ADA redesigns its website

By Fred Michmershuizen, Online Editor

In an effort to make comprehensive oral health information easier to access, the American Dental Association has redesigned its website, located at ADA.org.

The site has many features that are designed for both dental professionals and the general public.

“The new ADA.org represents the collective input from our members and the public and provides enhanced navigation tools for easier access to the wealth of oral health information we have online,” said Dr. Ronald L. Tankersley, ADA president, in a press release announcing the changes.

“This information includes tools needed for practice management and continuing education as well as news about the latest developments in oral health care.”

Highlights of the new ADA website include the following:

• An enhanced “Find-a-Dentist” feature with updated profile information and photos.
• A “Professional Resources” section where ADA members can find tips and tools to help them thrive in challenging economic times.
• “Education and Careers” with information about licensure, education and online C.E. opportunities.
• “Science and Research,” which features evidence-based dentistry resources and dental standards.
• “Advocacy,” which addresses the ADA’s efforts on behalf of the dental profession on Capitol Hill and in state capitols across the country.

The redeveloped site continues to offer news and extensive information for members of the public on hundreds of dental topics, ranging from basic dental care to baby’s first tooth to gum disease to tooth whitening.

According to the ADA, the website redesign is the result of 18 months of research, planning and design.

“Refinements to ADA.org will continue as we build on our efforts to make our general and proprietary oral health information easily attainable for ADA members,” Tankersley said.

Small diameter implants in prosthetic dentistry

By Eugene LaBarre, DMD, MS

Conventional complete dentures in the mandible are among the least predictable and least satisfactory treatments in prosthetic dentistry. The placement of dental implants in the edentulous mandible for the purpose of supporting and retaining an overdenture greatly improves both prosthetic predictability and patient satisfaction.

Despite a 50-year record of advance and success with dental implants, several aspects of oral health in the 21st century United States suggest that an
More cool stuff for your practice

By Fred Michmershuizen, Online Editor

Kill germs with antibacterial toothbrush covers

There are a lot of germs around these days, including many pathogens that can harm children.

For parents who want to reduce the risk of exposure and infection, there’s a new snap-on toothbrush sanitizer available from Dr. Tung’s, a Kaneohe, Hawaii-based company specializing in natural oral care products.

The device snaps over the toothbrush head and releases antibacterial vapors onto the bristles. “The best part is that the sanitizer uses a proprietary blend of essential oils to do the rest, so children are not exposed to unnatural, harsh chemicals,” the company explains.

To make the device fun for children to use, lions and pandas are pictured to “eat away” the germs.

The covers are 100 percent biodegradable and will turn into biomass within one to five years.

“With children being exposed to more germs now than in the past decades — and with germs seeming more resistant than ever — parents should do well to find ways and means to reduce the risk of exposure and infection,” a company representative noted.

The sanitizer will soon be available in specialty stores such as Bed, Bath & Beyond and in natural supermarkets such as Whole Foods. More information can be found online, at www.drtungs.com.

Pamper your patients with heated towels

Want to make your patients feel like they are in the lap of luxury when they are sitting in your chair? You might let them refresh themselves with warm, moist towels available from White Towel Services, a Fort Worth, Texas-based company.

The towels can be loaded into a warmer to be used as needed throughout the day. And if cold towels would be better, you can store them in a refrigerator or ice chest.

To learn more, visit White Towel Services online at www.whitetowelservices.com — or watch for the company at an upcoming dental meeting. Just watch for the green leaf logo, or “leaf it to Dr. Tung’s.”

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 sending us an e-mail at feedback@dental-tribune.com. If you would like to make any change to your subscription (name, address or to opt out), please send us a e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

Fight oral cancer!

Did you know that dentists are one of the most trusted professionals to give advice? Prove to your patients just how committed you are to fighting oral cancer by signing up to receive treatment much faster. Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations.

As dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster. If dental professionals do not take the lead in the fight against oral cancer, who will?

And in the eyes of our patients, they likely would not expect anyone else to do so — would you?
Americans line up for free care

By Fred Michmershuizen, Online Editor

Despite the passage of health care reform legislation earlier this year, many Americans today lack the financial resources to afford medical and dental care.

