and then there are practice revenues that begin to dwindle as well. While the problems stay put, the profits are taking a pounding. And those “little issues” just keep piling up. Poor performance, conflict, staff vacancy after staff vacancy, stress, tension, etc. all just keep multiplying, but you keep telling yourself that it’s just a phase. Everything’s going to be fine. I’d like to agree with you, and tell you that you’re right, but you’re not.

Admittedly, staff issues are a major challenge. You rely on your employees to keep the practice running. You want to trust that they can and will operate in the best interests of the practice. All the more reason you need to look carefully at your team and ask yourself if you really do have confidence in them. Do they uphold the standard of excellence that you have committed yourself to?

Or has your practice become home base for those who simply go along to get along. No new ideas here. Change? Why would we want to do that? Aren’t things working just fine? What’s the problem with status quo? Bare minimum performance would be the modus operandi for this crew. But you don’t want to shake things up because Business Manager Carol knows the computers. She’s comfortable and isn’t going to go out of her way to strain her brain. She also hasn’t had a performance review since ... well, who can remember those things.

Needless to say, there’s not a lot of incentive for her to step it up, to improve efficiency, to look for ways to reduce costs and increase revenues. Nope she’s just there warming the chair and, as far as she’s concerned, the dentist should be happy she does that so well. Comfortable Carol sets the tone for the entire staff. They see what she does, or rather, doesn’t do. “If she can sit up there and do practically nothing all day, why should I work so hard?” It’s the “bare minimum mindset.”

You simply cannot afford to ignore staffing issues. They never just go away. They become deeper and more divisive. The results then begin to manifest themselves in poor patient relations and, ultimately, lower profits.

The good news is that most employees sincerely want to perform well. Yes, the Comfortable Carols and never-do-more-than-the-minimum staffs are out there, but most employees — the ones you want to keep — want to be challenged. They want to feel like they are part of something bigger than themselves. And if you’ll invest some time and resources to guide your team members, you’ll be the first to enjoy the pay off of better performance and higher productivity. What’s more, you will learn very quickly if Comfortable Carol and the rest of this lackluster crew are committed to poor performance or if they are simply in need of direction and guidance from you. Here’s how.

Don’t just fill the position
I know it’s nerve-racking to have a vacancy or two in your practice, but curb the urge to hire any warm body off the street. Make sure the person you are considering is right for the position before she is another name on your payroll. Computerized Internet testing tools, such as those available through McKenzie Management, allow you to assess applicants to determine who would be the best match for both the job and the practice.

The procedure is simple. Once you have a couple of strong contenders for a job, the applicants answer a list of questions online. Just minutes later, you receive a statistically reliable report enabling you to determine if the candidate would be a good match for the position. It’s a scientifically-based tool you can rely on in making critical hiring decisions. And in the dental practice, every hire is critical.

Don’t leave them hanging
I know you think they should have
30 Seconds To A Perfect Solution

The PreXion 3D Dental Cone Beam Scanner processes images in only 30 seconds.

Additional benefits include:
• Highest resolution of any Cone Beam System
• More detail through proprietary XTrillion Processor
• Powerful Diagnostic 3D Planning Tools
• NEW Four different scanning modes
• Ideal for Implant Planning
• Available FOV 8cm x 8cm or 5cm x 5cm
• Small Foot Print of only 39” x 59” fits anywhere

See Us at the Yankee Meeting: Booth #1410

Call us to today for an in-office demonstration at (650) 212-0300
info@prexion3d.com • www.prexion3d.com

Please ask us about Below Prime Financing or 6 Month No Payments
Crippling
From Page 3

figured this one out by now, but have you ever actually told your employees what their job duties are? With input from your team, develop job descriptions for each team member. Define the job that each staff member is responsible for performing. Specify the skills the person in the position should have. Outline the specific duties and responsibilities of the job. Include the job title, a summary of the position and its responsibilities, and a list of job duties. This can be both a real eye opener and the ideal tool to spell out to employees exactly what is expected of them.

Don’t make them guess

How am I supposed to answer the phone? How am I supposed to ask for payment? How am I supposed to encourage treatment acceptance? How am I supposed to schedule for production? Train every member of your team. Betsy may have worked in a dental practice before, but that doesn’t mean she knows your practice protocols. Train her. Joe may be great with patients one-on-one, but he may hate dealing with people on the phone. Get him help; otherwise he will unknowingly cost you a fortune in lost patients.

Don’t expect results ...

Don’t expect results if you don’t set goals and monitor performance. Everyone — from the dentist to the person greeting patients when they walk in the door — needs measurable goals. It is essential to have general practice goals, production goals, continuing education goals, etc. for everyone and every area of the practice.

The goals you and your team establish should be specific. For example, if you want to produce $80,000 in dentistry each month, your scheduling coordinator needs to know this. She/he also needs a clear understanding of how to schedule to meet daily production goals.

In addition to clear and specific goals, it’s time to inspect what you expect. Use effectively, employee performance measurements and reviews provide critical information that is essential in your ability to make major decisions regarding personnel, overhead, management systems, and practice productivity overall.

Moreover, they enable you to identify if it’s lack of motivation or the absence of direction that has created the perfect environment for Comfortable Carol and her equally unambitious companions. The fact is that most dental employees seek to be challenged, to be given the opportunity to pursue innovative approaches in their work, to be appropriately rewarded for results, and yes, to be held accountable.

As we have seen time and again, employees rated against objective measures place more trust and confidence in the process. They also see the direct relationship between their performance, the success of the practice and ultimately their potential for individual achievement.

Don’t keep it all to yourself

Reward your team. Celebrate success and encourage each member of your staff to not just perform a task, but to excel. Inspire the team with a practice vision and goals, and recognize the progress you make together in achieving those goals.

Certified Management Consultant Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its Web site, www.mckenziemgmt.com. In addition, the company offers a vast array of Practice Enrichment Programs and team training. McKenzie is the editor of the e-Management newsletter and The Dentist’s Network newsletter, sent complimentary to practices nationwide. To subscribe, visit www.mckenziemgmt.com and www.thedentistsnetwork.net. McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenziemgmt.com.

About the author
Don’t Wait! Make Your Plans Now. The IACA Is A SIGHT TO SEE

July 30 - August 1, 2009
The Westin St. Francis • San Francisco, California

2009 Conference Speakers*
Dr. Robert Jankelson • Ms. Anita Jupp
Dr. Norman Thomas • Dr. Heidi Dickerson
Dr. Anil Makkar • Dr. Mark Duncan
Dr. Tom Snyder

*Tentative and partial 2009 speaker list.

Come and learn from the best and brightest dentistry has to offer. Surround yourself with the passion of the profession. No meeting, no group can compete with the positive, sharing, motivating environment that is...The IACA.

Join the most progressive and inclusive organization in dentistry that’s also lots of fun... for you, your family and your team.

Space is limited so be sure to register early at www.theIACA.com or 1.866.NOW.IACA.
It’s not always about you

By Louise Malcmacher, DDS

Every dentist that I meet thinks that for some reason he or she is a master advertiser and marketer. The dental ads you see primarily are basically a cheap thrill ego trip where the dentist’s face is plastered all over the ad and the copy reads about how absolutely wonderful the doctor is.

I have a simple lesson that I would like to teach you about marketing to consumers that I hope you will take to heart. The American public, the average consumer, your patient, at the end of the day, does not care about you, your education, your car, your clothes, your house, your kids or your life. Your patients care about themselves! If they are coming to you for treatment for anything, it is in order to make themselves look and feel better, not to make you look and feel better.

Let’s learn together some examples of where dental marketing should be from the leaders in dental advertising and marketing to consumers. Right now the two best-known dental companies known to consumers are 1-800-DENTIST and the Lumineers Smile Discovery Program.

Lesson No. 1

The first lesson to learn from both of these companies as they advertise to the American consumer is the lesson of branding. People recognize their names as soon as they hear them and they understand the purpose of what they do. Most dentists think that their personal name is the brand of their office. You couldn’t be more wrong. We brand our office 25 years ago by calling The Healthy Smile, because of our community knows the name, it The Healthy Smile. Everyone in our office found that dentist. The Healthy Smile, because of our external marketing efforts. Come up with a good branded name to help patients remember who you are and what you do.

Lesson No. 2

The second big lesson we can learn is to identify what patients want first and advertise to their needs and wants, not to yours. Their No. 1 concern is themselves. If a patient needs a dentist today for an emergency or needs a simple cleaning for a month from now, 1-800-DENTIST can help him or her find that dentist. The Lumineers Smile Discovery Program advertises to what the patient wants, which is minimally invasive, no pain esthetic dentistry, with little or no anesthesia.

Lesson No. 3

The third lesson we can learn from both of these companies is how to talk to patients and how to treat them when you have them on the phone. Our office recently received referrals from both of these programs. The patients came in with this independent referral in both cases, which was very meaningful to the patient. They had never met the people they had spoken to but were still told how wonderful our office is. Treatment acceptance is then so easy once a referral like that comes into the office.

Going beyond

There is a lot more to external marketing than what has been presented here. An esthetic Web site is essential for every dental practice. You should be outsourcing your Web site to a company that has well prepared modules that you can just add your name and address to. We looked at about 15 different companies before deciding on Prosites, which is a Web site company that came from the plastic surgery field. They provide some of the esthetic Web sites in dentistry at a reasonable cost. You can visit www.prosites.com/smile for their meeting specials.

With a soft economy, external marketing is even more important than ever. You need to do everything you can to get new patients and patients not to yours. Their No. 1 concern is themselves. If a patient needs a dentist today for an emergency or needs a simple cleaning for a month from now, 1-800-DENTIST can help him or her find that dentist. The Lumineers Smile Discovery Program advertises to what the patient wants, which is minimally invasive, no pain esthetic dentistry, with little or no anesthesia.

About the author

Louis Malcmacher is a practicing general dentist in Bay Village, Ohio, and an internationally known lecturer, author and dental consultant known for his comprehensive and entertaining style. An evaluator for Clinicians Reports (formerly Clinical Research Associates), Malcmacher has served as a spokesman for the AGD and is a consultant to the Council on Dental Practice of the American Dental Association. He works closely with dental manufacturers as a clinical researcher in developing new products and techniques. For close to three decades, Malcmacher has inspired his audiences and consulting clients to truly enjoy doing dentistry by providing the knowledge necessary for excellent clinical and practice management. His group dental practice has maintained a 45 percent overhead since 1988. You can contact him at (440) 892-1810 or e-mail dryowza@mail.com. You can also see his lecture schedule at www.commonsensedentistry.com and sign up for his affordable monthly consulting programs, teleconferences, audio CD’s and free monthly e-newsletter.
**Micro-Dentistry**

**From Page 1**

ry, micro-prosthodontics (Fig. 1), micro-preventive dentistry, mini-
mal-intervention dentistry, micro-orthodontics, micro-implantology, etc.,
and the more well known micro-endodontics and periodontal
microsurgery (Figs. 2, 5). Yet this is totally different from the group that
uses micro-abrasion systems. Keywords in the area of micro-dentistry
are magnification, resolution, illumination, ergonomics, visual guid-
ance and micro-instruments.

