Today’s retailers certainly will confirm that when the economy takes a turn for the worse, consumer focus shifts from luxury to necessity. Moreover, many dentists would confirm that they find similar behaviors in their practices. The focus of care moves from elective to need-based. It’s tougher to sell those high dollar cosmetic cases. In addition, patients are less inclined to stay with your practice if you are not on their company’s insurance plan.

You are likely feeling the pain of more no-shows and cancellations. Everyone is walking on financial eggshells, causing many to pause before they dare ask, “So how’s business these days?”

Clinically, it is important to have a detailed examination of colour, opacity, translucency, texture, surface gloss and presence of any special characterisation such as hypocalcification, stain crack, etc., of the tooth in need of restoration. The detailed study of these components and colour mapping are quite helpful in choosing the appropriate restorative materials and shading technique.

There are two shading techniques commonly used in direct aesthetic restorations: the blended shading technique and the layered shading technique.

Blended shading technique

In this shading technique, also known as traditional shading method,

**Four tenets for tough times**

By Sally McKenzie, CMC

Today’s retailers certainly will confirm that when the economy takes a turn for the worse, consumer focus shifts from luxury to necessity. Moreover, many dentists would confirm that they find similar behaviors in their practices. The focus of care moves from elective to need-based. It’s tougher to sell those high dollar cosmetic cases. In addition, patients are less inclined to stay with your practice if you are not on their company’s insurance plan.

You are likely feeling the pain of more no-shows and cancellations. Everyone is walking on financial eggshells, causing many to pause before they dare ask, “So how’s business these days?”

**Solving esthetic dilemmas**

Dr. Bruce LeBlanc notes that direct composites have a longevity that qualifies them as a great value in terms of solving esthetic dilemmas. In addition, with conservative tooth preparations, the solution can often be realized in one visit.

**Batman and braces?**

Shirley Gutkowski, RDH, BSDH, FACE, reveals how hygienists can intervene to cure the melted enamel under and around orthodontic brackets and bands. This may even mean suggesting the braces be removed in the most extreme cases of uncooperative patients.
Welcome to Hawaii
Aacd's 25th Scientific Session shows off the excellence in cosmetic dentistry

Say the word “Hawaii” and most people conjure up images of sandy beaches, blue waters, palm trees and pineapples. But from April 27 to May 1, the image of Hawaii will also include veneers, lumineers, tooth whitening and more as the Aacd’s 25th Scientific Session gets under way.

With the theme of “Excellence in Cosmetic Dentistry 2009,” the Aacd Scientific Session promises to provide a program of cutting-edge continuing education and networking events, along with an exhibit hall full of vendors offering up the latest technology in the industry.

In addition to educational content covering such topics as dental photography, implants, practice administration and interdisciplinary dentistry, the Aacd is offering some general sessions, free with tuition, that are geared to motivating attendees to maximize their performance beyond the world of dentistry.

On Tuesday, National Geographic photographer Dewitt Jones will share his stories and images from his travels, beyond the world of dentistry.

On Wednesday, one man will share his story of moving forward even in times of tragedy. As a result of an automobile accident, Colt Manchhoff suffered a serious head injury and permanent paralysis to the left side of his body. Once owner of The Beach House, a restaurant in California, Manchhoff struggled with the most simplistic kitchen tasks. In a moment of frustration after the accident, he asked himself, “What do other people do? How do they cope?” The answers to these questions created the focus for his next venture in culinary arts.

Finally, on Thursday, the Brothers Cazimero, a Grammy-nominated duo who was inducted into the Hawaiian Music Hall of Fame in 2006, will provide a musical celebration as they play the acoustic bass and a 12-string guitar. Their music has been celebrated around the world and was most recently featured in the movie “Forgetting Sarah Marshall.”

Two other events not to be missed during the week are the Aacd Welcome Reception and the Celebration of Excellence Gala. Both events will show off the true spirit of Hawaii as well as give you ample time to celebrate with your friends and colleagues in cosmetic dentistry.

Aacd: What to know

Where: Hawaii Convention Center, 1801 Kalakaua Ave., Honolulu
When: Monday, April 27–Friday, May 1
Registration: Registration takes place in the Aacd Lounge from 7 a.m.–6 p.m. Monday–Thursday and 8 a.m.–1 p.m. Friday.
Shuttle service: Daily shuttle services will transport attendees staying at the Hilton Hawaiian Village Beach Resort & Spa to the Hawaii Convention Center where most scientific session activities will be held. Shuttle service will be offered from 6:30 a.m.–8:30 p.m. Monday, 6 a.m.–6:30 p.m. Tuesday–Thursday and 7:30 a.m.–1:30 p.m. Friday.
Exhibit Hall continental breakfast: 7 a.m.–9:30 a.m. Friday
Exhibit Hall hours: 7 a.m.–7:30 p.m. Tuesday–Thursday
Exhibit Hall lunch: Noon–2 p.m. Tuesday–Thursday
Welcome Reception: 6–9 p.m. Tuesday. Kick off the 25th Aacd Scientific Session by heading to the grasy knob for some true Hawaiian culture and cuisine. Tickets are included with tuition. Additional tickets are $80 for adults and $45 for children ages 6 to 15.
Celebration of Excellence Gala: 6 p.m.–midnight Friday. The night starts with a cocktail reception, followed by the recognition of the newly accredited members and accredited fellows. Next, enjoy five-star dining, the Aacd awards ceremony and the inauguration of the new Aacd president, ending with live music and dancing.

Ad

Although it seems that negative economic news is virtually every-
GP Free Endodontics

Back in the mid-1800s, substituting feathers for GP to pack golf balls revolutionized the sport. Around the same period, GP debuted as a breakthrough endodontic filler.

Times change. Technology evolves.

Today’s best golf balls trade in GP for new, high-tech materials that enable you to hit the ball farther, maintain more control and achieve a higher spin rate. Likewise, endodontics advances its game.

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Evolve to RealSeal 1 and make your practice GP free.

For more information on RealSeal 1 visit our website superiorfills.com or call 800.346.ENDO. You can now shop online at store.sybronendo.com.
If you do begin to accept assignment of benefits, send a letter to all your patients — including those that have left your practice. You’ll likely find that the defectors never really wanted to abandon your office in the first place and would be glad to return.

Look at your schedule and adjust for down times. If the office is a tomb from 2-4 p.m., this is a drain on the dollars. Consider condensing your schedule, working a longer morning shift and a shorter afternoon shift, such as from 8 a.m.-1:30 p.m. and 5:30–5 p.m. This will make it easier for working patients to see you during their lunch hours, and staff won’t be sitting around. Or, if you can keep three days full but the fourth is riddled with holes, cut back to three days.

Tenet No. 2: Get real and get paid

Look at your fees. Are yours higher than your competition? You may feel your practice is worth the extra money, but unless patients are buying into your high dollar philosophy, you’ll have a tough time maintaining patient flow. It’s simply the realities of the current marketplace.

Consider foregoing an increase in fees this year. Send a letter to your patients thanking them for their loyalty to your practice. Take the opportunity to tell them that you are sensitive to the fact that many patients are feeling into the trap of diagnosing just what you believe the patient can afford. The recession will be temporary, but dental needs and wants will remain. The patient may not pursue an entire treatment plan at this point, but as the economy improves, so too will the opportunities to provide both necessary and elective care.

That said, you do have an obligation to make it as easy as possible for patients to pursue treatment immediately. Provide treatment financing options, such as CareCredit, that will help the patient afford recommended care. A cash-based practice is a worthy goal to pursue when the economy is thriving, but there are times, such as now, when you simply have to get real in order to get paid.

Tenet No. 3: Marketing is a must

The No. 1 mistake dentists make during difficult financial times is they shut down their marketing efforts. Don’t. You may change your strategy somewhat, but you still need to get your name out there. The key is smart, cost-effective marketing. Keep the Web site running and up to date. This is just as important as your telephone.

Continue to regularly reach out to patients with a periodic practice newsletter — preferably sent via e-mail to avoid postage costs — that highlights a new or existing service, piece of equipment, staff member profiles, etc. Perhaps you want to reconsider that great billboard deal or the expensive radio campaign, but this is definitely not the time to disappear from the landscape. It is the opportunity, however, to make the most of internal marketing in every interaction.

Remember, everyone on staff is responsible for marketing. If your front line on the phones is Debbie, and she’s cold, rude or simply indifferent when she’s talking to patients, you’re dancing with disaster. Many patients don’t want to spend the money on dental care at this point anyway, and going to the dentist for something they’re clamoring to do even in the best of times. You don’t need staff giving them any excuses to take a pass on your practice.