As a result, thousands of patients are lining up at events in places such as Los Angeles, Chicago and even Idaho Falls, Idaho, to receive free care.

One nonprofit volunteer organization, called Remote Area Medical (RAM), staged a weeklong free clinic in Los Angeles from April 27 to May 3.

At the event, at which volunteer medical and dental practitioners offered free care daily from 6 a.m. until 6 p.m., the demand for services was so high that a wristband system was put in place to ensure the orderly handling of the large numbers of people who showed up.

RAM was founded in 1985 by Stan Brock to offer free health-care services, including dental and vision care, to people in underdeveloped countries. Since then, the organization has also been running free clinics here in the United States.

“There really is a problem here in the United States,” Brock told CBS News. “It’s not just in the Amazon and in places like Haiti.” Today, Brock said, “64 percent of everything we do is here in America.”

Over the years, RAM has successfully held hundreds of free clinics providing services to thousands of men, women and children.

According to the organization, dental services are one of its core offerings and have provided relief to thousands of patients over the years.

Poor dental health is a common problem in the hills of the southern Appalachians, where RAM’s services are desperately needed.

Patients often arrive with serious dental problems, often affecting their overall health. In a single visit, many of these can be improved.

The RAM dental program has grown from offering only emergency extractions in the early days to include restorations, cleanings, fluoride treatments and oral hygiene instruction today.

Even advanced procedures, such as dentures and single root canals for anterior teeth, can be performed. Dedicated volunteer dentists provide services free of charge.

In all, 300 medical volunteers served 1,200 patients a day for the recent weeklong RAM event in Los Angeles. At a RAM event there in 2009, more than 6,000 patients were treated.

But not all free care events are so large. In Idaho Falls, Idaho, recently, Dr. Tom Anderson of Premier Dental Care organized a local event called “Great Friday” in which 40 professional volunteers treated more than 100 people, some of whom had to wait more than five hours.

“It was so much fun, and the patients were so gracious,” Anderson told Dental Tribune.

Two other dentists — Dr. Gene Hoge of Pocatello, Idaho, and Dr. John Hisel of Boise, Idaho — also participated.

Anderson credited his wife, Lisa, for organizing the event. He also said companies like Sullivan Schein Dental provided much-needed supplies and equipment. Anderson said Shae Davis and Dennis Everly of...
NCOHF video raises awareness of pediatric dental disease

By Fred Michmershuizen, Online Editor

To help raise awareness of the fight against pediatric dental disease, the National Children’s Oral Health Foundation: America’s Toothfairy (NCOHF) has released a public service announcement video as part of a continued effort against the No. 1 chronic childhood illness in the United States.

The video — “America’s Toothfairy: Transforming Children’s Lives” — was produced to educate the general public about the prevalence of pediatric dental disease and highlight the measures that the NCOHF nonprofit affiliate health-care facilities are taking to provide underserved children nationwide with compassionate, comprehensive oral health care.

“Millions of children are suffering in silence from oral pain so severe that it impacts their ability to eat, sleep and learn on a daily basis,” said Fern Ingber, NCOHF president and CEO.

“With access to basic preventive care and simple educational tools, pediatric dental disease is completely preventable. We hope this film will create a robust public dialogue surrounding our country’s oral-health epidemic and encourage increased support for nonprofit health-care centers that work tirelessly with limited resources to eliminate this disease from future generations.” Two dental health-care professionals video offer their comments in the video.

“Dental caries is still very much a disease, in fact it is the most common chronic disease in childhood,” says Dr. J. Timothy Wright, professor and chair of pediatric dentistry at the University of North Carolina School of Medicine. “Oral health is one of the leading causes of children not being in school.”

Dr. Rocio Quinonez, clinical associate professor at the University of North Carolina School of Dentistry, said, “We as a profession certainly share the same mission as the NCOHF, and that is to get to kids early enough so that we can not only prevent disease but change the trajectory of oral health and general health outcome.”

“America’s Toothfairy: Transforming Children’s Lives” was produced by Emulsion Arts Film Production Co. with funding from DENTSPLY International, a dedicated NCOHF underwriter.