**Illumination**

Illumination can give us a bright-
er and clearer field view. The more
light moves to blue, the higher the
resolution is for the human eye.
That is the reason why recently a lot
of dental microscopes have begun to
use a xenon or metal-halide light
source. However, procedures in dentistry have many differences
compared to surgery done in the medical field.

Microscope manufacturers spent a lot of time and effort perfecting
dental microscopes. Just as desktop computers still have many aspects
that require us to choose a particular software or hardware, dental
microscopes also have several points that require dentists to do the
same. Recent innovative new technology makes it possible that
several visual enhancing systems are coming upon the stage as sec-
ond-generation magnifiers in the field of micro-dentistry. This year,
a third-generation system might come into the field. I look forward to
how such a system might be used as this would give users more high-quality
machines and make the price more attractive for others to adopt the use
of microscopes.

**Resolution**

Resolution plays a most impor-
tant role. Our naked eye cannot
identify, for example, 72 dpi (dots
per inch). By looking through a
microscope, you can identify more
than 350 dpi! Unfortunately, dental
loupes are not able to give us such a
high-resolution view. The working
field used in micro-dentistry is not
two-dimensional, it is three-dimen-
sional. If resolution is increased 10
times and uses 10 times the magni-
ﬁcation, the ﬁnal number would be
1,000,000 times (10 x 10 x 10 x 10 x 10 x 10), when we can see the inside
or backbone.

On the other hand, in 2-D it would be 10,000 times. The information
number difference between 2-D and 3-D would be 990,000. As long as
we cannot see through anything, the realistic number would be a
50% increase difference. However, we dentists know the inside struc-
ture through education and experi-
ence and that number would be even greater.

Fig. 2: Micro-PLV with periodontal microsurgery (Dr. Masayuki Okawa).

**Micro-Instruments**

Micro-instruments were first
developed in the area of micro-
endodontics. Nowadays, many kinds
of micro-instruments are available
in many fields in micro-dentistry.
Even the smallest instruments are too
big for micro-dentistry (Fig. 4).

**Conclusion**

Some might need more informa-
tion on micro-instruments to begin
micro-dentistry on their own. One
place to start is to attend an annual
or bi-annual meeting of micro-den-
tistry, which are held all over the
world. That might be the best place
to begin in order to get more infor-
mation. The Academy of Microscope
Enhanced Dentistry plans to launch
an ofﬁcial journal of micro-dentist-
ry, so that would help educate any-
one interested in the field.

**Magnification**

Magnification in micro-dentistry is achieved through high quality
lenses that are diaphragmed. Digital
d zooming would not increase the
amount of information acquired first
during its digital processing. Micro-
scopes do not have the same kind of
magnification we cannot see through anything,
the realistic number would be a
number difference between 2-D and
micro-endodontics and periodontal
microsurgery (Figs. 2, 5). Yet this is
totally different from the group that
uses micro-abrasion systems. Keywords
in the area of micro-dentistry
are magnification, resolution, illu-
mination, ergonomics, visual guid-
ance and micro-instruments.

**Resolution**

Resolution plays a most impor-
tant role. Our naked eye cannot
identify, for example, 72 dpi (dots
per inch). By looking through a
microscope, you can identify more
than 350 dpi! Unfortunately, dental
loupes are not able to give us such a
high-resolution view. The working
field used in micro-dentistry is not
two-dimensional, it is three-dimen-
sional. If resolution is increased 10
times and uses 10 times the magni-
ﬁcation, the final number would be
1,000,000 times (10 x 10 x 10 x 10 x 10 x 10), when we can see the inside
or backbone.

On the other hand, in 2-D it would be 10,000 times. The information
number difference between 2-D and 3-D would be 990,000. As long as
we cannot see through anything, the realistic number would be a
50% increase difference. However, we dentists know the inside struc-
ture through education and experi-
ence and that number would be even greater.

Fig. 2: Micro-PLV with periodontal microsurgery (Dr. Masayuki Okawa).

**Illumination**

Illumination can give us a bright-
er and clearer field view. The more
light moves to blue, the higher the
resolution is for the human eye.
That is the reason why recently a lot
of dental microscopes have begun to
use a xenon or metal-halide light
source. However, procedures in dentistry have many differences
compared to surgery done in the medical field.

Microscope manufacturers spent a lot of time and effort perfecting
dental microscopes. Just as desktop computers still have many aspects
that require us to choose a particular software or hardware, dental
microscopes also have several points that require dentists to do the
same. Recent innovative new technology makes it possible that
several visual enhancing systems are coming upon the stage as sec-
ond-generation magnifiers in the field of micro-dentistry. This year,
a third-generation system might come into the field. I look forward to
how such a system might be used as this would give users more high-quality
machines and make the price more attractive for others to adopt the use
of microscopes.

**Resolution**

Resolution plays a most impor-
tant role. Our naked eye cannot
identify, for example, 72 dpi (dots
per inch). By looking through a
microscope, you can identify more
than 350 dpi! Unfortunately, dental
loupes are not able to give us such a
high-resolution view. The working
field used in micro-dentistry is not
two-dimensional, it is three-dimen-
sional. If resolution is increased 10
times and uses 10 times the magni-
ﬁcation, the final number would be
1,000,000 times (10 x 10 x 10 x 10 x 10 x 10), when we can see the inside
or backbone.

On the other hand, in 2-D it would be 10,000 times. The information
number difference between 2-D and 3-D would be 990,000. As long as
we cannot see through anything, the realistic number would be a
50% increase difference. However, we dentists know the inside struc-
ture through education and experi-
ence and that number would be even greater.

Fig. 2: Micro-PLV with periodontal microsurgery (Dr. Masayuki Okawa).
Topical Anesthetic LIQUID KIT

NEW

Topical Anesthetic LIQUID
Featuring a new unique dispenser cap for accurate filling of Luer lock syringes

Kit Contents:
1. 14g bottle of Cetacaine Liquid with Luer lock dispenser cap
2. 20 Vista™ 1.2mL Luer-lock syringes
3. 20 Vista-Probe™ 27ga tips


Item #0210

• Non-injectable
• $2 for a full mouth application
• 14g bottle yields up to 34 full mouth applications
• New unique dispenser cap for Luer-lock syringes
• Measure and use only what you need – no waste**
• Onset within 30-60 seconds and duration typically 30-60 minutes

Cetacaine’s triple-active formula is ideal for scaling and root planing, providing patients with effective non-injectable, cost-effective anesthesia.

Cetacaine Topical Anesthetic Liquid Kit contains:
- 14g bottle of Cetacaine Topical Anesthetic Liquid with a new unique dispenser cap
- 20 Vista™ 1.2mL Luer-lock syringes
- 20 Vista-Probe™ 27ga tips

All items in this kit are also available for individual purchase. Please contact your dealer for details.

For more information visit www.cetylate.com or call 800.257.7740.

*To receive free product send a copy of dealer invoice dated no later than 4/1/09 along with advertisement to Cetylate Industries, Inc., via mail to 9051 River Rd., Paramus, NJ 07652 or fax to 201.266.5500 by 4/15/09. This offer is not redeemable for cash.
Promo code CETY09

**Cetacaine Liquid is excess of 0.4mL per office visit is contraindicated

Special Promotions
Buy One Kit (Item #0210), Get a FREE 14g Bottle (Item #0203)
Buy Three 14g Bottles, Get a FREE 14g Bottle (Item #0203)
Buy Three 30g Bottles, Get a FREE 30g Bottle (Item #0211)

Submit this advertisement when ordering to receive special.

Active ingredients: Benzocaine 1.4%, Lidocaine 2.0%, Tetracaine Hydrochloride 2.0%

Hypersensitivity Reactions: Unpredictable adverse reactions (i.e., hypersensitivity, including anaphylaxis) are extremely rare. Localized allergic reactions may occur after prolonged or repeated use of any anesthetics or other anesthetics. The most common adverse reaction caused by local anesthetics is contact dermatitis characterized by erythema and pruritus that may progress to vesication and scaling. This occurs most commonly in patients following prolonged self-medication, which is contraindicated. If rash, urticaria, edema, or other manifestations of allergy develop during use, the drug should be discontinued. To minimize the possibility of a serious allergic reaction, Cetacaine preparations should not be applied for prolonged periods except under continual supervision. Dehydration of the epithelium or an anesthetic effect may also result from prolonged contact.

Precaution: On rare occasions, methemoglobinemia has been reported in connection with the use of benzocaine-containing products. Care should be used not to exceed the maximum recommended dosage (see Dosage and Administration). If a patient becomes cyanotic, treat appropriately to counteract (such as with methylene blue, if medically indicated).

Use in Pregnancy: Safe use of Cetacaine has not been established with respect to possible adverse effects upon fetal development. Therefore, Cetacaine should not be used during early pregnancy, unless in the judgment of the physician the potential benefits outweigh the unknown hazards.

Contraindications: Cetacaine is contraindicated in patients who are hypersensitive to any of its ingredients or to patients known to have chloralhydrate deficiencies. Sensitivity may vary with the status of the patient. Cetacaine should not be used under dentures or cotton rolls as insertion of the active ingredients under a denture or cotton roll could possibly cause an anesthetic effect. Routine precautions for the use of any topical anesthetic should be observed when using Cetacaine.

©2009 Cetylate Industries, Inc. All rights reserved. Information is summary in nature and subject to change. Cetacaine and Cetylate are registered trademarks of Cetylate Industries, Inc. All other copyrights are the property of their respective owners.
The Academy of Microscope Enhanced Dentistry (AMED) recently held its 7th Annual Meeting & Scientific Session. AMED is an international dental organization that encourages, inspires and educates dentists and the public about the benefits of micro-dentistry. Acting as an advocate for the advantages of the operating dental stereomicroscope and associated operative techniques, micro-dentistry is the arch that connects all of the specialties. AMED seeks to bring all the specialties together and avoid a natural tendency for specialties to drift apart.