Debbie needs to be a rock star. It needs to come across clearly that she enjoys people, from chatting it up with the grandmas to expertly handling the demanding executives. Don’t fool yourself into thinking patients will see past a not-so-friendly front line. They don’t.

Your practice must scream superior service. It is the most cost-effective marketing strategy you can implement at any time, and especially during tough times. Involve the entire team in developing service-minded strategies.

Examine the total patient experience from the first phone call to the doctor’s after-treatment follow-up call. And if you’re not making those after-care calls, there’s no better time to start than now. The waiting room needs to be clean, uncluttered and comfortable. The bathrooms must be spotless. The patient should feel he/she is the only person in your practice, because after all, tomorrow she/he might be.

Reach out to your community. If the schedule no longer has you running from dawn till dusk, use the opportunity to become involved in a local school oral health education program, join the rotary, offer to be the team dentist for a couple of local soccer or baseball teams. Encourage your staff to be involved as well and get the name of your practice out there on a regular basis.

Tenet No. 4: Make the most of your team

During thriving economic times, dentists argue they are too busy to train staff. Take advantage of slower periods to invest in team education. It will pay dividends down the road. Send a couple of employees to area dental meetings and ask them to present what they’ve learned to the rest of the team during staff meetings. Ask each employee to give a mini-workshop to the group on their specific responsibilities. Educate the business team about dental procedures performed so they can better answer patient questions.

Build on excellence. Take extra care in your hiring decisions. With a slower economy and layoffs, you’ll likely have higher quality applicants to choose from. Carefully evaluate what you want in your next employee. And make the most of applicant testing tools available through McKenzie Management and other companies to ensure that your next team member will be a perfect fit for your practice long after this current economic situation is a vague and distant memory.

Finally, along with your team, use this slower period to examine practice systems and carefully look at what could be improved. Now’s the perfect time to implement necessary changes and shore up strategies on everything from patient follow-up to treatment presentations, scheduling, collections, pursuing unscheduled treatment plans, telephone communication and so forth.

Invest in those management experts that have a proven track record of success to guide you through the improvements in practice systems so that you are prepared for rapid growth when the downturn is over.

About the author

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.mckenziegmt.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.mckenziegmt.com and www.thedentistsnetwork.net. McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenziegmt.com.
Two or more shaded restorative materials might be used to match the real shade of a tooth in different regions (Fig. 1). Restorative materials with different chroma are used and blended together with overlapping surfaces to create the desired effect. The “double-effect layer” concept is not applied in this technique.4

**Layered shading technique**

This technique, also known as natural shading technique, is based upon the anatomic and optical characteristic of the natural teeth and emphasizes the importance of using materials specifically designed to emulate the dentin and enamel layers of the natural teeth. This technique involves the correct selection of a dentin and enamel group of materials with their layer-by-layer arrangement (Fig. 2). An opaque and effect group of materials are also used during the layering procedure to achieve the desired tooth characterization.

Various concepts of layered shading techniques, e.g. basic, classic, modern and trendy, are used in direct aesthetic restorations. Each of these concepts is based on the specific arrangement of the two or three layers of the restorative materials usually needed for large Class III and Class IV restorations or incisal build-ups.

None of the above concepts mention single- or mono-layering techniques, which are frequently used in aesthetic dentistry. These concepts are hard to understand, not comprehensive and also do not explain the clinical use of a special opaque group of materials. Hence, the layering techniques may be better classified as follows.4

**Mono-layered shading technique**

This is a very common and simple layering technique using only one group of materials, either dentin or enamel shade, to restore the defective natural tooth (Figs. 3a-e).

**Bi-layered shading technique**

This technique demands a higher level of clinical skill than in mono-layering, as it uses both the dentin and enamel group of materials during restoration (Figs. 4a-e).

**Tri-layered shading technique**

This is the advanced level of layering technique where dentin, enamel and opaque materials are used in combination to mask the dark tooth discolouration or to block light transmission. As opaque materials are used, proper shade selection and thickness of the dentin and enamel layers are critical to achieve an aesthetically successful result (Figs. 5a-e).

**Complex-layered shading technique**

Any layered shading technique that requires special effect materials (tint, stain) during the restorative process, is classified under...
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the complex category of that particular layered shading technique. In this category, the effect group of the materials is normally used in between dentin and enamel layers of the natural or restorative layers of the restoration (Figs. 6a-g).

**Conclusion**
We hardly use the blended shading technique in modern aesthetic dentistry as the layered shading techniques are more predictable in achieving successful aesthetic restorations. The new concept of classification of layered shading techniques is simple to understand and easy to remember as the name itself suggests the required number of the layers and various groups of restorative materials necessary to restore the tooth defects. This classification also helps clinicians to imagine and understand the aesthetic complexity of restorations.

Editorial note: A complete list of references is available from the publisher.
Invisalign® courses have always been very well attended at the Greater New York Dental Meeting, which offers more Invisalign programs than any other dental meeting in the world.

When Align Technology decided to hold its first national Invisalign Educational Expo during a dental meeting, it naturally decided to do so during the Greater New York Dental Meeting. The first Invisalign Greater New York Educational Expo, held Nov. 30 to Dec. 3, 2008, was popular with attendees and clinicians alike.

Kathy Farley, Align’s vice president of education, says, “The Greater New York Dental Meeting is always one of the most exciting dental meetings of the year, and we were very pleased with the overwhelming response to this year’s decision to host the Invisalign Expo. We presented nine courses during the expo, which yielded more than 1,500 attendees. This certainly speaks to a greater-than-ever demand for Invisalign content.”

Invisalign is a series of clear, removable teeth aligners that both orthodontists and dentists use as an alternative to traditional metal dental braces. The Invisalign treatment program consists of a series of aligners that are switched out about every two weeks. Each aligner is individually manufactured to exact calculations in order to gradually shift teeth into place. Invisalign is a great way to transform a smile without interfering with a patient’s day-to-day life.

With the popularity of Invisalign growing, the 2008 meeting featured four full days of Invisalign programming, including: Invisalign Clear Essentials I and II; Invisalign Technique & Technology; Integrating Invisalign into the Hygiene Practice; Maximizing the Dental Assistant’s Role in Invisalign; and An Afternoon with the Invisalign Experts. All courses were taught by Invisalign experts and took place in the Invisalign Pavilion on the exhibit floor of the Jacob K. Javits Center in New York City.

Many attendees commented that either becoming an Invisalign provider or augmenting their current Invisalign knowledge was important to them, so they found it extremely convenient to have all the programming in one place. The diverse array of educational programs offered educational opportunities for the entire dental team.

Farley adds: “In addition to the expo, we also offered at the Invisalign booth on the tradeshow floor numerous live presentations, which were also hugely successful. Although the meeting is over for now, the learning continues, and interested individuals can view presentations from the show at www.AligntechInstitute.com/gny2008.”

The Greater New York Dental Meeting was proud to be an integral part of Invisalign’s first national educational expo and expects to host many more years of successful Invisalign conferences. “We have always had a very positive response to Invisalign courses at the Greater New York Dental Meeting, so we knew this would be very well received. We are delighted with the results of this first national conference,” says Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab.

With the enormous success of the Invisalign Expo at the 2008 meeting, plans are already well under way to make next year’s Invisalign Expo bigger and better. Be sure to watch the Web site, www.gnydm.com, for information and updates on this year’s Invisalign courses and all the other new programs offered at the 2009 meeting.

Remember, there is never a pre-registration fee. Mark your calendar for Nov. 27 to Dec. 2 and come be a part of the excitement of the 2009 Greater New York Dental Meeting and experience all that New York has to offer. For additional information, please contact the Greater New York Dental Meeting at 570 Seventh Ave., Suite 800, New York, N.Y., 10018-1806; Tel. (212) 398-6922; Fax (212) 398-6934; or e-mail to info@gnydm.com.
New I.V. Sedation Course for Dentistry by DOCS

There are less than 100 continuing education slots per year available for dentists to acquire licensure that allows them to perform I.V. sedation in the United States. Now, thanks to DOCS Education, that number has increased by another 50 due to its new course, I.V. Sedation for Dentistry. Specifically planned to minimize time away from the office, the didactic portion of the course takes place during two weekends (Friday to Sunday) in Pittsburgh. The 2009 inaugural course will occur on the following weekends: May 29–31 and June 12–14. The fall 2009 program will be in October and November.