The video may be viewed on the Dental Tribune website’s media center, located at mediacenter.dentaltribune.com.
A 28-year-old healthy male presented with the chief complaints of mobility of tooth #33, sensitivity on the lower left side of his teeth and a non-scrappable, white, fissured patch in the lower labial mucosa.

The patient had a habit of chewing smokeless tobacco for the past two to three years.

1) The most suitable differential diagnosis (D/D) is:
   a. Oral submucous fibrosis (OSF)
   b. White sponge nevus (WSN)
   c. Tobacco pouch keratosis (TPK)
   d. Verrucous carcinoma (VC)
   e. Factitial injury

(1) Go to page 6 for the answer

Let’s proceed step-by-step and assemble all the clues toward a diagnosis.

Clue No. 1
Age/sex/general health
- 28-year-old healthy male

2) We can’t exclude any differential because of the variations seen with respect to age/sex/general health, but a few things should be remembered by solving the matching exercise given below. Match the lesion with the correct age of occurrence.

   a. Verrucous carcinoma (VC) occurs during old age / at birth or during early childhood.
   b. White sponge nevus (WSN) occurs during old age / at birth or during early childhood.

Clue No. 2
Affecting the dentition

3) Which of the lesions given below can cause mobility and sensitivity (circle all that apply)?

   a. Oral submucous fibrosis (OSF)
   b. White sponge nevus (WSN)
   c. Tobacco pouch keratosis (TPK)
   d. Verrucous carcinoma (VC)
   e. Factitial injury

Clue No. 3
Pattern and site

4) Mark scrapable (S) or non-scrappable (NS) next to the following lesions:

   a. Oral submucous fibrosis (OSF)
   b. White sponge nevus (WSN)
   c. Tobacco pouch keratosis (TPK)
   d. Verrucous carcinoma (VC)
   e. Factitial injury

Clue No. 4
Pattern and site

5) Which of the lesions given below cause mobility and sensitivity (circle all that apply)? (Dental Tribune | May 2010)

   a. White, thin, almost “translucent” plaque with a border that blends gradually into the surrounding mucosa. Usually in mandibular vestibule.
   b. White, thickened, shredded areas exhibiting a ragged surface.

   (Photo/Dr. Monica Malhotra)
Most common on the anterior buccal mucosa, labial mucosa and lateral border of tongue.

c. The lesion appears as a white diffuse, broad-based, well-demarcated, painless, thick plaque with papillary or verruciform surface projections. Site often corresponds to the site of placement of tobacco, e.g., mandibular ridge or gingivae.

d. Blotchy, marble-like pallor or progressive stiffness due to fibrous bands formation. Most often involves the buccal mucosa or posterior part of oral cavity.

e. Symmetric, thickened, white, corrugated or velvety, diffuse plaques. Affect the buccal mucosa bilaterally.

Clue No. 5

Chewing smokeless tobacco for the past two to three years.

6) Mark chewer (C) or non-chewer (NC) next to the following lesions:

a. Oral submucous fibrosis
b. White sponge nevus
c. Tobacco pouch keratosis
d. Verrucous carcinoma

e. Factitial injury

At this point, we have three D/Ds to work upon (excluding OSF and WSN).

Other features that would help us reach the diagnosis include the following.

**Factitial injury (morasicato buccarum/labiorum/linguarum)**

**Etiology**
- Due to chronic chewing/sucking on mucosa. Associated with stress or psychologic condition.
- Patients are generally aware of this habit.
- Infrequently combined with intervening zones of erythema, erosion or focal traumatic ulceration.

**Verrucous carcinoma vs. TPK**

**Etiology**
- Chronic tobacco chewing or snuff.

**Site**
Typically in the area where the tobacco is habitually placed, e.g., mandibular vestibule.

**Identifying features of VC**
- Old age
- Usually becomes extensive before diagnosis
- “Verrucae” show white, well-demarcated, thick plaque with papillary or verruciform surface projections (VC can become a D/D only in the very early stages because later it shows verrucae formation).

Thus, we made a diagnosis of tobacco pouch keratosis.