This year’s meeting attracted participants from all over the world to a superb general session with world-class speakers and nine hands-on courses. More than 60 microscopes were prepared for the hands-on courses with the help of our sponsors.

This year’s meeting featured a few new additions to an already exciting program. It included a Research & Development Forum, Corporate Forums, and “Test Drive” appointments. Test Drive appointments allowed participants the opportunity to book one-on-one instruction. Personal instruction covered problem areas of treatment or access, ergonomics, use of a chairside assistant and assistant monitor, set up and use of personalized documentation through the microscope, specific features, and addressed any challenges.

Attend this year in Tokyo, Japan, for our 8th annual meeting from Oct. 30 to Nov. 1! Please visit AMED online at microscopedentistry.com for more information.
Dental Tribune | Jan. 19–25, 2009

Event Preview 11

Come Aboard is the theme of the 54th annual Yankee Dental Congress® (YDC), New England’s largest dental meeting, which will be held Jan. 28 through Feb. 1, at the Boston Convention and Exhibition Center (BCEC).

The YDC is the fifth largest dental meeting in the country and is sponsored by the Massachusetts Dental Society, in cooperation with the Connecticut, Maine, New Hampshire, Rhode Island and Vermont dental associations. The estimated 50,000 dental professionals expected to attend the convention in Boston next year will not only discover YDC 34 to be educational, fun and informative, but also filled with entertaining events, top-notch speakers, 500-plus exhibitors and more than 500 educational sessions from which to choose.

On Thursday, the Big Apple Circus To Go! will entertain and delight with acrobats, jugglers, clowns and wirewalkers. Have lunch with author Dennis Lehane, best-selling author of Mystic River and Gone Baby Gone. Friday evening, the YDC presents the first-ever Comedy Night, starring comedians Frank Caliendo and Kathleen Madigan.

YDC 34 highlights by day

Thursday, Jan. 29

The Scottsdale Center for Dentistry will offer attendees an integrated approach to achieving excellence that incorporates every aspect of success, including patient care, clinical excellence and business profitability. Featuring Drs. Gordon Christensen, George Bailey, Terence Donovan, Edward McLaren and Jon Suzuki.

Team Development Day: Real World Communications Made Easy is designed specifically for the dental auxiliaries attending the YDC. This day of practical sessions with the Coaching Center will build clinical knowledge and strengthen team relationships. In this participatory program you will learn the basic skills of effective communication with colleagues and patients.

Dr. Joe Camp, an adjunct professor in the department of endodontics at the University of North Carolina School of Dentistry, will present “Mechanical Instrumentation of Root Canals” and “Endodontic Diagnosis.”

Dr. John Sorenson, a diplomate of the American Board of Prosthodontics and founder of the Pacific Dental Institute, will discuss “Optimizing Esthetic Outcomes in Implant Prosthodontics.”

Dr. George Priest, a diplomate of the American Board of Prosthodontics, will present “Young Patients and Implant Esthetics.”

Dr. Terry Tanaka, a clinical professor of graduate prosthodontics at the University of Southern California School of Dentistry, will offer a talk on “Problem Solving for Fixed, Removable and Implant Procedures.”

Dr. Jeffrey Wood, president of the California Society of Pediatric Dentistry and professor and chair of the department of pediatric dentistry at the University of California Los Angeles, will present “Space Maintenance in the Primary and Mixed Dentitions.”

Dr. Rhonda Savage, past president of the Washington State Dental Association and current CEO of Linda L. Miles and Associates, will discuss “Communication and Teamwork.”

Gary Zelesky, who has been presenting to audiences around the world for more than 25 years as a life and team coach for business professionals, dentists and teams, will speak on “The Passion-Centered Practice” and “Naked in Paradise.”

Dr. Theresa Gonzales, a diplomate of the American Academy of Oral and Maxillofacial Pathology and a professor at the Naval Postgraduate Dental School, will present “Consulting a Head-and-Neck Examination” and “Redefining Dentistry’s Role in Forensics.”

Dr. Urbe Odiatu, a clinical instructor at the University of Toronto, a certified trainer, and a wellness author, and Kary Odiatu, an NSCA Certified trainer, wellness author and a Ms. Fitness Universe, will speak on how to “Raise a Happy, Healthy Family.”

Friday, Jan. 30

Loretta LaRoche, founder of The Human Potential Inc. and consultant to Fortune 500 companies, has starred in four PBS specials and teaches audiences to beat the odds with humor, wisdom and patience. She will present the personal development seminar “How to Prevent Hardening of the Attitude.”

Dr. L. Stephen Buchanan, a diplomate of the American Board of Endodontics and an assistant clinical professor at the University of Southern California School of Dentistry, will discuss “The Art of Endodontics.”

Dr. Gordon Christensen, the dean of the Scottsdale Center for Dentistry, director of Practical Clinic Courses and a senior consultant for Clinicians Report, will talk on “New Aspects of Dentistry for 2009.”

Dr. Ronald Jackson, the director of the advanced adhesive esthetic dentistry and anterior direct resin programs at the Las Vegas Institute for Advanced Dentistry, will present “The Art of Direct Resin.”

Dr. Roger Levin, a world-renowned consultant, speaker and author, and the founder, CEO and president of the Levin Group, will discuss “Eight Secrets of Highly Successful Practitioners” and “Double Your Production and Profit.”

Robyn Wright, PhD, a nationally recognized communications expert and president of Wright Communications, will speak on “Team Up for Treatment Acceptance” and “Tough Questions, Great Answers.”

Jerome Groopman, MD, the chief of the division of experimental medicine at Beth Israel Deaconess Medical Center and professor at Harvard Medical School, will discuss “How Clinicians Think.”


Dr. Stanley Malamed, a diplomate of the American Board of Dental Anesthesiology and professor of anesthesiology and medicine at the University of Southern California, will offer a talk on “Local Anesthetics: Dentistry’s Most Important Drugs” and “Update on Local Anesthetic Techniques.”

Jill Rothman, RDH, a visiting clinical instructor at the University of Pittsburgh School of Dental Medicine and editorial director for Dimensions of Dental Hygiene, will discuss “Determining Risk, Refining Treatment” and “An Update in Periodontics — What Every Office Should Know.”

Orthodontic Symposium

Dr. Jackie Berkowitz, a diplomate of the American Board of Orthodontics and a clinical associate professor of orthodontics at Ohio State University and St. Louis University, will present “From Excellence to Eminence.”

Periodontic Specialty Symposium

Dr. Donald Callan, an associate professor in the department of periodontics at the University of Tennessee College of Dentistry, will present “Tissue Regeneration vs. Tissue Grafting.”

Saturday, Jan. 31

Richard Wynne, PhD, a professor of pharmacology at the University of Maryland Dental School and the lead author of Drug Information Handbook for Dentistry, will discuss “Aspirin, Antibiotics, Antidepressants, Alcohol.”

Dr. Anthony Cardoza, a forensic dental consultant for San Diego and Imperial counties, and Dr. James Wood, diplomate of the American Board of Forensic Odontology and director of the California Society of Forensic Dentistry, will co-offer the “Forensic Dentistry Computer Workshop.”

Dr. Robert Vogel, a visiting lecturer, will present “Predictability and Simplification: Implant Overdentures and Retained Partial Dentures.”

Endodontic Specialty Symposium

Dr. Mahmoud Torabinejad, a pro- fessor of endodontics and director of graduate endodontics at Loma Linda University School of Dentistry, will discuss “Root Canal or Implant? Clinical Applications of MTA.”

Oral & Maxillofacial Specialty Symposium

Dr. Michael Block, clinical professor in oral and maxillofacial surgery at Louisiana State University School of Dentistry, will speak on “Practical Use of CT to Help with Efficient Implant Placement,” and “Immediate Loading — Practical Approaches.”

Dr. Jeffrey Shafer, who has a comprehensive dental practice within the Harvard School of Dental Medicine Faculty Practice, will give a presentation on “Pain Management in the Oral Surgery Setting for the Dental Auxiliary.”

Mary Hirtle, RN, a PACU nurse at Jordan Hospital in Plymouth, Mass. and Janeen Unger, RN, a dental assistant in the New York University College of Medicine, will present “The Standard of Care for Fixed or Removable Implant Prosthesis.”

Prosthodontic Specialty Symposium

Dr. Joseph Carpeniteri, a fellow at the department of periodontology and implant dentistry at New York University College of Medicine, will present “The Standard of Care for Fixed or Removable Implant Prosthesis.”

Dr. Richard Smith, an associate clinical professor in the department of periodontology at the University of Tennessee College of Dentistry, will present “Tissue Regeneration vs. Tissue Grafting.”
Henry Schein Professional Practice Transitions partners with Dental Tribune America

Henry Schein Professional Practice Transitions (HSPPT) is proud to announce its partnership with Dental Tribune America by providing valuable and timely articles on practice purchases and sales. Planning and preparation are vital to every dentist’s successful career transition, and ongoing practice operations and profitability until that transition happens. HSPPT’s unmatched nationwide network of regional offices and contacts offers the most extensive knowledge for dentists on practice transition issues, financing and nationwide listings.

In 2009 and going forward, it is more important than ever that dentists deal with experienced and industry specific dental transition specialists. Dental practice transitions have always been more about goodwill than tangible assets — in reality, a buyer is purchasing the “custodianship” of patient files. This is the most valuable part of any practice transition. Whether dentists use an unqualified or inexperienced practice transition consultant, or attempt to plan and implement a transition themselves without the use of a professional, most dentists face delays and challenges that range from finding a qualified buyer to finding financing that doesn’t require the seller to subordinate or guarantee a buyer’s loan. And this does not include the potential mistakes made, ultimately costing the dentist tens of thousands of dollars.

Heralding this partnership and the benefits Dental Tribune readers will reap from it, National Director of Transition Services for Henry Schein Professional Practice Transitions Dr. Eugene W. Heller answers a few questions that have been on many dentists’ minds.

Given the current economic climate, what changes do you see in the dental practice sales market?

While I cannot speak for the practice transition industry as a whole, for Henry Schein Professional Practice Transitions, 2008 was a record year, including the fourth quarter while all the bad economic news was occurring. It is attributed to the size and experience of our nationwide team as well as our track record in facilitating financing for practice transitions. Different doctors have different strategies. No one buys a practice just to sell it. Dentists need to prepare their practices for transition. The earlier a dentist lays out his or her transition, the sooner he or she can begin “preparing the practice” for transition. These preparation steps not only increase the value of the practice and enhance its salability, but also increase the practice’s profits until the transition occurs. Dentists need to know what a practice valuation does and why they should have it. The ultimate purpose of a current practice valuation is the same as life or disability insurance — to protect their families.