In comparison to the I.V. sedation courses already available, DOCS Education has created a program that surpasses them all. The reasoning behind this approach was that DOCS Education wanted to ensure that every student in the I.V. sedation course would be extremely confident in performing the procedures upon graduation. Knowing that DOCS Education has been around since 1999, whom else would you trust for an I.V. course that not only meets but also exceeds the American Dental Association’s minimum requirements for such courses?

The didactic portion is taught at Duquesne University by university faculty and DOCS Education faculty members, and comprises a total of 60 hours. The clinical rotations include 45 to 60 cases in a one-on-one student/teacher ratio. Thus, there is no sharing of patients as found in other I.V. programs, and the ADA’s requirement of a three-to-one student/teacher ratio, along with its 20 total cases, are exceeded as well.

The DOCS I.V. sedation program tallies to 84 hours of education, and this translates into only two days away from the practice during the didactic portion if a clinician schedules office hours from Monday to Thursday.

DOCS Education faculty member Michael E. Mermigas, DDS, who is also a pharmacologist, is the course director. In addition, DOCS faculty member Eugene Pester, DDS, FADSA, a dental anesthesiologist, rounds out the DOCS presence on the Duquesne University campus. Because of Mermigas’ involvement, the program is deeply rooted in the pharmacology of dental sedation while Pester brings a highly attuned knowledge of sedation techniques and patient assessment.

The ability to offer patients I.V. sedation means less chair time for them due to the faster induction phase, but it is also a benefit to those patients who have challenges brought on by medications or physiological conditions.

For more information about the I.V. Sedation for Dentistry course, visit www.DOCSeducation.com or call (877) 325-3627.

Endodontic Instrumentation at the Speed of Thought
Dr. John T. McSpadden
Thursday, April 23, 2009
7:00 – 8:30 pm EST
Learn to design and accomplish root canal instrumentation in the most efficient, most effective manner with the least risk for instrument failure.

The Anatomy of a Patient-Friendly Website (Part 3 of 6)
Mary Kay Miller
Thursday, May 07, 2009
7:00 – 8:30 pm EST
Attract, Engage, and Direct Prospective New Patients To Your Front Door

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Receivables at risk

By Keith D. Drayer

Does your practice extend open credits to your patients?

This is an important question as veteran dental practice owners know that their practice’s fiscal health, profitability and success requires balancing a prudent patient financing policy.

Balance allows the flexibility to accommodate your patients, and it needs to be firm enough to avoid cash flow/collection problems that may have material consequences for both the doctors and staff. Even a temporary cash flow problem is stressful for a practice owner, creating the potential for uncertainty in making the payroll.

What is a dental practice’s uncollectible percentage? While this number will vary substantially (due to many factors ranging from service mix, use of practice management software, aggressive or lax payment policy compliance), when averaged, it shows the nationwide number of approximately 2.5 percent. Many practice owners think they can live with 2.5 percent. However, further inspection reveals a more in-depth appreciation of collection effectiveness on a practice.

Let’s suppose a practice grosses $1 million annually. If the practice has bad debt or “uncollectible receivables” of $25,000, that is 2.5 percent, then that write-off number would be correct (See Table 1).

Accounts receivable trends for any business, from a FORTUNE 500 company to a dental practice, are almost identical. Receivables are like gravity. You can’t resist gravity and you can’t resist receivables’ falling value over time. Table 2 shows the effects of time on receivables. Each $1 of accounts receivable at 90 days is statistically only worth $0.72.

Thus, the case can be made for dental practices to devote more focus to their “payment is due upon service” policy so the practice is not acting as a bank to patients. Offering patients (monthly, more affordable) financing options makes optimal treatment acceptance more likely, as well as removes a practice that offers selective financing from appearing as credit officers and lenders to patients.

Today, a good patient financing plan will accept from 50 to 60 percent of the patients who apply. There are patient financing companies that indicate an approval rate of 90 percent based on the total patient base being considered. That may be a misleading number as not every patient wants to be approved. Your patient financing candidates can automatically be any who might remark:

► “I forgot my checkbook.”
► “Just bill me.”
► “I can pay you $100 a month until we’re done.”
► “I want to have the treatment, but can’t afford it now.”
► “Let me know the balance after the insurance pay-in.”

It is prudent to offer patient financing when you examine what consumers are advised to pay on a graded scale. Data reveals the recommended consumer order of payments is as follows:

1) Child Support. By law, credit bureaus must report any information received about overdue child support, as long as it is verified by the proper agency and is not more than seven years old. Consumers are told this should be the No. 1 payment priority. Penalties, considered quite serious, include garnished wages, liens on property and a suspended driver’s license. Dentists should be aware that finance companies might consider an open child support lien on a credit bureau report as very negative.

2) Mortgage. After more than 90 days, late mortgage payments can end up on the credit record. Mortgages also tend to have hefty late payment fees, and if a mortgage holder misses two or more, a lender may start foreclosure proceedings.

3) Car loans. Repossession laws vary — in some states repossession happens after only one missed payment. Mass transit isn’t applicable anywhere and the risk of not having a vehicle probably impedes a person’s ability to work.

4) Taxes. The Internal Revenue Service (IRS) is tough when taxpayers don’t pay on time. Penalties accrue with time and the clock keeps going from the time of the infraction.

5) Bank credit cards. Credit cards are important. Paying them on time is more important than ever as late payments give all credit card issuers the right to reprice a cardholder because of economic risk status. Recent legislation was passed about sudden rate increases from credit card companies, though the effective date isn’t until 2010.

6) Department store cards. Many will negotiate and/or accept lower payments for various periods of time.

7) Utilities (electric, gas, water). Utility companies may work out payment schedules for consumers (though security deposits for future services will be a factor). Nationwide, rules vary as regional regulators have rules protecting homeowners from losing vital services and keeping consumers safe.

8) Student loans. Federal student loans may be deferred during times of financial challenge. When loans are deferred, payments aren’t required, but you can’t qualify for deferment once the loan is in default, so don’t wait until you are behind in payments to apply. Continue making payments until your request is approved.

9) Health-care bills. Most medical bills aren’t reported to credit bureaus until they are sent to collection agencies. Doctors will rarely initiate a patient credit check before starting a major treatment case.

With health care bills ranked in order at No. 9 and a new era with a tough economy, can your practice benefit from a proactive approach to patient financing?

Table 1

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
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</thead>
<tbody>
<tr>
<td>Eligible Receivables</td>
<td>$850,000</td>
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<tr>
<td>Bad Debt</td>
<td>$25,000</td>
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<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Annual Revenue</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Cash Payments</td>
<td>$250,000</td>
</tr>
<tr>
<td>Eligible Receivables</td>
<td>$600,000</td>
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<tr>
<td>Bad Debt</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bad Debt as a % of eligible receivables</td>
<td>4.2%</td>
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Table 2: Value of aged accounts receivable

$1.00 is worth the following amounts over time

<table>
<thead>
<tr>
<th>Days</th>
<th>Value of $1.00</th>
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</thead>
<tbody>
<tr>
<td>31</td>
<td>0.972</td>
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<tr>
<td>61</td>
<td>0.943</td>
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<tr>
<td>91</td>
<td>0.914</td>
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<tr>
<td>181</td>
<td>0.822</td>
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<tr>
<td>365</td>
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Table 2: Value of aged accounts receivable

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</tr>
<tr>
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<td>0.726</td>
</tr>
</tbody>
</table>

About the author

Keith D. Drayer is vice president of Henry Schein Financial Services. Henry Schein Financial Services represents the only 2.5 percent same-as-cash patient financing and no dedicated terminal program. Drayer can be reached at hsfs@henryschein.com or (800) 443-2756.
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Marla Merritt is the director of sales and marketing for DentalBanc and Reach, LLC. She has more than 20 years of experience in credit reporting and payment management.

What type of services does DentalBanc provide?
Marla Merritt: DentalBanc provides risk analysis and payment plan management. Many dental offices offer payment plans through third-party providers but don’t have an office payment plan for their patients. In most cases, doctors are losing 10 percent or more of their treatment fee to these third-party companies, and their patients must pay interest or risk paying retroactive interest if a payment is ever missed. DentalBanc assesses the risk up front so a practice knows the likelihood that the patient will repay. If a patient is a low credit risk, an office payment plan can be established and DentalBanc will handle all aspects of that payment, saving both the practice and the patient significant fees.

Would you tell us about the risk assessment?
DentalBanc can determine the financial risk of patients with our instant credit analysis. The analysis is returned in seconds and includes a letter-grade risk indicator, along with a payment plan recommendation.

What services are included in your payment management?