**Going further**

7) Mark true (T) or false (F) next to the following questions:

a. This lesion can also occur because of smoking tobacco.

b. This is a pre-cancerous lesion.

c. Develops shortly after heavy tobacco use and remains unchanged indefinitely unless is habit altered.

d. It is seen at the same site where the coarsely cut tobacco leaves or finely ground tobacco leaves (“snuff”) are kept.

e. Stretching of mucosa reveals a distinct “pouch” (snuff pouch, tobacco pouch) caused by flaccidity in the chronically stretched tissues.

f. Histologically, shows parakeratin chevrons, acanthosis, intracellular vacuolization and unusual deposition of amorphous eosinophilic material in connective tissue and salivary glands.

g. Epithelial dysplasia is uncommon (if present, mild).

**Treatment and prognosis**

8) Mark true (T) or false (F) next to the following questions:

a. Malignant transformation potential of TPK is low.

b. Biopsy is needed only for more severe lesions.

c. Alternating the tobacco chewing sites between left and right sides will eliminate/reduce.

Dr. Monica Malhotra is an assistant professor at the Sudha Rustagi Dental College in India and also maintains a private practice.

Malhotra completed her master’s in oral pathology at the Manipal Institute, India, in 2009. In 2008 she was presented with a national award for the best scientific study presentation by the Indian Association of Oral and Maxillofacial Pathology.

You may contact her at drmonicamalhotra@yahoo.com.
‘She has computer experience ...’

(Just not the kind your office needs)

How to determine if a potential employee has the necessary skills and experience a position requires

By Sally McKenzie, CEO

“Experience,” it’s a word that conveys different meanings to different people. When seeking employment, applicants naturally want to convince their prospective bosses that they bring the necessary experience to the position. Meanwhile, employers — dentists especially — often are in the difficult position of trying to fill vacancies quickly. Many don’t typically need a lot of convincing that the applicant with the pleasant smile and friendly demeanor is the one for their office, particularly when the applicant asserts that she/he has what it takes to do the job.

A scenario

Let’s look at “Dr. Carrel.” His business employee of 12 years decided it was time for a change of scenery and accepted a position out of state. That left Dr. Carrel frantically trying to fill the position. In walks applicant “Amanda.”

Amanda has worked as a receptionist and a clerk in the children’s department at a large retail store, which must mean that she’s good with people and well organized. “Both are very important qualities for this job,” a stressed Carrel notes to himself.

During the interview, Carrel dutifully covers the usual questions with Amanda, listening closely for those things he wants to hear.

“Do you have experience with scheduling?” asks Carrel.

“Certainly,” Amanda says. Meanwhile, she’s thinking to herself: I have to get in the shower by 7 a.m., make the train by 8 a.m., be at work by 9 a.m., at the gym by 5:30 p.m. so I can be out with friends by 8 p.m.

“Yes, I am very good at scheduling.”

“Do you have computer training?”

“If course,” Amanda says emphatically. In her mind she ticks through a variety of point and click responsibilities. I know how to buy and sell on eBay; I have all the important websites organized in my Favorites List and I have the absolute best Facebook page, just ask all 500 of my Facebook friends. “Yes, I have lots of computer experience.”

“How would you rate your experience in effectively communicating with others?” asks Carrel.

“Very high,” answers Amanda. You should see my thumbs go. I can text message while driving, applying make-up, even during a movie. “I consider myself to be an expert communicator.”

As the story goes, Amanda is hired with the understanding that she is bringing all her “technical expertise” to the position.

While the scenario above may be somewhat exaggerated, it is not uncommon for practices to hire new employees that bring “experience,” “knowledge” and “training” in numerous areas, but oftentimes, it’s not what the practice needs or what the job really requires.

Specific computer literacy is essential

Practice needs and expectations have changed. Managing a dental practice has always demanded excellent customer service skills and knowledge of dental business systems such as scheduling, financial arrangements, insurance processing, collection and billing, recall, etc.

Yet, today the need for specific computer literacy is significantly greater.

Even jobs that would not necessarily be described as “technical” commonly require computer experience or technical skills. Dental practice employees — both clinical and business — are often expected to understand and use spreadsheet, word processing and database software.

Although an applicant may bring some computer experience, it doesn’t mean she/he has the compulsory knowledge to access and interpret necessary reports or compile spreadsheets.

Historically, a college degree in business was not a requirement to get a position in the dental business office, and many people employed at the front office were former dental assistants or people who were trained on the job in another practice.