Why did you decide to work with Dental Tribune America?

Dental Tribune America has really set itself apart from other publications in the industry and proven that its publications are a reliable source of timely news and information for the general practitioner and specialist alike. The layout and content is highly readable and applicable to a practitioner’s daily life.

What benefits do you see by publishing in Dental Tribune?

There is more to being a dentist than just dealing with people’s teeth. Dentists are entrepreneurs and business owners who need to know the ins and outs of running a business. Despite optimal clinical training, the business aspect of their career received minimal emphasis during dental school. Henry Schein Professional Practice Transitions has a wealth of knowledge to share with dentists and we feel our partnership with Dental Tribune America is the perfect vehicle to accomplish that. Even if a dentist does not utilize our transition services during his or her own practice transition, we hope the information we share here will help practitioners make good choices while avoiding costly mistakes.

About HSPPT

Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Dr. Heller is presently the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 750-8885 or send an e-mail to hsppt@henryschein.com.

AD

Dentistry has changed.

Technology has had an effect on everything, including dentistry. The use of a Dental Operating Microscope or Loupes can provide better insight for you and better treatment for your patients.

(800) 486-2282 • www.seilerprint.com

JAN. 19–25, 2009
Why geometry matters most!

By L. Stephen Buchanan, DDS, FAcD, FICD

Shortly after the excitement of the rotary file revolution wore off, the next frontier in shaping technology became the search for faster cutting efficiencies. This is very understandable and similar to our continuing search for faster and faster computers.

However, experienced clinicians started seeing overfills from transportation, shortened canals, apical ripped canal termini, over-shaped coronal regions and cyclic fatigue failures that hadn’t occurred with their safer, slower files. The first-order question in file selection became, “safe or fast?” Landed-blade instruments with radiused-tip geometry were much safer, in terms of avoidance of transportation, but non-landed blades with aggressive cutting tips were faster cutting.

The advent of GTX Files with M-Wire™ has eliminated that difficult decision — they are the first rotary shaping instruments that deliver speed of cutting with safety from transportation and breakage. M-Wire, a new rhombohedral-phase nickel titanium metal used in GTX Files, has radically improved their resistance to cyclic fatigue. However, Dentsply/Tulsa is not the only company with R-phase NiTi (the sweet spot between austenite-phase and martensite-phase NiTi). While R-phase NiTi will become the new industry standard for addressing cyclic fatigue, it will never solve the problem of dangerous file geometries.

The radial lands on GTX Files have been optimized by varying the width of those lands along the length of the file. This geometrical change vastly improves cutting efficiency without derangement of the canal path, a claim that no file set without lands can make. Furthermore, the decreased flute angle has significantly increased GTX File’s flexibility over other landed instruments, simultaneously doubling the chip space between the flutes for longer cutting time before clogging.

Another important, yet underappreciated, design feature of GTX Files is their limited maximum flute diameter. Keeping the cutting flute diameters limited to 1 mm controls the amount of coronal enlargement during the shaping procedure — critical to the maintenance of the structural integrity of roots and to the avoidance of strip perforation.

All of these innovations in design geometry have resulted in a file set that typically cuts ideal shape in most canals with one to three instruments, and in as little time as 30–45 seconds. That is why geometry matters.

YANKEE
From Page 11

of periodontics and implant dentistry at the New York University College of Dentistry, will present “Implant Esthetics: What Works, What Doesn’t.”

Dr. Charles Wakefield, a professor in the department of general dentistry and director of the advanced education in general dentistry residency program at Baylor College of Dentistry, will speak on “Custom Direct Composites.”

Dr. Dan Nathanson, a professor and chair of the department of restorative sciences and biomaterials at Boston University Goldman School of Dental Medicine, will offer a discussion on “Incorporating New Material Systems and Techniques in a Modern Restorative Practice” and “Corrective Esthetics — Communication, Diagnosis, Ceramic Selection and Treatment.”

Pediatric Specialty Symposium

Dr. Stanley Mahamed, diplomate of the American Board of Dental Anesthesiology and professor of anesthesia and medicine at the University of Southern California, will speak on “Pediatric Dental Emergency Medicine” and “Pediatric Dental Pain Management.”

For more information on the Yankee Dental Congress 54, please call the Massachusetts Dental Society at (800) 342-8747 or visit the Web site at www.yankeedental.com.
Cone beam imaging for every dental office

For the highest resolution images of any CBCT, look no further than PreXion 3D

From the specialist to the general dentist, cone beam imaging is becoming the choice for diagnosis and treatment planning. It will become the standard of care fairly soon, and already not only specialists are using this technology in their offices.

Image reconstruction is powered by TeraRecon’s Volume Pro boards and its Xtrillion processor. PreXion 3D is taking a standard of 512 projections during the initial scan and in high resolution, which is perfect for endodontic treatment, it is taking 1,024 projections.

The tremendous speed of processing and real-time visualization of PreXion 3D scanners gives the dentist more time for diagnosis and treatment planning.

PreXion 3D features include the highest resolution images of any CBCT, and it is the first system that gives dentists security in day-to-day general dentistry as well as implant planning. With PreXion 3D doctors have the ability to diagnose caries and evaluate complicated endodontic cases, including retreatment with accuracy. Also, hygiene departments are already using the highest quality images for their purpose in hygiene.

Periodontists can see the virtual pocket anatomy before treatment begins. Oral surgeons can assess third molar position, reducing risks and surgical complications.

PreXion 3D images are DICOM 3 format and can be used with any compatible third-party software.

Just recently PreXion 3D has introduced their high-resolution panoramic upgrade, which now is also including the joints. This panoramic view does not only give a perfect first overview. It is based on 3-D technology and is automatically available after the scan has been performed and before the final reconstruction of 30 seconds has been finished. Different from other competitive systems, it is not a 2-D based image. It can be manipulated, grey scales can be changed and colors edited.

Patients love the images of PreXion 3D because they are crisp and clear, and even for a patient it is easy to understand why treatment has been proposed.

Dentists using the PreXion 3D dental scanner will be free of frustrations, slow processing and poor image quality. Patients will be receiving the best possible treatment alternatives.

It needs to be mentioned that the installation of the PreXion 3D only requires a regular power outlet, and the scanner can be networked throughout the office without spending additional money on upgrading any of the existing computers in the office.

The training provided by the company tops everything and is outstanding. PreXion will soon announce advanced courses and road shows and is absolutely certain that the company will experience a great amount of growth in 2009.

Visit the company online at www.prexion3d.com.
Can your file system cut these shapes with only 1-3 files?

All cases shown were shaped with GT Series X Files

For a free download of this chart visit endobuchanan.com

GT Series X Technique:
Selecting Shaping Objectives by Root Form

Preparation and Determining Appropriate File Selection

Before selecting the appropriate GTX File taper, negotiate each root to full length using a size #15 or #20 K-File in the presence of a lubricant, and ensure straight-line access into each canal orifice has been achieved.

Before shaping begins, rinse out the lubricant and introduce full strength NaOCl into each canal.

Determine if the root is small, medium or large.

Small Root Shaping Objectives

The appropriate taper for shaping small roots is .06 mm/3 mm.

The 20-.06 GTX File will often cut to length in one or two passes. If it does not, take the 20-.04 GTX File to length then re-introduce the 20-.06 GTX to the terminus.

Shape is completed when a .06 taper GTX File with the appropriate tip diameter (.20, .30 or .40) is taken to length.

*Small tortuous canals may require a 20.06 (white handle) standard GTX File to complete the shape.

Medium & Large Root Shaping Objectives

In most medium and large roots, the appropriate taper is .08 mm/3 mm.

The 30-.08 will often cut to length in one or two passes. If it does not, take the 30-.06 to length then re-introduce the 30-.08 GTX File to the terminus. Shape is completed when a .08 taper GTX File with the appropriate tip diameter (.30 or .40) is taken to length.

*In very large roots or open apex cases standard GT Accessory Files (40-10, 50-12, 70-12, 90-12) may be necessary to complete the shape or create more taper.

Two-Day Laboratory Courses with Dr. L. Stephen Buchanan
offered monthly in Santa Barbara, CA featuring GT Series X

Dental Education Laboratories. Your Premier Resource for Endodontic Training.

1515 State Street, Suite 16
Santa Barbara, CA 93101

For course information, contact us
toll-free: 800 528 1590
worldwide: 805 969 6529
or visit www.endobuchanan.com

Dental Education Laboratories is an ADA/CERP Recognized Provider for continuing education, and an accepted national sponsor for FAGD
MAGD Credit.
Resin cement ideal for zirconia and alumina restorations

Sofu introduces ResiCem dual cure universal resin cement. Especially designed for zirconia and alumina porcelains, ResiCem combines innovative adhesive and composite resin technologies. The percentage of all-ceramic restorations continues to grow and the demand for aesthetic dentistry increases, ResiCem is the ideal addition for outstanding physical properties for all types of framework and restorative materials.

ResiCem offers worry-free zirconia bonding with AZ Primer. Exclusively developed for modern materials such as zirconia and alumina, AZ Primer ensures outstanding bonding values between the restoration and the hard tooth structure. ResiCem’s superior bond strength to zirconia was proven in testing by Dr. Mark Latta, DMD, MS. Achieving bond strengths up to 20 MPa, ResiCem allows you to achieve results with zirconia comparable to non-zirconia materials.

Available in a specially formulated translucent shade, ResiCem offers excellent shade stability with minimal variation for long-lasting aesthetics. ResiCem’s easy to clean up formula with ideal flowability and viscosity ensures simple application. Thanks to its stability, excess material can be easily removed without smearing or sticking, saving valuable time and effort.

ResiCem can be expanded to become an all-purpose bonding system with the supplementary components that have been adapted to suit each class of materials. Use the Porcelain Primer for sintered and pressed porcelains and laboratory made composite restorations. The trusted ML Primer ensures secure bonding of precious and non-precious alloys.

ResiCem features a unique automatic mixing syringe for efficient mixing and loading. With the shortest autotip on the market, ResiCem minimizes material waste and ensures easy and accurate mixing of the base and catalyst. With superior performance, convenience and value, ResiCem is the ideal universal resin cement for veneers, inlays, onlays, crowns or bridges.

For more information call Sofu® at (800) 827-4658 or visit www.sofu.com.
SolmeteX, the industry leader in amalgam separation

Introduces a complete single source Waste Compliance Program

- Amalgam Recovery
- Lead Recovery
- OSHA training kit & manual
- Photo Chemical Recovery
- Bio-hazard Disposal

This program will reduce your costs, while complying with state, federal and OSHA regulations.