With DentalBanc Professional Payment Management, payments are electronically drafted from the patient’s checking, savings or credit card account. DentalBanc also handles all patient contact regarding failed payments, expired credit cards, balance inquiries and special circumstances. This is a way to have an office payment plan without creating extra work for the office staff.

Why would a doctor choose to have an office payment plan rather than the third-party payment option?
Most third-party companies charge the doctor 10 percent of the treatment fee. This can really erode the profitability of a procedure. Third-party companies also charge interest to the patients, which could deter them from accepting treatment. If an office knows that patients are a good credit risk, reward them with an office payment plan that is truly interest free. Case acceptance will increase, and the practice doesn’t lose 10 percent of the treat ment fee.

What are your fees for the doctor and the patient?
DentalBanc charges a small, per-patient fee to the doctor for the credit recommendation and another small fee for the payment plan management. There is no charge to the patient.

Implants, reconstructive dentistry and random acts of case acceptance

Implant and reconstructive dentists routinely report difficulties with predictable case acceptance. The box below shows the “dirty dozen” of case acceptance complaints for advanced clinicians. Acceptance issues increase in parallel with fees. Not surprisingly, frustrations quickly surface for reconstructive and implant dentists because fees can average $20,000–$40,000.

Without a systematic sales process, you are unlikely to have patients predictably enter treatment for cases greater than $10,000. With a systematic process, not only is your likelihood of success with that fee level predictable, but acceptance becomes more predictable for even the largest treatment plans.

Issues underlying these frustrations include: dentist and staff insecurities about money; failure to gain patient understanding; denial of types of patients presenting; lack of honesty from professional organizations regarding elective dentistry; industry-wide denial of “frozen in time” reimbursements; refusal to embrace the science of persuasion and psychology for patient-buying behaviors; ignorance by C.E. providers on complex dentistry case acceptance; unwillingness of practices to invest in structured sales processes; and inbred, outdated information touted by ignorant consultants with no direct experience presenting 21st century treatments or fees.

Industries with similar prices as dental treatments make concerted efforts on structuring the sequence of events in the sales process for maximum results. Think of this as a systematic checklist, like those in the aviation industry, except in dentistry it’s designed to increase the chances of the right patient making the right decision related to treatment.

Dentists easily invest in technologies and equipment with no direct revenue generation and ignore the fundamental need for investing and implementing case acceptance systems that affect the practice finances for a lifetime. Too many advance-trained clinicians mistakenly think that reading one book, a two-day “dental sales” course, attending “rah-rah events,” or listening to an hourlong “bonus” on case acceptance during clinical C.E. courses is all that’s needed to achieve the desired goal. The result...
Solving your Internet and marketing needs

From customized Web sites to patient-education videos, American Dental Software has just what you’re looking for

Every dental practice needs a Web site. Every dental practice also needs marketing resources and software. Fortunately, American Dental Software has the answer for all those needs.

“We like to think of ourselves as the one-stop company for the needs of dentists when it comes to Internet presence, marketing and software,” says Senthil Kumar, co-founder and CTO of American Dental Software.

“We started out as a company providing customized Web sites with unlimited changes to dentists, and we now offer more services and products: dental patient education software, patient communicator software, voice services and reception area continuous play.”

American Dental Software, a part of Siva Solutions Inc., got its start when Kumar’s wife, Dr. Keerthi Senthil, co-founder and CEO, returned from one of her lectures and handed Kumar a brochure of a Web site company charging a lot of money for a simple site. “Her thought was, ‘Everyone thinks dentists have a lot of money and want to overcharge them,’” Kumar says. “We wanted to offer services and products at more reasonable and honest levels.”

Since then, American Dental Software has focused mainly on providing customized Web sites to dentists, with the level of involvement from the dentists strictly up to them. The company offers unlimited changes and content as well as unlimited videos, interactive patient forms that are HIPAA compliant and unlimited support. Every Web site from American Dental Software comes with viewer customizable features such as increasing the size and color of the text as well as changing the overall look of the site.

Some of the other features included with every Web site are dedicated search engine, blogs and online chats. All clients receive two sites, one with flash animation, which can be viewed by patients with high-speed connections, and another version without any flash for fast downloading so people who still use dial-up can view it without having to wait for the pages to load.

Turnaround time is just one day, and the dentists can give as much or as little information as they like.

“It does not matter what it is they want,” says Kumar, adding that some dentists like to match their Web site colors to their business cards, and others to their office décor. “We can do it and at no additional cost.”

“Many dentists believe print is better and invest in print advertising, but the Web site is something that is out there and is working 24/7 for you,” Senthil says.

Software solutions and marketing

Although American Dental Software is primarily focused on the customized Web sites, the company’s products don’t stop there. Patient education and tools to help dentists grow their practices also play a strong role in the product line.

One of these products is patient education animation software, which not only explains to patients what exactly each procedure is but it also explains the consequences of not doing the treatment.

“Most of the times, doctors come in and give presentations on why patients should have the treatment,” Senthil says. “But what happens if they don’t have the treatment done? We want them to understand the consequences of inadequate treatment.”

Senthil says the software covers most of the procedures a dentist would normally perform.

Along those same lines, American Dental Software has just introduced its continuous reception play. On a monitor in the waiting room, videos on topics such as implants versus bridges or the need for veneers play.

“It’s a way for patients to keep their minds working while they are waiting,” Senthil says. “A patient might see something out in the waiting room and then go in to ask the dentist.”

Another important product is the telephone/voice service. When a patient fills out a survey or form via an automatic phone call, American Dental Software can provide automatic appointment reminders, either by phone, text or e-mail, while letting the patient confirm, reschedule or cancel right then.

Sometimes, Kumar says, prospective patients looking at a Web site want to talk to the office immediately. American Dental Software has an option where patients can click a button on the site and be automatically connected to the office. These calls can be recorded so dentists can listen to them later as a way to gauge quality control. At the same time, the company offers a way for dentists to track these calls along with the number of people who have clicked on the site.

“How good is a Web site if people can’t find it?” Kumar says, and then adds that American Dental Software can help dentists ensure their sites will pop up high on the search engines such as Google and Yahoo.

Overall, Kumar says American Dental Software hopes to keep innovating and leading by offering the dental community great products and services at affordable prices.

“If the technology exists that is beneficial to dentists, we offer it or are in the process of offering it very shortly,” he says. “We have a very simple philosophy: If our clients are doing well, we will be taken care of. So we have an interest in the success of our clients.”

To see for yourself what American Dental Software has to offer, stop by the booth, No. 652, at the AACD or one of your local meetings.

For more information, contact American Dental Software at (866) 342-6547, by e-mail at sales@AmericanDentalSoftware.com or stop by the booth, No. 652, during the AACD.
Visit Protech Dental Studio as AACD celebrates 25th Anniversary in beautiful Hawaii

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By Protech Dental Studio

Each dental practice is different, and every case unique. To ensure the end result is its absolute best, we as the ceramist establish an interactive relationship with you, your patient and your team, working together throughout the entire process. We are a state-of-the-art laboratory, offering the best materials, equipment and advanced techniques.

Protech Dental Studio blends accuracy and artistry, crafting restorations with a naturally beautiful layering technique. With an uncompromising attention to detail, you can rely on these talented ceramists to provide high-quality results on a consistent basis.

All of our technicians receive training through our in-house program and are sent to other courses to obtain the highest quality standards. Each ceramist is customer-service oriented with a mission to make the doctor’s vision a reality. The latest in quality material from E-MAX to Empress, with difficult implant cases and veneers that change a patient’s life, is shown in our work everyday.

Protech Dental Studio is located in Sterling, Va., since 1997, and we have partnered with leading clinicians, meeting their exacting demands for creating smiles of unparalleled beauty. With our Las Vegas Institute-trained master ceramist on staff, we understand the uncompromising standards for every dentist and his or her determined goal for excellence in dentistry.

Our Certified Master Technician Duckee Lee believes in creating beauty through his incredible eye for detail. This excellence is shown in his education and his determination for excellent esthetic dentistry. Lee has studied with the leading ceramists of his field, including Willi Geller, founder of Oral Design, and Jason Kim. Lee also has continued his education at LVI to further his knowledge on Advanced Cosmetic Dentistry, and to certify himself as an LVI master technician, and is an active member with the Seattle Study Club.

You can depend on Protech Dental Studios to consistently provide you with exceptional customer service and exquisite restorations. Every day as professionals, we approach a new case, a new design or a new idea, and that is what we love to do. We make your vision a reality every day.

H.R. Makarita, DDS, MAGD, FAACD

“My partnership with Protech Dental Studio has proven instrumental in acquiring national accreditation and awards with numerous dental associations. Their commitment to continuing education, mainly directed toward cosmetic and esthetic dentistry, has allowed me to expect and receive predictable, outstanding results.”

Gordon Rye, DDS

“Finding a reliable dental lab that focuses on esthetic/comprehensive dentistry can be challenging. Protech Dental Studio shares my commitment to continuing education and my desire to provide the absolute best for my patients. I don’t hesitate recommending them for your cosmetic/restorative needs.”

Chong Lee, DDS

“My practice is built around comprehensive, multi-unit cases. I require a lab that knows the complexities of case management and has the knowledge to handle full-arch and full-mouth restorations. The ease of working with Protech Dental Studio helps make my practice run smoothly and with complete satisfaction.”

Zenith Dental to rebrand as DMG America

Zenith Dental, the visionary company with a 25-year tradition of introducing innovative and market leading restorative dental products to North America, will rebrand as DMG America as of April 1.

DMG, founded in 1964 in Hamburg, Germany, has long been recognized as a world leader in the research, development and manufacturing of dental materials. DMG’s focus has always been to combine the highest quality materials and to yield the maximum practical benefits.

Zenith Dental has been the exclusive North American distributor for DMG products since the company’s inception in 1985. According to President George Wolfe: “Zenith and DMG entered this market together and grew together over the past 25 years. As DMG America, we will be able to leverage the global power of a name that has been recognized for 40 years as a world leader in this industry. This is a very exciting step for our company, one that gives us a single, clear voice in dentistry.”

DMG America will continue to promote and sell all of its current product offerings. Among these are some of the most widely used and clinically successful dental restorative products, including Luxatemp®, Status Blue®, LuxaCore® Dual, Tem- poCem® and Honigum®.

In addition, DMG America will continue to grow and enhance Kolorz®, one of the fastest growing hygiene lines in dentistry. Kolorz products were developed in conjunction with food industry experts and are guaranteed to have superior taste.

Moving forward, the company will continue the tradition of innovation that has been the hallmark of the DMG name. The company is in the process of developing a first-of-its-kind product, which officials believe represents a true leap forward in dental technology. Launch is planned for later this year.

As DMG America, the company also will continue its commitment to quality and excellence by maintaining its hands-on customer service, extensive support for continuing education for dental professionals and a high standard of training and education for its own employees.

“We have always and will continue to value the strong personal relationships we enjoy with our customers, as well as the valuable input and accolades we receive from dental professionals across North America,” Wolfe said. “This will not change.”

For more information and a complete list of DMG America product offerings, please visit www.dmg-america.com or call (800) 662-6583.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dtamerica.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dtamerica.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 8 weeks to process.
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Mighty Mix™ Cartridge System

Designed for use in automated mixing machines like Pentamix®, Correct Plus Mighty Mix cartridges provide quick and easy automated dispensing of our three most popular tray materials: Universal™ Body, Auto-Mix Putty, and Tray Material. Just drop the cartridge into your mixing machine, place a mixing tip on the cartridge, press the dispensing button and you are ready to take an impression with the industry's best impression material.

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The ‘digital age’ comes to restorative dentistry

By Aurum Ceramic
Advanced Esthetic/Team

Computer-based digital technologies are becoming more prevalent, not only in the dental laboratory but also in the operatory. Now with a proven, 20-year track record in dentistry, these technologies are simplifying workflow from initial impressions right through to the final restorative result.

Employing the latest in CAD/CAM (computer-aided design/computer-aided manufacturing) technology and space age materials through your dental lab, you can now offer your patients unsurpassed strength, precision, fit and esthetics anywhere in the mouth.

Let’s look at how these technologies are being applied in the restorative process.

Digital impressions

Predictable, accurate impressions have always been one of the more difficult procedures to perform consistently. Digital impression systems such as Cadent iTero™ are revolutionizing the practice of dentistry by allowing clinicians to replace conventional impressions with 3-D, computer-rendered optical scans. This ensures a more accurate impression right from the start, which results in a better fitting restoration.

While there are many different oral scanning technologies available on the market today, iTero has proven to be the best in reducing remakes (remake rates of less than 0.5 percent, based on Cadent’s data). The advantage lies in the accuracy of both the scanner and the milling technology used to make the models — where other model-making technologies use stereo lithography (SLA) to produce models at a higher throughput, so far they do not produce the same level of accuracy and, hence, the same proven ability to reduce remakes.

The iTero system develops a customized scanning sequence for each specific case, based on the parameters you enter. After preparation, and guided by iTero’s visual and audible prompts, the dentist — or assistant — proceeds through this sequence. Unlike all other oral scanner systems, iTero does not require the teeth to be coated with a powder or coating in order to scan. Standard tissue retraction is required, as the system will not compensate for inadequate preparation or tissue-management issues.

As each scan is taken, the system stitches together images of the target area, as well as the adjacent and opposing teeth, along with a virtual bite record to create a real-time, 5-D digital model. This digital model is magnified 50 times and presented on the system’s flat-panel display, along with real-time analytical tools that bring attention to areas that may need adjustment (such as occlusal clearance).

The entire process takes just two to three minutes, depending on the scanning process selected (quadrant, half arch or full arch). The digital file is then uploaded via wireless Internet and sent for model milling at Cadent (or direct to your preferred laboratory — such as Aurum Ceramic). Any type or number of restorations can be fabricated from the models.

CAD/CAM

Today, dental CAD/CAM systems are being utilized to fabricate metal, alumina and zirconia frameworks as well as for the creation of stronger, better fitting and more esthetic all-ceramic restorations. The ability of the computer to scan, design and mill in five axes is a great advancement. Single crowns, bridge frameworks, implants, inlays, Maryland bridges, implant bars and much more all can be created with unparalleled accuracy for outstanding fit and easy seating.

That being said, there are many options in terms of material, technology and technique. Physical properties vary; milling systems vary, Laboratories such as Aurum Ceramic offer a comprehensive suite of CAD/CAM solutions including systems such as Zeno® Tec, LAVA™, IPS e.max®, Cerec, Cercon and Procera. In consultation, practitioner and technician can decide on the best combination to meet each individual clinical situation.

Conclusion

The use of CAD/CAM has revolutionized the practitioner’s ability to deliver predictable, strong, precise and esthetic restorations with minimal effort. Digital dentistry has an economic impact as well. More predictable and superior fitting restorations lead to dramatic drops in seat times and the virtual elimination of remakes.

Do you need to completely embrace all of the technology today to take advantage? While that’s probably the best course to optimal results, there are multiple entry points. For example, Aurum Ceramic can scan models created from conventional impressions with its unique 3-D adaptive laser scanner (ensure outstanding accuracy of < 20 um) and use that data to mill restorations through its CAD/CAM systems.

For more information on how digital dentistry might assist your practice, call Aurum Ceramic at (800) 661-1169, visit www.aurumgroup.com or stop by the booth, No. 527, during the AADC.
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Triodont hits another home run

The inventor of the highly successful V3 Sectional Matrix System, Dr. Simon McDonald, has now turned his attention to posterior impressions.

Although triple trays are a great time and cost saver, some dentists have concerns about their accuracy. It is widely accepted that the flexing of plastic is the major culprit because it causes “bounce-back,” usually occurring when the tongue puts pressure on the lingual arm.

“If we look at it from the patient’s point of view,” McDonald says, “we get them to close their teeth with this glob of slow-setting impression material in their mouth. They’re lying back, trying to protect their airway, and of course, they can’t always control their tongue — which is quite possibly numb — so it often puts upward pressure on the tray. The tongue is very strong and can deflect the lingual arm, and the dentist may have no idea that it has happened. If this occurs, the tray wants to return to its original position, and by the time it gets to the lab, the impression is distorted.

“Dentists want all crowns to fit perfectly,” says McDonald, “but because of this lack of confidence in triple trays, this one is hot, and it is getting hotter,” Glazer told Dental Tribune during an interview at the Chicago Midwinter Meeting.

“I have been a seventh-genera
tion user from the day they were introduced and have used every one on the market, and I am telling you — this one is hot, and it is getting hotter,” Glazer said. “I sympathize with dentists who have concerns about their accuracy. Triodont maintains a thin, rigid design in the retro-molar area, which allows the patient to close easily and comfortably in centric occlusion (maximum intercuspidation position).

The trays have been pre-shaped to deflect the tongue, so they come in left and right versions, and still the tabs can be bent to fit all mouths, including those of patients with a shallow palate, wide buccal plate or mandibular tori.