The Hg5 Amalgam Separation Series is:

- Easy to use & virtually maintenance-free
- Affordable & cost-efficient
- Flexible & transparent
- Supported by responsive experts
- Environmentally friendly
- ISO 11143 Certified at greater than 99%

For information about all SolmeteX products contact your local dental dealer.

Stop by and visit us during the YANKEE Dental Congress at booth number 621

Solmetex ~ 50 Bearfoot Road ~ Northborough, MA 01532  www.solmetex.com
The Henry Schein booth is always a huge draw at meetings. What did people see at the booth during this year’s Greater New York Dental Meeting (GNYDM)?

As always, Henry Schein’s booth featured the latest innovations in technology and products for dentists. One of the highlights of our booth this year is our E4D dentistry, with clinicians on hand to walk doctors through the process of treating a patient with CAD/CAM technology. Individual dentists have also been growing rapidly, and we had several different units for visitors to our booth to compare, including the popular E4D system.

During a difficult economy, practice marketing and efficiency are more crucial than ever. Henry Schein offers DemandForce to help our customers drive patient referrals via the Web. To assist our customers in improving the productivity and efficiency of their practices, Henry Schein representatives were available at the booth to set up “Business Discovery Meetings” with customers after the show to assist with lowering practice overhead, improving team harmony, taking advantage of Section 179 and boosting overall revenue.

Henry Schein had a number of special promotions at our booth, including the popular Henry Schein holiday promotion, and only available at the GNYDM, we offered a special 45-day, risk-free trial of the shade taking device, Shade-X. Immediately adjacent to the booth, Henry Schein offered C.E. workshops on E4D, Equipment Repair, EasyDental and Dentrix.

Are there any new products that attendees got to see during the meeting? Could you tell us a little about them?

This year, Henry Schein had a number of innovative new products featured at the GNYDM. These included:

- **Snap-on Smile**: Snap-on Smile® is a patented, revolutionary dental appliance that is flexible, incredibly strong and snaps right over a patient’s natural teeth. Its exclusive design requires no prepping and no injections. The retention of Snap-on Smile is completely toothborne, so the appliance does not impinge on the gum tissue nor cover the palate, making it look and feel very natural. Snap-on Smile is easily removable, completely reversible and is an excellent option for patients looking for a noninvasive, affordable approach to restorative and cosmetic dentistry.

- **DENTRIX G4**: DENTRIX G4, which was launched at the GNYDM, is a state-of-the-art interfacing communication tool that will accelerate day-to-day tasks and improve efficiency for our customers.

- **E4D**: E4D chairside CAD/CAM technology enables the dental professional to provide same day crowns, inlays, onlays and veneers to patients with no compromise in quality. The E4D system is designed with the patient and dentist in mind. From the very beginning, E4D has involved dental professional associations in the development of the E4D system, resulting in an easy-to-use product and process that can provide a significant return on investment. The E4D empowers a dentist to create beautiful restorations that provide form, fit and function, which is demanded by both dentist and patient today. The E4D system offers many advances and advantages to the dentist. Here are just two of them:

  - The E4D system uses laser technology that offers three sources of scanning to provide options to the dentist. The system can scan in the mouth, on models and on impressions, all without the use of powder. Another feature that customers love is SOS, or Support on Sight™. This feature is available for dentists and office staff to contact E4D’s customer support team. With the dentist’s permission, a customer support representative can remotely access the E4D system to assist in scan, design or even system diagnosis. The E4D product is loaded with innovative features that have allowed it to earn the gold medal in medical excellence design for 2008.

  - Several of our Equipment Partners have new products and technology that we showcased as well. Henry Schein is constantly updating its software programs. For instance, the DENTRIX ® system is on the horizon. Could you tell us a little more about this and any other new software developments?

To best serve our customers, we believe it is essential that we use our expertise to constantly update and improve Henry Schein’s software programs based on the feedback we get directly from our customers.

- **DDX**: DDX is the latest upgrade to this market-leading practice management software system, with dozens of improvements that will save time and increase productivity. Some of these enhancements include the ability to customize personal preferences, quick access to training resources, family alerts and improved options for administrators managing billing statements, insurance claims and payments.

Henry Schein was proud to launch DDX at the GNYDM. This desktop and Web-based application will enable communication between dental practices and dental labs, and between a doctor’s practice management software and the laboratory’s lab management application. This technology platform will make it possible for all doctors and all labs to be connected digitally for the very first time. DDX will enable dental practices to improve efficiency and increase profitability by moving beyond traditional telephone communication with their labs.

Case submission, digital file transfer and management, case status updates, pickup reminders and account payments are all provided through DDX. For labs with DDXTM enabled lab management software, DDX is completely integrated, allowing practices to access full account details, including aged balances, statements and invoices.

2008 has been a tough year financially for many companies. How do you see 2009 shaping up for Henry Schein? Do you have any company goals for the coming year?

Although the health care markets that Henry Schein serves are relatively resistant to macro economic challenges, and certainly less sensitive than most of the business world around us, they are not immune to these economic times when consumers are tightening all aspects of their discretionary spending.

Henry Schein’s first and most important goal for the coming year is to help our customers weather the storm so that their practices can thrive during this unstable economic time. We will maintain our focus on investing in our business and repositioning our resources so that Henry Schein can continue to expand and strengthen our product and service offerings to our customers.

With the economic struggles, this also is a difficult time for many dentists, and thus practice management seems to play a more important role than before. What is Henry Schein doing in this area, in terms of products or services, to help ensure success for its practitioners?

Dentists operate small businesses, and Henry Schein’s mission is to do everything that we can to facilitate our customers’ ability to operate their businesses as efficiently and productively as possible, so that they can focus on providing better clinical care. We strive to provide our customers with the most innovative practice management tools to help practitioners thrive during these difficult economic times. We work closely with our customers to help them decide how they can make effective investments to maximize practice productivity, which is essential during this period of economic uncertainty.

Do you have any final thoughts or comments that you would like to share?

Go Packers!

I believe 2009 is going to be a challenging year for all of us. However, I continue to remain confident about our industry’s ability to survive these challenges and be even stronger when the eventual rebound occurs. Those who continue to invest in themselves will be the ones who come out on top.

About Tim Sullivan

Tim Sullivan has been the president of Henry Schein Dental since 2004. He was executive vice president from 1997-2004. He received his bachelor’s degree in accounting and financing from the University of Wisconsin, Madison, then went on to work for Sullivan Dental Products as assistant controller, controller, vice president of operations and president and CFO before the company merged with Henry Schein. Today, Sullivan is directly responsible for the Henry Schein Dental core business, which includes more than 2,500 Team Schein members.
When It’s Time to Buy, Sell or Merge Your Practice

You Need A Partner On Your Side

ALABAMA
Boise—Dr looking to purchase a general dental practice #21102

IDAHO
CONTACT: Dr. Jim Cole @ 404-513-1573

SOUTH GEORGIA
1,800 sq. ft., GR 400K #19124

Savannah—3 Ops, GR $50K #19121

NW Atlanta Suburb—GR $780K, Upgraded Equip #19113

Northern Georgia—4 Ops, 1 Hygiene, Est. for 43 years #19110

Near Atlanta—2 Ops, 2 Hygiene Rms, GR $70K #19109

Macon—3 Ops, 1,625K sq. ft., State-of-the-art equipment #19103

Mabelton—6 Ops, GR $460K, Office shared with Ortho #19111

Lilburn—Large group practice seeking associate #19107

Albany—2 Ops, 2 Hygiene Rms, GR $70K #19109

CONTACT: Dr. Peter Goldberg @ 617-680-2930

You Need A Partner On Your Side

When It’s Time to Buy, Sell or Merge Your Practice

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883

CONTACT: Sharon Mascetti @ 610-358-1905

CONTACT: Dr. Peter Goldberg @ 617-680-2930

CONTACT: J. Brown @ 800-668-0629

CONTACT: Al Brown @ 800-668-0629

CONTACT: Jim Cole @ 404-513-1573

CONTACT: Jim Cole @ 404-513-1573

Florida

CONTACT: Dr. Dennis Hoover @ 800-315-3438

COLORADO

ASSOCIATESHIPS, EQUITY BUY-IN OPPORTUNITIES…

Valuations on existing Practices…

We have qualified BUYERS.

CONTACT: Deana Wright @ 800-730-8883

CONTACT: Dr. Jim Cole @ 404-513-1573

CONTACT: Dr. David @ 586-530-0800

CONTACT: Dr. Peter Goldberg @ 617-680-2930

COLORADO
Assoc, Equity Buy-in opportunities…

Valuation on existing Practice…

We have qualified BUYERS.

CONNECTICUT

You Need A Partner On Your Side

When It’s Time to Buy, Sell or Merge Your Practice

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883

CONTACT: Dr. Peter Goldberg @ 617-680-2930

CONTACT: Dr. Peter Goldberg @ 617-680-2930

CONTACT: Dr. Peter Goldberg @ 617-680-2930
Medidenta celebrates its 65th anniversary and President & CEO
Robert Achtziger celebrates his 35th anniversary with the company

By Dan Jenkins, DDS

We are based in Woodside, N.Y., and the staff numbers 26.

Who are the major players in the company and how is it structured?
The company is privately owned by me, and I started with the company in 1973 as a shipping clerk and rose through the ranks to become the CEO and sole shareholder.

What exactly is the nature of the company’s business?
We distribute and manufacture unique and proprietary dental and health care related products. We sell dental, medical and some beauty related products.

How would you explain the company, and by this I mean its main point, what you hope those who hear it will immediately connect to when they hear the company name?
Medidenta markets some unique and proprietary products directly to the end user and certain health care facilities, thus providing direct savings of time and money over the conventional dealer or middleman.

What are the company’s business goals, or what does it strive to provide to its clients?
We want to deliver quality, cutting-edge products with exceptional value.

Is the company involved in any charities or community outreach programs?
We provide some funding for local after school programs for children and community social activities.

What is the promise behind your brand?
Great value with personal attention.

Do you offer special promotions? What do these entail?
We generally run “no-nonsense” percentage discount pricing.

How can people access your products, is there a catalogue? How often is it updated?
We mail out a catalogue annually along with quarterly flyers.

What is involved in the decision process in terms of choosing products?
Whether it is user friendly, time saving and cost effective for the busy professional.

What are some of the hurdles the company faces in terms of marketing its products?
To remain competitive against the billion dollar conglomerates that can easily outspend us, but our product savvy and specialized personal customer service will keep our customers coming back for the value and satisfaction we provide.