McDonald established Triodont in 2005 with the intention of finding “simple solutions for smart dentists” and a mantra that has become a principle that guides research and development and has been the impetus behind every development and extension in the Triodont product range. As a practicing dentist, McDonald remains in touch with the needs of the profession, so any solution or an improvement for dentists generally is also an improvement for them. And that brings him back to the Triodont’s major quality — reliable accuracy.

“I will definitely get people who have been hesitating to switch. In fact, it makes ‘the leap’ so much easier, and ‘the leap’ is in quotes because there is no leap really,” Glazer said.

Glazer said he likes BeautiBond because it incorporates two separate chemistries that bond to both the dentin and the enamel. He also likes the fact that it works with a very low micrometer thickness, leaving no gap of potential porosity for his patients. And another huge plus, Glazer said, is the ease of use the product offers. BeautiBond comes in a “unit dose” size, and the package is designed in such a way that it will not tip over.

“There is no fumbling, no mixing, no shaking,” Glazer said. “Just look at the steps card — it is as easy as one, two, three.”

BeautiBond can be used with any composite resin on the market, and to make it even more appealing to dentists at the Chicago Midwinter Meeting, Shofu had a special trial offer: a box of 60 for the price of 50, with a money-back guarantee if you don’t like it.

A curious practitioner who is always looking for increased efficiency, Glazer typically tests half a dozen or so new products every month.

“I want things that are faster, easier and better, not only for me, the doctor, but also for the ultimate end user — the patient,” he said. “After all, we’re in the smile business, so we like to keep everybody smiling.”

For more information, stop by the Triodont booth, No. 336, during the AADG.  

BeautiBond puts two powerful monomers into one thin adhesive

By Fred Michmershuber, Managing Editor, Endo Tribune

BeautiBond is a seventh-genera
tion adhesive developed by Shofu. According to the company, this new product contains two powerful monomers — one for the dentin and one for the enamel — that provides a powerful bond that is less than 5 micrometers thick. And to make things even better, it is easy to use and requires very few steps.

Just ask Howard S. Glazer, DDS, a general practitioner who has been using the new product for several months now at his practice in Fort Lee, N.J.

“I have been a seventh-genera
tion user from the day they were introduced and have used every one on the market, and I am telling you — this one is hot, and it is getting hotter,” Glazer told Dental Tribune during an interview at the Chicago Midwinter Meeting.

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[www.kellerlab.com](http://www.kellerlab.com)
Case Acceptance Frustrations?
Who Else Wants Predictable Case Acceptance for Elective Dentistry Right Now and Be Poised to Massively Profit in the Emerging New Dental Economy?

Who is this Dentist and why is he telling the harsh truth about the secrets to case acceptance [sales] in YOUR practice?

Fellow Clinician,

Have You Experienced ANY of These “Dirty Dozen” Case Acceptance Frustrations?

1. Not knowing what to present with cases (problems, solutions, photos, technology, models, etc.) to get to yes?
2. Patients not “owning” their problems / “vamping” oral health?
3. Patients not having the financial ability to accept complete care or patients having “sticker shock”?
4. Presenting to patients who are not ready for treatment?
5. Difficulty getting acceptance on really large cases and more optimal costly treatment plans?
6. New patients not willing to accept more complete care?
7. Time investment issues (to work-up case, diagnose, prepare for presentation)?
8. Counseling patients who aren’t ready emotionally or financially?
9. Patients always settling for least costly care?
10. Patients feeling overwhelmed by treatment plans and options?
11. Difficulty gaining patient trust?
12. Not knowing how to follow-up or when?

If you said yes to one or more of the above, there’s good news. James has put together a System that eliminates every case of the “Dirty Dozen” Frustrations. A successful restorative clinician whose case average over $135K per patient. Dr. James McAnally has taught dentists in over 40 countries and 6 continents how to supercharge and automate their case acceptance (sales) process for complex care patients (Implants & restoration). At any time, only 5 hours Elite dentists, each investing $15K-$25k per year, are allowed entry into his top level Programs for their marketing and case acceptance success.

For doctors fed-up with the ‘dirty dozen’ case acceptance frustrations and who are ready for a solution by a real 21st century clinician, his trademarked Maximum Case Acceptance System™ is being made available to you via a one of a kind Program that doesn’t require travel or attending live meetings.

The Introductory DVD to the Maximum Case Acceptance System™ is the first step for you to gain predictable case acceptance for large elective cases. On it, James reveals the dark underbelly of the major MYTHS circulating in dentistry related to case acceptance and dental “sales.” You’ll be pleased to find that the solutions for the ‘dirty dozen’ case acceptance frustrations requires no fancy equipment and involves a bunch of “sales closets,” making your major changes in your clinical procedures, or spending time retraining the ineffective model of “educating” patients.

The Intro. DVD will immediately improve your current case acceptance by revealing two dentist behavioral patterns that if ignored automatically reduce acceptance and success, The 5 dirty little secrets that labs, supply houses, CE, courses, and equipment manufacturers are hiding from you, why credentials, CE, logic, and “sales closets” aren’t critical to case acceptance, the biggest clinical opportunity that exists in every market and the one capability used to harvest it, why “big ticket” items like dental implants, cosmetic dentistry and reconstructions require a systematic sales process, ways to eliminate all competitors and finally get the fees you deserve and how “change or die” is a critical concept for practice success in the new dental economy emerging outside your front door right now—which will leave many dentists by the wayside.

Like it or not, the new dental economy forming around your practice RIGHT NOW is allowing only those dentists with access to the powerful concepts in the Maximum Case Acceptance System™ to maximize their cases going to treatment, help more patients with serious problems, remain free of insurance constraints and experience high levels of PROFIT. If you too “professional” to apply the science of persuasion to help patients needing your advanced skills, you’ll hate James. But if you’re ready for a fresh, frank, forceful thinking and empowering you to get more return on your efforts and to get the insider’s truth on what “sells” major elective treatment plans, you’ll be thrilled to have discovered him.

Every month over 26,000 dentists worldwide devour his writings. The most successful dentists take his words to the Maximum Case Acceptance System™ and make an immediate jump from their current case acceptance process to a system that makes competitors irrelevant and finally get the fees they deserve and have enough capital to purchase the systems needed to keep the competitive edge.

Dr. James McAnally’s Introduction to The Maximum Case Acceptance System™ DVD Special Offer Deadline May 30th, 2009

Order Dr. McAnally’s Introduction to the Maximum Case Acceptance System™ DVD for $297 (40% off the full price of $497.00) by May 30th and get $283.95 in FREE Case Acceptance and Marketing Tools!

A New Case Acceptance System Just for Dentists Who Want to Thrive in the New Emerging Dental Economy

FREE!!

$254.00

FREE Marketing and Case Acceptance Boosters—Your Book

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Introduction to The Maximum Case Acceptance System™ DVD Special Offer Deadline May 30th, 2009

YES! James, I want to get started on the road to better case acceptance on ALL of my cases big and small. Send Me the Intro. to the Maximum Case Acceptance System™ DVD for only $297 plus shipping costs to ($497.00 regular price) plus My FREE Marketing and Case Acceptance Boosters—Your Book plus 2 FREE Months of the Gold Elite Docs Strategies™ Letter; All Written Just for Implant & Cosmetic Dentists Like me with Advanced Skills. I Understand My Investment is Tax Deductible and Fully Guaranteed!

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or Call

888-267-0216

During the Current Recession, The Most Elite Dentists are Investing in Their Case Acceptance Skills. Are You?

“Within 3 weeks of starting to implement the Maximum Case Acceptance System™, I closed 2 cases for $30,000! I just opened my practice in February and don’t even have all my Systems in place yet!!!”

Dr. Ivan Terrero, Bonita Springs, Fl

“The first presentation where James told his marketing and case acceptance insights succeeded in two cases over $50,000 being closed in my practice.”

Dr. Wes Moore, Fellow, ICOI

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Solving esthetic dilemmas with direct composite bonding

By Bruce J. LeBlanc, DDS

As an old saying goes, “We often miss the forest for the trees.” In our practice, it is easy to get lost in the concept that we do veneers, crowns or whatever and lose our focus on the call to help patients solve problems that affect their comfort, esthetics or function. These problems can range in the effect they have on a patient’s daily life, from minor irritations to what I call dental disabilities. When a patient fractures a front tooth, the effect includes an emotional component that can be disabling. Solutions we are able to offer may be truly life changing.

We approach these patients with the concept of, “How can we help you?” using visual tools, including digital photography and radiographs, to discover problems and communicate solutions, and allowing patients to choose what fits their socioeconomic situation and needs. I have found this approach to be non-threatening in a way that shares the responsibility with the patients so that they own the outcome.

Although I consider lab processed restorations done meticulously to generally have the highest potential for longevity of service, direct composites offer a tremendous service with sufficient longevity to be of great value. Additionally, because solutions can generally be accomplished in one visit with the most conservative tooth preparations, patients consider it an excellent choice.

For example, a college student had recently fallen and broken several upper incisors. She was a very pretty girl who identified strongly with the appearance of her smile. If you will notice in her pretreatment smile picture (Fig. 1), there was a real strain in her face that indicated the problem had become as much emotional as it was physical (Fig. 2 is a pre-treatment close-up). With the clinical photographs, we were able to discuss solution options in consultation by showing the present condition and the outcomes of similar cases from other patients. The solution chosen was direct composite restorations as well as a root canal for tooth #9.

My technique utilized a fourth-generation, multi-bottle bonding agent that has provided me exceptional predictability and longevity over many years, and without sensitivity issues. Micro- and nano-hybrid composites offer the strength of hybrids while retaining a high gloss polished finish. Silicone polishing points, abrasive discs and polishing brushes were used to properly shape and create a highly polished surface. The unique aspect of composites lead the way for a satisfying career in dentistry

An interview with Dr. LeBlanc about his career success and fulfillment

By Robin Goodman, Group Editor

What motivates you to practice dentistry?

I have practiced for 31 years. I intended to quit dentistry when I graduated from dental school because I could not stomach the idea of roller skating around the office seeing 60 patients a day, which I thought was necessary to make a profit. That did not match my value system. When I ran into the right mentors who showed me that I could practice in a way according to my values and likes, then that all changed. I love what I do and am ready to go 31 more years.

The turning point in my practice came in the earliest days when I decided I would set my schedule to enjoy each day rather than focusing on how much money I made. I identified what it was about each day that made me happy, I understood that, for me, the way I could practice had to be an expression of my value sys-
Dear Cosmetic Dentist,

We’re well into a new year and certainly change is still in the air. With this in mind, many of us are thinking what we can do to make this year, in spite of the current economic difficulties, better than the year before.

The best changes come from within. Let’s begin with our most important asset, our health. Let’s try to drop those bad habits and eat better and exercise more. If we can accomplish these worthwhile goals, we will be better able to make improvements in our personal and professional lives as well.

Next, let’s try to listen more to the people who need us and trust us — our patients, our team, and, most of all, our families. Finally, let’s try on a daily basis to get just a little better at what we strive to do, delivering excellent cosmetic dentistry.

Key to Dr. Pankey and Dr. Wirth was the axiom that giving the best care plus skill plus judgment creates trust in patients. As Dr. Wirth used to say: “When a patient fully trusts you, boy, can you communicate.” They both felt this trust that we earn becomes a responsibility to care for the patients, meeting their needs rather than selling to them to meet our needs.

What is it you think patients are looking for when they visit a dentist?

I am not sure if they realize that they are looking for this, but I think they respond with appreciation to an office where the dentist and staff are connected, concerned and focused on caring for them. Focused listening creates trust in the relationship. Trust dissolves fear and anxiety not only for the patient, but the dentist as well. Dr. Pankey and Dr. Wirth would begin their first contact with a patient in consultation with the question, “Are you having a problem?” So many times the floodgates will open as patients realize they can share their concerns.

How do you view yourself as you relate to your patients?

First, I am part of healing a patient. That is a divine calling in my opinion, and, as such, a privilege. People usually recover in some way from a condition because of our care. In surgery, I fix things. I work to provide a solution to the first question we ask, which is if they are having a problem. As we listen to people and they trust us, magic begins to happen. There is a true love that often develops between us. This is a spiritual reward for the care that is added to the financial compensation we receive. It is wonderful and should make us feel significant in the work that we do.

Are there any final thoughts you would like to share with colleagues that may see practicing dentistry more as a struggle than a joy?

Yes. No one was more miserable and less likely to practice dentistry for an extended period of time than I was. Success and fulfillment are different for each person. I think if it matters to us, we must identify what our values are and what makes us happy. Rate each day from one to 10 on a happiness/fulfillment barometer, and if it is less than 10, identify why and make the changes necessary. Find someone further up the road that has achieved in life what you desire and sit on his or her doorstep and learn. That is what I did with Dr. Wirth and Dr. Pankey.

To walk into our office disabled as she was and leave restored is an amazing accomplishment to the patient that creates tremendous gratitude. Although there is an obvious financial reward to providing treatment this way, the spiritual rewards we receive from providing such a service are of significant value to how we view ourselves in the work that we do. Notice in the picture that we took at one year post-treatment (Fig. 5) the relaxed smile of the patient that indicates the emotional component of the disability has been resolved. We have not only restored her teeth, but her psyche as well. Very few professions have the ability to impact their clients this way.

The second case involved an emergency patient with a fractured upper central incisor (Fig. 4). The incisal half of the tooth had broken clean in one piece and fit like a puzzle perfectly back in place (Fig. 5). Definitive treatment included root canal therapy with a fiber post and core with the broken half of the tooth cemented into place as though it were veneer (Fig. 6). Minimal preparation of the enamel allowed a direct veneer of nano-filled composite to be layered for color balance and reinforcement. A recall photo at six months (Fig. 7) shows a root canal therapy with a fiber post and core with the broken half of the tooth cemented into place as though it were veneer (Fig. 6). Minimal preparation of the enamel allowed a direct veneer of nano-filled composite to be layered for color balance and reinforcement. A recall photo at six months (Fig. 7) shows a
very durable esthetic result achieving proper color matching of the centrals. An emotionally disabled patient was now restored and excited about her smile.

The final case was a 17-year-old patient with a retained deciduous tooth in place of #10 (Fig. 8) that had residual root remaining and was about to exfoliate. The patient preferred not to do an implant and crown, so with the abutment teeth being non-carious, a fixed bridge was unacceptable. The decision was made to replace the primary exfoliated tooth with a direct bonded pontic in place of #10 splinted to teeth 9 and 11. When the occlusion scheme is favorable and sufficient area of bonding can be gained on the virgin abutment teeth, this solution can easily last for 10 years or longer. For this patient, that was an exciting option that left open the possibility of an implant and crown at a future date. The tooth was extracted (Fig. 9), and a direct bonded pontic was fabricated of nano-hybrid resin and bonded to the adjacent teeth (Fig. 10). The completed case satisfied the desires and needs of the patient within her existing financial limitations.

Conservative minimally invasive options using bleaching techniques to remove tooth discoloration combined with creative composite bonding techniques can create a variety of solutions to the dental problems patients encounter. For many patients experiencing financial challenges in the present national economy, direct composite dentistry can provide an affordable solution that can satisfy their needs and desires.

It has been my experience that a non-threatening consultation approach builds tremendous trust with our patients as we communicate appropriately to them that we want to help them make choices that serve them best in solving their problems. As patient trust and satisfaction increases, so do the financial and spiritual rewards that we receive in return, which allows us to build a practice climate that is a joy to return to each day.
"The IACA is a unique event, it was not just about Dentistry, it was about life changes. IACA is special, it is unique, and it is an experience that every dentist on this planet should experience!" - Dr. Anil Makkar

"This is the best group of people that I have ever been around. To see and feel all the positive energy was truly inspirational. I met some amazing people this week who share the passion we all share." - Dr. Balaji Srinivasan

"Today the IACA started with four absolute legends of the profession talking about the past and future of dentistry and it was amazing! There is no other group on the planet that could gather this kind of a panel! Such an incredible group of people and experiences!" - Dr. Mark Duncan

"[I] was inspired; was educated; have grown in myself; have realized I have not expressed love and gratitude to as many as I should...IACA was yet again beyond compare!" - Dr. Fred Calavassy
What do Batman and orthodontic braces have in common?

By Shirley Gutkowski, RDH, BSDH, FACE

The most stomach-wrenching thing dentists see is an oral cancer lesion; for hygienists, it’s the melted enamel under and around orthodontic brackets and bands. The hot pink tissue seems to pulse with a life of its own. It covers the gingival third of the tooth, hiding a caustic biofilm that percolates acids reminiscent of the vats Batman hung over, strung up by the Riddler. The chemistry underneath the band has killed it to the third-year dental and dental hygiene students. What to do with melted enamel?

**Solutions: appliances and chemical ones**

One option is to use the more advanced appliances that discourage biofilm accumulation. The phrase “living better though chemistry” is another answer to this problem. Today’s oral care products, over-the-counter and professional, have the potential to eliminate that stomach-wrenching moment. Even without relying on patient compliance, change can occur to save the teeth.