What do you feel are the most important concerns/hurdles faced in the area of dentistry today?
Containing overhead costs and attracting new patients.

What are the primary categories your products break down into?
Endodontics, handpieces, rotary medical devices and beautician products.

After 35 years with the company, do you have any words of wisdom to share?
“You can’t always get what you want, but if you try sometimes, you just might find you get what you need.” Being in business for 65 years and now my own 35 years with the company I have to say its been a long, winding, and most gratifying road to success and happiness that the company enjoys, even in these most difficult times.

What are the primary categories your products break down into?
Endodontics, handpieces, rotary medical devices and beautician products.

After 35 years with the company, do you have any words of wisdom to share?
“You can’t always get what you want, but if you try sometimes, you just might find you get what you need.” Being in business for 65 years and now my own 35 years with the company I have to say its been a long, winding, and most gratifying road to success and happiness that the company enjoys, even in these most difficult times.

What are some of the hurdles the company faces in terms of marketing its products?
To remain competitive against the billion dollar conglomerates that can easily outspend us, but our product savvy and specialized personal customer service will keep our customers coming back for the value and satisfaction we provide.

What do you feel are the most important concerns/hurdles faced in the area of dentistry today?
Containing overhead costs and attracting new patients.

What are the primary categories your products break down into?
Endodontics, handpieces, rotary medical devices and beautician products.

After 35 years with the company, do you have any words of wisdom to share?
“You can’t always get what you want, but if you try sometimes, you just might find you get what you need.” Being in business for 65 years and now my own 35 years with the company I have to say its been a long, winding, and most gratifying road to success and happiness that the company enjoys, even in these most difficult times.

What are some of the hurdles the company faces in terms of marketing its products?
To remain competitive against the billion dollar conglomerates that can easily outspend us, but our product savvy and specialized personal customer service will keep our customers coming back for the value and satisfaction we provide.

What do you feel are the most important concerns/hurdles faced in the area of dentistry today?
Containing overhead costs and attracting new patients.

What are the primary categories your products break down into?
Endodontics, handpieces, rotary medical devices and beautician products.

After 35 years with the company, do you have any words of wisdom to share?
“You can’t always get what you want, but if you try sometimes, you just might find you get what you need.” Being in business for 65 years and now my own 35 years with the company I have to say its been a long, winding, and most gratifying road to success and happiness that the company enjoys, even in these most difficult times.
LESS IS MORE

Originally developed to prevent migraine pain, the NTI-tss Plus is a superior alternative to full-coverage bite guards.

LESS: Bulk > Breakage > Chairtime
MORE: Comfort > Protection > Profits

The NTI-Tss Plus protects teeth, muscles and joints by suppressing parafunctional muscle contraction by almost 70%.

To learn more or schedule a case pick up call (866) 535-5371 or log on to www.kellerlab.com
Dental branding: three important truths

By James McAnally, DDS

Many national consultants feel “mission statements,” “branding” and “logos” are important. You’ll never hear anyone at Big Case Marketing saying such. Why? Because there are fundamental truths about branding and “image” that aren’t getting shared with dentists, and here they are.

Truth No. 1: mission statements

Patients could care less. Patients, and actually everyone, are tuned to their favorite station whose call letters are WII-FM — What’s in it for me?

Here are five things patients want instead of framed mission statements:

1) no pain,
2) to understand what you propose in simple terms,
3) options (but not too many),
4) the “Wizard,” and
5) respect.

Truth No. 2: logos and brands

Logos? The only thing less important to your patient than your logo is your mission statement. Thus, no need to worry much about logo design. A logo can cost $250 or $5,000. Instead of spending a month’s marketing budget on your logo, invest the $4,750 on direct response based marketing to make the phone ring with patients you wish to treat.

Logos can be useful if grace a popular product on a shelf, backed by multi-millions of dollars in advertising. Then there’s value. When that level of money is spent, even when dead, a brand still has value. Is that your situation? Is that the situation of even the largest group practices or “chains” of clinics? Doubtful.

A logo can also be useful when a niche culture or sub-culture wears it on their polo shirt. In triathlons I’ve seen IronMan logos tattooed on some fellow racers. That’s true power in branding. No one is queuing up to get our logos as tattoos though.

Logos won’t make or break us. Patients don’t lie awake eagerly anticipating your newest logo design or, really, any company’s. The patient simply doesn’t care. Recently, people on the street were shown the Subway® logo — the real one and four fakes all on the same sheet of paper. With millions in franchise fees annually spent on marketing, only 6 percent could pick out the real logo! Dentist logos backed by $50K to $500K are not going to beat that dismal result or create new cases.

Truth No. 3: the doctor is the brand (especially when performing elective or complex cases)

The bigger the dollar amount involved, the more important you become. Patients need who you are, not what you are, and you in the consult room is the brand. This becomes even more important when the patient receives promotional information from the practice and schedules a live appointment.

With the right marketing, patients can call a practice, know very little about the doctor and still be powerfully motivated to seek treatment with that office because they were offered solutions to problems, not logos, brands or mission statements. Are you offering solutions to problems or simply wasting time, energy, and money on things the patient really doesn’t care about?

Dr. James McAnally is CEO of Big Case Marketing, a global leader in providing turn-key marketing for the complex case patient and in teaching a trademarked sales system to dentists who treat elective reconstructive and dental implant patients. Big Case Marketing doctors are on three continents and programs are conducted worldwide. His two-day per week part-time practice focusing on reconstructive and implant dentistry is in Seattle, Wash. To find out more, visit www.bigcasemarketing.com or e-mail info@bigcasemarketing.com.

Supporting Comment on the New Extraction Instruments

Louis Malcmacher, DDS, MAGD

Faster, easier and better – these are the three magic attributes that I look for whenever I evaluate new products. The GoldenMisch Physics Forceps are by far one of the greatest advancements I have seen in exodontia in my 28 year career. Using these unique instruments greatly reduces buccal bone loss during the extraction, making implant support and esthetic success much more predictable. The amount of time, effort and frustration saved is incredible, especially with challenging teeth. The Physics Forceps are an absolute must for every dental practice and I highly recommend them in my lectures.
Immediate dentures: Are you missing out?

By Craig Callen, DDS

A ll of the courses advertised today tout the productivity of porcelain facings, orthodontics, automated root canal and implants. While any of these treatments can be a profitable approach, the often-overlooked area of immediate dentures is highly rewarding and profitable. Immediate dentures, not cheap ones.

Many of us became burnt out on making dentures in dental school and never recovered, but times have changed. Not only is there a huge untapped market for high-quality dentures as the population ages, but also it can be one of the most rewarding and profitable procedures you provide for your patients per hour.

In addition, with the materials available to you today, this can be a relatively easy treatment. A lot of what we know about cosmetic dentistry came from prosthodontics. Full denture treatment used to be the ultimate in cosmetic dentistry because periodontal care changed the way dentists practice. Prosthodontists were really the first dentists to study things such as facial proportions as related to tooth size and shape.

How to get denture patients

Our office offers a “Free Esthetic Denture Consult.” This allows patients to meet us and see what we can do for them in a non-threaten ing environment. If a patient calls in requesting fees, they are offered the option of the free consult. The patient is scheduled for a 10-minute time block with a doctor in the consultation room. He or she fills out a short form that pertains strictly to the consultation. If the patient meets our case criteria, we agree to appoint him for a complete examination and X-ray films, which verified his story. Financial arrangements were made and we set up an appointment for impressions, shade and bite. At the next appointment, we took about an hour to get nice impressions with the Accudent dual alginate system with stock trays.

If Randy had been edentulous, we would have used Accudent’s anatomically corrected denture trays. This utilizes a light and heavy body alginate mixed in an alginate. The light body sets slower and is applied in a large syringe. Because Randy still had teeth to establish vertical and tooth position, we then took a bite with Discus Dental’s Vanilla Mousse, but you can, of course, use your material of choice. If there are many missing teeth, you may also use Discus Dental’s Impression Putty for a bite.

The shade was chosen using the Dentsply Portrait Shade Guide. As most people want to bleach their teeth, we see more and more patients choosing lighter colored teeth. We take several clinical and portrait photos for our records and the lab’s use in setting the case. If the patient wants to change his or her smile, we use “The Smile Style Guide,” written by Lorin Berland, DDS, and David L. Taub, DMD, to pick a new smile (www.100smile.com; (800) 741-7966). It is a great tool that contains a multitude of different smiles progressing from square, pointed, round and flat as well as various length combinations that we include with detailed notes for the lab about exactly what we and the patient want.

Technique appointment No. 2

Because Randy did not need to have posterior teeth removed and prolonged healing time, we progressed right to a wax try-in appointment in two weeks. I do a split setup to verify the bite and show the patient the setup. Randy, and his wife, approved the setup and the esthetics and we scheduled the surgical appointment in another two weeks. The case is then sent to the lab for proper festooning and life-like base material processing.

Technique appointment No. 3

Fourteen periodontally involved teeth were removed with local anesthetic and nitrous oxide and the dentures seated. I relined them with a temporary soft liner to aid in the fit. We use a cartridge-based system, such as Voco’s UFI Gel SC. When Randy and his wife saw his new dentures, they were amazed.

Fig. 1a: Before.

Fig. 1b: After.

Fig. 2: A screen shot of www.denturewearers.com.

Fig. 3: Accudent immediate denture impression.

Fig. 4: Putty bite.

Fig. 5: Anatomically correct denture impression trays.

Fig. 6: After.

Fig. 7: Before.

Fig. 8: The Smile Style Guide.

Fig. 9: Discus Dental’s Impression Putty.

Fig. 10: The Smile Style Guide.

Fig. 11: Accudent’s Impression Putty.
smile, they both cried (in a good way). She immediately scheduled herself for an appointment for dentures too. In six months we will provide relines.

**Technique appointment No. 4**

Randy was back the next day with minimal concerns. I will generally see the patient on the first adjustment, and then delegate the simple adjustments to my well-trained, experienced staff.

My total chair time with the free consultation, examination, impressions, try-in, extractions and seating and the first healing check was about 2.5 hours. My per hour production was higher than what I make on a typical crown and bridge case, and I provided a life-changing treatment for a patient who was a dental cripple. If the patient has trouble wearing dentures, we can proceed to implants to help in retention. One of the keys to providing quality denture care for your patients is to find a laboratory that also is interested in quality. You will pay top dollar, but it will be well worth it.

If you are not providing denture treatment in your practice and you have holes in your schedule, you should think again about this under served area of cosmetic dentistry. As baby boomers age and lose teeth, there will be a real need for quality denture care.

---

**About the author**

Craig C. Callen, DDS, is a full time practicing dentist in the small city of Mansfield, Ohio, in the center of the rust belt. He graduated from Case Western Reserve School of Dentistry at the age of 23. Callen has written three books for dentists: “The Cutting Edge I, II, and III.” He is the associate editor for The Profitable Dentist Newsletter and has written numerous articles for national dental publications. Callen is a member of the ADA, AGD and the AACD. He has lectured internationally on clinical and management topics in dentistry. His latest seminar is entitled, “The Million Dollar Blue Collar Dental Practice,” Callen and his wife Dee have five children. They live on a farm where they raise horses, alpacas and llamas. In his spare time, he likes to spend time boating and traveling. You can reach Callen via e-mail at craigcallendds@gmail.com.
The SMART combination of Strength & Convenience
...out SMARTCEM all!

“Check out the POWER OF 2...
a smart combination of strong performance & YOUNique convenience.”

- Excellent retentive and mechanical strengths
- Automix delivery in syringes and digi® unit dose
- Superb esthetics in five stable shades
- Gel phase cleanup

Call 1-800-LD-CAULK or go to www.caulk.com / www.dentsply.com

SmartCem™2 from DENTSPLY Caulk for the way YOU do dentistry.
Eliminating dental stains with a whitening chewing gum

By George Freedman DDS, FAACD; FAD; Shahn Mathew DDS, MS; Fay Goldman DDS, FAAD, FAD; Kiern Acero BDS, DDS, Lisa Burchall BA, RDH; Jennifer Murphy DA

Introduction
Dental staining is of great concern to the vast majority of the population, and is one of the major drivers of patient behavior with respect to personal oral home care and product purchasing. The appearance of discolored teeth has been made socially and culturally unacceptable by the ubiquitous presence of white, bright smiles on television, in films and the print media.

From a dental professional team perspective, dental stains are known to contribute to plaque accumulation, an increased retention of bacteria that generate an acidic oral environment and, eventually, to tooth demineralization and dental caries. The routine elimination of dental stains and plaque by the dentist and/or the auxiliary staff on a regular basis (twice per year) has contributed greatly to the improvement of dental health over the past 50 years. As patients have become more health-educated and more aware of their own dental health, they have increasingly demanded not only healthier teeth but healthier-appearing teeth as well. In North American populations, more than 80 percent of individuals surveyed indicate an active interest in the whiteness (and thus, an active discomfort with the discoloration) of their teeth. Dental appearance is an important visual personality trait reflecting personal hygiene. The healthy and youthful appearance of non-stained teeth is the most visible component of dental health, and as such, is the parameter most often used by patients to gauge their personal oral health and hygiene.

The benefits of routine scaling and prophylaxis, on a bi-annual basis, are well documented and well accepted by both professionals and the public. This approach is effective in removing dental stains at least for a few days or weeks after the recare visit. However, the daily accumulation of dental stains, particularly during and after meals, is a recurrent problem that is far more difficult to solve. All too often, these stains accumulate in public settings where a negative dental coloration can adversely affect the outcome of an event, whether business or social.

It is well established that brushing and flossing after eating and drinking can eliminate the most obvious discolorations, but these activities are not always practical, particularly in the restaurant or home setting of most business and social meals. It is far preferable to have a relatively innocuous, but similarly effective, destaining procedure that can be readily initiated, unobtrusively and quickly, even under conditions of intense public scrutiny. It is a fairly common practice to use breath mints or chewing gum to freshen the breath after meals. These practices, however, do not alleviate tooth discoloration and may even make it worse (as with food-dyes in mints or gum).

The objective of this clinical study was to examine the effects of a commercially-available chewing gum (SuperSmile Professional Whitening Gum, Rochester, N.Y.) in the removal of food-induced dental stains. This study was designed to objectively evaluate the immediate effect of SuperSmile Professional Whitening Gum, a xylitol-sweetened whitening chewing gum, on recently stained teeth, as well as its value as a rapid and effective decolorizing agent. Two pieces of SuperSmile Professional Whitening Gum were chewed simultaneously for 10 minutes, during which time the chewing gum effectively contacted the surfaces of the maxillary and mandibular anterior teeth.

Materials and methods
Fifty adult male and female subjects were selected to participate in this clinical trial and each subject acted as their own control. After qualification and a baseline dental examination, the subjects who met the criteria listed below were 20 male and 50 females with a mean age of 35.51 years. The inclusion criteria, among others, were as follows: male and female subjects, aged 18–70 years, in good general and oral health, with all maxillary and mandibular anterior teeth present. No more than two of the anterior teeth could be covered by crowns and/or veneers. Subjects were asked to refrain from brushing or rinsing for six hours prior to the initiation of the study.

Exclusion characteristics included orthodontic appliances, more than two anterior prosthetic crowns or veneers, tumors or significant pathology of the soft or hard tissues, moderate to advanced periodontal disease, extensive untreated carious lesions or restorations, bleeding within the previous 12 months, pregnancy or lactation, or prophylaxis within the previous 30 days.

The measurement of tooth shade can be highly variable between observers, and particularly so under differing metameric conditions. To avoid inter-investigator and sequential variability, two Vita Easyshade intraoral dental spectrophotometer shade-matching devices (Vident, Brea, Calif.) were used to measure tooth coloration. A spectrophotometer consists of three principal elements: a light source; a wand to direct the source light to an object and in turn to receive the reflected light from the object; and a spectrophotometer to resolve the received light intensity as a function of wavelength. The Easyshade’s CPU analyzes the spectrometer data, determines a shade match to Vita Classical or 3-D systems, and displays the results on a touch screen.

The Vita Easyshade is self-contained, easy to use and portable, consisting of a base unit and handpiece containing a fiberoptic probe assembly for illuminating and receiving light from a tooth. The two Easyshade units were calibrated with each other and were additionally self-calibrated prior to each shade measurement.

For each subject, the shades of the six maxillary and six mandibular anterior teeth were measured separately, in the middle third, at the mesio-distal center of the tooth, at three specific times. These measure-ments were at the Baseline (prior to stain accumulation), Post Eating or Stain Accumulation (after 15 minutes of stain accumulation), and Post Product Usage (immediately after the use of the test chewing gum). The shade of each tooth was scored by reading the Easyshade screen and recording the Classic Vita shade reference code. The overall change in shade was then obtained by averaging the scores as previously described (Nathoo et al.). Analysis of variance (t-test) was employed to compare the mean Vita Easyshade scores at Baseline, Post Stain Accumulation and Post Product Usage.

The chromogenic “meal” consisted of:

- 4 ounces of red grape juice (simulating red wine)
- 3 ounces of blueberry pie
- 4–6 ounces of coffee or tea

The whitening chewing gum that was tested is a commercially available, non-prescription product. Its active ingredients include xylitol, chewing gum base, natural flavors, glycerine, gum arabic, soy lecithin, beeswax and calcium pantothenate. The instructions for use indicated two pieces of the product be placed in the mouth and chewed actively for 10 minutes.

Results and discussion
Tooth shade was calculated by ranking the Vita Classic Shade guide according to the degree of brightness
as recommended by the manufacturer, assigning a numerical value to each tab and calculating the number of tabs as described by Manupome and Petty (2004) and Nathoo et al. (1994). Of the 600 teeth examined, 17 had crowns, veneers or were otherwise unsuitable for shade change evaluation.

The Baseline Vita Easyshade data for 585 (50 x 12) teeth in the study was 5.55 (SD±2.49); corresponding to a shade between Vita Classic tabs A2-C1.

The Post Stain Accumulation Vita Easyshade data for 585 (50 x 12) teeth in the study was 8.06 (SD±3.19); corresponding to a shade between Vita Classic tabs D4-A3. Statistical analysis by the t-test showed significant differences at the p<0.05 level, indicating that eating a chromogenic diet as described above does, in fact, induce staining of teeth.

The Post Product Usage Vita Easyshade data for 585 (50 x 12) teeth in the study was 5.07 (SD±2.51); corresponding to a shade between Vita Classic tabs A2-C1. There was no significant difference between the baseline and Post Product Usage phases.

Statistical analysis by the t-test comparing:

1) The Baseline data with the Post Stain Accumulation data indicated significant differences (p<0.05), showing that chromogenic foods can indeed induce dental stains, darkening the appearance of the teeth.

2) The Post Stain Accumulation data with the Post Product Usage data indicated significant differences (p<0.05), showing that Supersmile Professional Whitening Gum, the product under investigation, does remove dental stains acquired as a result of eating chromogenic foods.

3) The Baseline data with the Post Product Usage data indicated no significant differences, showing that the product under investigation restores the teeth to their original pre-staining color condition, but does not remove previously acquired dental stains.

A summary of the changes in tooth shade during the study is provided in Table 1.

The measured results indicate that consuming a chromogenic “meal” caused the accumulated food-induced stains to darken the subjects’ tooth shades by approximately two to three Vita tabs. This color change is readily visible even to the untrained eye, and on anterior teeth can detract from the aesthetics of the smile. The t-test analysis (green shading) confirms the significance of the staining.

After the use of Supersmile Professional Whitening Gum, the test chewing gum, the mean shade of the anterior teeth was calculated to be almost three Vita tabs whiter than the coloration immediately after eating. This level of destaining, representing a major decoloration of tooth shade, is statistically significant (blue shading). It is also readily evident to the casual observer.

The destaining and/or bleaching effects of Supersmile Professional Whitening Gum are mediated by the active ingredient, calcium peroxide. There were no adverse reactions attributed to product usage.

### Table 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Mean Shade (±SD)</th>
<th>Difference from Baseline</th>
<th>Significant difference in tooth shade by the t-test between the shaded groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>5.56 (2.49)</td>
<td>2.70</td>
<td>Light blue</td>
</tr>
<tr>
<td>Post Eating</td>
<td>8.06 (3.19)</td>
<td>-</td>
<td>No significant difference</td>
</tr>
<tr>
<td>Post Whitening Gum</td>
<td>5.07 (2.51)</td>
<td>3.20</td>
<td>Dark blue</td>
</tr>
</tbody>
</table>

### Conclusions

From this study, it can be concluded that Supersmile Professional Whitening Gum removes food induced stains from dental surfaces. Supersmile Professional Whitening Gum’s very convenient application modality, its rapid decoloration activity, and its significant results in dental destaining make it a very practical and portable tool for oral hygiene and esthetic maintenance.