**Brackets** New passive self-ligating brackets (Damont) are a great way to go. They discourage biofilm formation. The design of the bracket allows the low-force memory wire to move the teeth with less chance for bacteria to accumulate because they don’t require ligatures. Elastic ligatures greatly increase the number of microorganisms attached to the apparatus during treatment. This increased level of biofilm activity increases the incidence of decalciﬁcation during treatment.

**Fluoride** Applying ﬂuoride varnish biannually may decrease unsightly white spot infections. Some of the elastomeric ligatures come in ﬂuoride-releasing types that cut down on biofilm too. The ﬂuoride release is temporary, lasting only about two weeks; one study stated it shouldn’t be counted on for decreasing enamel breakdown.

**Bonding cement** The cement for bonding the brackets onto the teeth can make a huge difference. An ortho cement containing amorphous calcium phosphate (ACP) (Bosworth Agesis) contains the components to rebuild enamel. Without relying on a teenager to remove bioﬁlm, the cement changes properties during an acid challenge to release the ACP, thus eliminating the consequences of teenage hormone surges that put self-care on the back burner.

The Agesis cement is a compliance-free way to go. The hygiene department can have more say in treatment modalities if it affects the oral hygiene of the patient. Stopping therapy by removing the brackets is not always a good option, although it should work its way to the top of the option list if by six months the patient’s oral hygiene hasn’t improved.

**Pastes** Along with the enamel replacement trend, there are newer pastes that do more than just provide ﬂuoride. The list is long, starting with Colgate Total with Triclosan, and advancing to products containing NovaMin and Recaldent, and the new one, Tricalcium Phosphate (TCP). Having these products on hand to give orthodontic patients can set the stage for a Premiere cosmetic outcome, along with a great orthodontic outcome.

**Prophy paste** Deciding on a prophy paste is also a worthwhile exercise. It seems as if new polishing pastes are brought to the market almost every day. The newest, Nupro, contains NovaMin. New prophy cups and brushes can never resist breaking apart around brackets or wires. An air slurry polisher is important to use on patients with brackets and bands. Bicarbonate has many healing properties and can reduce biofilm on its own, working with the sodium pump in the cell wall of the bacteria to upset the equilibrium, thus killing the bacteria. Calcium carbonate in Prophy Pearls (KaVo) is also helpful to the tissue, although not as dramatically.

**Home care** Customizing the home-care regimen is very important for people wearing orthodontic appliances. Many hygienists go to the cosmetic end and talk about halitosis but forget to advance to products containing miniaturized, pinhead-sized brushes available for ortho patients is important. So is finding out if they’ll use a Waterpik. The benefits of pulsing water for removing biofilm and creating ghost cells of the bacteria in the biofilm is substantiated in the literature. Water is the only thing necessary for outstanding results.

**Resin modified glass ionomer (RMGI)** On occasion, things get out of the clinician’s hands and enamel breaks down. Something new on the market can be used as a temporary bandage over a white spot infection that has started anywhere on the tooth. It’s a resin modiﬁed glass ionomer called Vanish XT Varnish. The dispenser is new to the hygiene world in that it uses double-barrel dispensing. Like epoxy cement, two components are squeezed out onto a mixing pad, mixed chairside and applied with a microbrush or other similar device, and then the material is light cured. It is tooth colored as long as the tooth is white. It releases fluoride to the area and recharges when fluoride is around.

**Sociological & psychological considerations**

The sociological and psychological needs of the teenage patient also need to be addressed. Remove all judgment; the situation you are looking at with each patient is what it is. With teenage patients, it’s very tempting to belittle or use a conde-

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**Genetic discovery could lead to advances in dental treatment**

By David Stauth
Science Writer, Oregon State University

_Corvallis, Ore._ — Researchers have identiﬁed the gene that ultimately controls the production of tooth enamel, a signiﬁcant advance that could someday lead to the repair of damaged enamel, a new concept in cavity prevention and restoration or even the production of replaceable teeth.

The gene, called Ctip2, is a “transcription factor” that was already known to have several functions — in immune response and the development of skin and the nervous system. Scientists can now add tooth development to that list.

The ﬁndings were just published in the Proceedings of the National Academy of Science.
Dear Reader,

In this issue, you will learn about alternative treatment modalities for orthodontic patients. While these treatments may have been introduced to some practitioners, the information will be completely new to others. How is it possible that some hygienists are actually using new products for various dental hygiene applications and others have never even heard of such things?

This is truly reflective of the amount of interest a clinician takes in keeping up to date with the world of dental hygiene. Many hygienists are content doing the things they always have and do not seek out new, potentially better ways to treat patients. The question I pose to hygienists is this: “Do you want your physician practicing 1980s medicine or do you want him/her to be able to educate you on the latest recommendations being made by the medical profession?” I am sure the answer is not only do you want your medical professional to be up to date, you expect it!

Well, guess what? Dental patients expect dental professionals to deliver the latest and best oral care possible. At this point in time, hygienists are fortunate to have a variety of places in which to gain education. Learning about new developments and different ways of doing things used to require time away from the office, travel and sitting in a meeting room all day. Now hygienists can learn 24/7 without even leaving the living room, if that is what we choose.

Hygiene journals and magazines are full of information, and they can be accessed online. Yes, even Hygiene Tribune can be read via the Web. Live as well as taped Webinars are gaining popularity. Online hygiene groups and study clubs are wonderful information resources. So take some time to peruse the Web, and especially our new www.DTS- tudyClub.com Web site as well. It is a fascinating place in which to gain new knowledge to allow us to practice dental hygiene the way it is meant to be practiced in 2009!

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

About the author

Shirley Gutkowski, RDH, BSDH, FACHE, is a clinical dental hygienist from Sun Prairie, Wis. She is the 2008 recipient of the Leadership Award from the World Congress of Minimally Invasive Dentistry. She is an award-winning author and is co-author of the best seller, “The Purple Guide: Developing Your Clinical Dental Hygiene Career.” Her new book, “The Purple Guide: Cartes Management for Difficult Case Presentations,” will be published in summer 2009. Please visit www.crosslinkpresent@aol.com. You may contact Gutkowski at crosslinkpresent@aol.com.

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More info
An orthodontic patient and dental hygienist, Gutkowski has some insights into hygiene with braces.

You’re wearing the Damon braces now: Are you excited about the difference in oral hygiene you’re able to achieve wearing them?

Yes. Because of the way the brackets are designed, I find that oral hygiene is much easier for me. I see much more accumulated plaque biofilm in a patient with the traditional brackets-and-bands setup than the patient with Damon braces.

Can you tell us what makes them so different?

It’s not the materials; they’re similar to traditional equipment. Light wires are used to move the teeth with little pressure. This allows for the facial muscles and tongue to help the process along. The other oral hygiene friendly aspect of this system is the self-ligating brackets. The wires go into the brackets, and there’s no need for those little elastic bands to hold the tooth against the wire. Less elastic, less plaque biofilm, better oral hygiene.

Clinical

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Six-year followup photo
photo courtesy of Joseph P. O’Donnell, DMD

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Many people have problems with eroded tooth enamel, including people who smoke, drink and especially some who use illegal drugs such as methamphetamine. And most cavities start as a hole in tooth enamel that allows decay to begin.

This research was supported by the National Institutes of Health and the OSU College of Pharmacy. The study was a collaboration of scientists from the OSU College of Pharmacy, College of Science and College of Engineering and the Institut de Genetique et de Biologie Moleculaire et Cellulaire in France.

Stauth may be reached via e-mail, David.Stauth@oregonstate.edu, or by telephone, (541) 737-0787.

In the study, the researchers used a laboratory mouse model in which this gene has been “knocked out” and its protein is missing. Such mice lack basic biological systems and cannot live after birth, but allow scientists to study what is there and what’s missing. In this case, the mice had rudimentary teeth ready to erupt, but they lacked a proper enamel coating and never would have been functional.

“Enamel is one of the hardest coatings found in nature; it evolved to give carnivores the tough and long-lasting teeth they needed to survive,” Kioussi said.

With an understanding of its genetic underpinning, Kioussi said, it may be possible to use tooth stem cells to stimulate the growth of new enamel. Some research groups are already having success growing the inner portions of teeth in laboratory animal experiments, but those teeth have no hard coatings — the scientists lacked the genetic material that makes enamel.

“A lot of work would still be needed to bring this to human applications, but it should work,” Kioussi said. “It could be really cool, a whole new approach to dental health.”

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