### References

How Will You Survive The Slowing Economy?

Invest in your future.
Come to an LVI Global Regional Event and gain a competitive edge.

Log on to Register for the Event Near You!
www.lviregionalevents.com

2009 DATES
January 23-24        Riverside, CA        March 27-28        El Paso, TX
January 30-31        Milwaukee, WI        April 3-4           Regina Canada
January 30-31        Woodlands, TX        April 10-11         New York, NY
February 27-28       Portsmouth, NH        April 17-18         Greenville, SC
February 27-28       Reading, PA           April 17-18         Fresno, CA
March 13-14          Providence, RI         April 17-18         Davenport, IA
March 13-14          Las Vegas, NV          April 24-25         Calgary, Alberta
March 13-14          Gulfport, MS           April 24-25         Grand Junction, CO
March 20-21          State College, PA       April 24-25         Anchorage, AK

LEARN HOW TO:
- Eliminate the influence that insurance has on your practice.
- Optimize your team and have them motivating you to succeed.
- Find fulfillment in your chosen career.

Don’t see an event in your area? Check our website at www.lviregionalevents.com for a complete list of 2009 events.

Don’t Let Anything Stop You.
In today’s economy it is essential to hear this message! Sign up Today.
www.lviregionalevents.com  888.584.3237

Excellence in dentistry has never made more sense or been more affordable.

Sponsored By

Academy of General Dentistry
American IVE Program Vendors
American CAD/CAM Technology Laboratory
ivoclar vivadent
MAC Scientific Technologies
Loupes: making a wise long-term investment

By Ellen Stolley, RDH & Lynn Pvecak, RDH, MS

“Grey’s Anatomy,” “ER,” “House M.D.” and, in the late ’80s, “Chicago Hope” have used the image of a surgeon wearing loupes.

What point are the producers of these shows trying to make? Most likely it is an attempt to make the show technically accurate. It may also be an effort to depict the doctor as a highly regarded professional, making use of the best equipment available in order to provide excellent care to the patient. Isn’t that what each hygienist strives for every day in the practice of dental hygiene? Some hygienists may worry about what patients will think when they begin to wear loupes. Those worries need to be put aside. Patients are very accepting of loupes, maybe because of the popularity of medical shows.

When it is time to buy loupes, as tempting as it may be, the investment should not be based upon how cute the frame looks. With the cost of loupes ranging between $200 and $1,800, it is imperative the purchaser understands the quality of the equipment in order to make an intelligent long-term investment. The major consideration is how the optical equipment will perform and how will it stand up to everyday use.

Loupe review

The two most common types of loupes configurations available are flip-up and through the lens, or TTL. Through the lens optics are custom drilled to meet the clinician’s individual needs and are permanently glued in place. The advantages of TTL loupes over flip-ups are:

1) The optics will not go out of alignment.
2) They are better balanced.
3) They are lightweight.
4) They give a wider field of vision because the optic is closer to the eye.

The TTL setup is similar to top-lined reading glasses where the wearer looks over the optic to view the room using distance vision and though the optic when viewing the patient’s mouth at close range. There is now a hybrid TTL loupes on a flip-up hinge similar to the sunglasses being worn by baseball players.

Flip-up telescopes are adjustable. Some clinicians with strong prescriptions or bifocals prefer flip-up telescopes because the optic can be flipped up and out of the way. Flip-up loupes have the weight of the optic balanced forward and they can be knocked out of alignment. An important tip for wearers of flip-up telescopes is that the head strap needs to be fastened securely while they are worn. If the strap is not tight around the clinician’s head, the loupes may feel heavy, uncomfortable and they may slide down the nose. Flip-up telescopes are adjustable and can be changed to different frames if needed. It is easy to change a prescription in a flip-up loupe if the vision of the clinician changes. Recently, a hybrid TTL that flips up with a removable prescription insert for additional flexibility has become popular.

Magnification power

Choosing a lower magnification level (class II power, i.e., 2.5x) offers a wider field of vision and a more forgiving depth of field when looking through the optic area than higher magnification. Stronger telescopes zoom in to a narrow field and are difficult to work with independently.

Optic qualities

A good optic should have the following qualities: high-quality, have a wide field of vision, have three-dimensional image qualities and a very sharp high-resolution image. Low end, less expensive loupes are heavy and have lower resolution image quality. Some loupes have narrow fields that show less than the full mouth, sometimes just a few teeth. Also, some loupes have no depth, which requires the operator to hold a static posture or dictates the operator’s posture.

Product considerations

It is true that consumers get what they pay for. Less expensive loupes may not be made out of high quality materials. Good frames are made of titanium and carbon fiber. If the frame is plastic or aluminum, it may not pass the test of time and may need to be repaired and/or replaced due to daily use.

Ask if the loupes are water sealed. Will it fog when being washed under running water? If a prescription is involved, ask to have it installed during manufacturing, the better quality loupes companies will install custom prescriptions if needed.

Inquire about the warranty. A good loupe company will have a lifetime warranty on the optic and an extended warranty on the frame.

Before buying

The purchase of a loupe is a long-term investment. It is important to buy a quality product that will stand up to daily use to prevent the need to repurchase in a short period of time. When purchasing loupes, inquire about the following items:

What are the terms of the trial period?
What happens if the loupe does not fit or perform as promised at the time of purchase?
Is the company well established and is it readily available for follow up if needed?
Is the company a start-up that only sells at the larger trade shows?

Editor in Chief Angie Stone treating a patient using loupes. Although the loupes were purchased many years ago, it proves that making a choice for quality means the loupes will serve you well in the long run.

Photo ©www.KarlGrobl.com
Editor in Chief Angie Stone treating a patient using loupes. Although the loupes were purchased many years ago, it proves that making a choice for quality means the loupes will serve you well in the long run.

Editor in Chief Angie Stone treating a patient using loupes. Although the loupes were purchased many years ago, it proves that making a choice for quality means the loupes will serve you well in the long run.

Editor in Chief Angie Stone treating a patient using loupes. Although the loupes were purchased many years ago, it proves that making a choice for quality means the loupes will serve you well in the long run.
Dear Reader,

With the New Year upon us, many will be thinking about what they will do differently in 2009. Many will begin diets, attempt to make more trips to the gym per week, quit smoking, etc. While these are typical New Year resolutions, I challenge each of my colleagues to take a unique look at the promises they are making for the New Year.

Instead of, or in addition to, making personal goals, make at least one professional goal. This change doesn’t need to be earth shattering, but it should be something that will make a difference in your clinical practice of dental hygiene. Maybe make a plan to be wearing a pair of loupes by the year’s end. Make a commitment to provide oral cancer screenings to your patients utilizing the latest oral cancer screening tools available. Why not consider increasing your daily goal by a few dollars, or actually setting a daily goal if you don’t currently work with one?

Remember the rules of goal setting. First of all, let people know what you are going to accomplish. Second, write out the following: state the precise goal; determine how you are going to accomplish this goal; set a date that the goal will be accomplished by. Following these simple rules will assist you in achieving the goal.

In the months of 2009, utilize the articles in Hygiene Tribune to assist you in determining what goals you will set and achieve in 2009. Happy New Year!

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

About the authors

Ellen Slatery, RDH, graduated with an ASDH from Indiana University-Purdue University at Fort Wayne in 1986. She worked in private practice for over 20 years, and currently works as a marketing assistant for JW Specialties. She also stays active in dental hygiene, working as a contract hygienist in the Fort Wayne, Indiana area, and is a member of ADHA, IDHA, and Isaac Knapp DHA. She is a 2008 graduate of CareerFusion. Ellen is married and has two boys, Jonathan, 8, and Dylan, 5. You may e-mail her at ellenst85@verizon.net.

Lynn Pencek, RDH, MS, is a senior regional manager for Orascoptic. Since 1993 she has published and presented on the topics of ergonomics, posture, vision and use of loupes for dental hygienists. Lynn is a regular presenter at RDH Under One Roof and serves on the corporate advisory board for Dimensions in Dental Hygiene. Lynn can be reached at lynn.pencek@sybronden.com.
Crosstex Ultra Sensitive No-Fog Masks with and without Shields!

By popular demand Crosstex introduces Ultra Sensitive No-Fog Masks — available with or without Shields. Fluid-resistant outer layer with white, extra soft, hypoallergenic cellulose inner layer; void of all inks, dyes and chemicals, latex-free, will not lint, tear or shred. Ultra Sensitive Masks exceed ASTM High Barrier performance class specifications; recommended for procedures involving moist aerosols where fluid resistance is important. Filtration PFE = 99.75% @ 0.1 μm.

Crosstex Kaleidoscope Facemasks: A new world of colors!

Kaleidoscope Facemasks have a fluid resistant outer layer that is beautiful and colorful, but inside next to your skin is a white, extra soft, hypoallergenic cellulose inner layer devoid of all inks, dyes and chemicals. These masks will not lint, tear or shred, and they are designed specifically for people with sensitive skin. They meet ASTM Primary (low) Barrier Protection Standards based on: fluid resistance, filtration value, breathability and flammability.

Crosstex introduces the only lead free/latex free Steam Process Indicator Tape

Now safer for you and the world!

Crosstex leads the way with safer infection control products! Following AORN Latex Guidelines, and because latex may challenge workers or patients, our Steam Process Indicator Tape is now latex free as well as lead free, so it’s biodegradable (the lead ink in other tapes is not biodegradable). Crosstex Steam Process Indicator Tape is “greener,” thus safer, and instantly shows that inner contents have been processed while securing sterilization packs — perfect for use with Crosstex CSR Wraps!

Sold worldwide through dental dealers.

Crosstex
Hauppauge, N.Y. 11788-4209
Tel: (631) 582-6777
Tel: (888) CROSSTEX
www.crosstex.com
E-mail: Crosstex@crosstex.com

*American Society for Testing and Materials
This interactive DVD is written, directed, and narrated by Dr. Stanley Malamed, dentistry’s leading expert in the management of medical emergencies.

“You don’t get a chance to save a life you’ve lost. So get it right…the first time.”

• Contains 14 different situations that can and do arise in the dental office Including Cardiac Arrest, Seizure, Allergic Reaction and many others...

• Dr. Malamed breaks down these scenarios using high definition 3D animations and stunning dramatizations.

• Great for in-office training sessions or individual training.

• 7 Continuing dental education credits available.

ORDER YOUR MEDICAL EMERGENCY TRAINING DVD TODAY

HealthFirst Corp.
22316 70th Ave. W., #A
Mountlake Terrace, WA 98043
1-800-331-1984
website: www.healthfirst.com