In addition, although most of the Generations X and Y and Millennials (those coming of age in the new millennium) have been exposed to computers virtually their entire lives, if they do not go on to college or receive specific training, the skills often remain elementary.

Yesterday’s expert is today’s amateur

When hiring someone to manage a busy practice, formal business training and more than a basic knowledge of computer software is essential.

The practice management reports that can be generated by today’s sophisticated software will tell you virtually everything you must know about your practice:

• whether it is growing or declining,
• what procedures are your “bread and butter,”
• what other services or products you need to market,
able to create a treatment proposal and a financial option sheet. These are the basics. When the applicant performs these tasks, you will be able to observe skill level and decide the need for additional computer training.

Will the investment necessary to bring this person up to speed be too great or do her/his strengths outweigh the weaknesses? Can the shortfalls in her/his skill levels be overcome with proper technical training?

You’ll have clearer answers to those important questions if you carefully evaluate the applicant’s current skill level. If you choose to train, make the most of the teaching opportunities across the entire staff. If you’re planning to train the new employee in-house, consider exactly who is going to take on that responsibility. If it’s you, the dentist, do you plan to see patients in the morning and clear your afternoons so that you can teach the new employee how to use the systems?

Chances are great that you have neither the time nor the inclination to take on this responsibility. If the responsibility falls to another staff member, do you plan to pay her/him extra so that training the new recruit can take place after hours?

What is the competency level of the person training the new employee? Is this person the “beneficiary” of layers of information that have been passed down from one worker to the next and still just trying to figure things out herself/himself? Alternatively, is the trainer truly an expert on how to use the systems fully and effectively?

Training? Make it real and relevant.
Certainly, well-trained staff can be helpful in familiarizing new employees with computer systems, but plan to budget for professional training and make the most of those dollars spent.

Take specific steps to build a line-up of software superstars with an effective training system.

Bring the software trainer in to teach the employee specific skills and document each session so that the new employee, as well as others in the practice, can review steps for completing specific tasks and check their level of mastery.

Keep the documentation in your Dental Business Training Manual along with a checklist of computer system skills specific to your practice that each employee should have mastered.

Each time you integrate new technology or make use of a new tool in your computer software, add the training steps to your training manual. This will allow seasoned staff to review procedures that they don’t use regularly and new staff to master new systems more quickly and efficiently.

Finally, remember the three-month rule of thumb. In general, it takes three months of supervised training to get a new hire up to speed. Don’t assume that new hires know every aspect of their job because they say they do.

Monitor a new hire’s performance during the 90-day training period and have a senior team member check the accuracy of the work with the intention of coaching, not criticizing.

Front office accuracy in new patients, collections, production and retention can be checked by the daily and monthly reports run by the computer. Instructions on reading these important reports should also be incorporated into the curriculum no matter which system you are using.

Office manager skills test for new hires

Step 1: Create a ‘dummy’ patient in the computer.
Step 2: Ask the applicant to:
• assemble a treatment plan for this patient.
• schedule multiple appointments for this patient.
• post from the treatment plan.
• gather insurance information on this patient.
• create a treatment proposal.
• create a financial option sheet.

Step 3: Now that you know the applicant’s skill level, ask yourself:
• Will the investment necessary to bring this person up to speed be too great?
• Do the applicant’s strengths outweigh her/his weaknesses?
• Can the shortfalls in her/his skill levels be overcome with proper technical training?

About the author
Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist’s Network Newsletter at www.thedentistsnetwork.net; the e-Management Newsletter from www.mckenzie mgmt.com; and The New Dentist™ magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sallymck@mckenziemgmt.com.
When It's Time to Buy, Sell, or Merge Your Practice
You Need A Partner On Your Side

ALABAMA

Birmingham—3 Ops, 2 Hygiene Rooms, GR $675K #10108
Birmingham Suburb—3 Ops, 3 Hygiene Rooms #10106
Pinarseville—Beautiful Modern Office, most to expand, GR $656K #10110

ARIZONA

Arizona—Doctor seeking to purchase general dental practice. #12110
Show Low—2 Ops, 2 Hygiene Rooms, GR in 2007 $455,995
Phoenix—General Dentist Seeking Practice Purchase Opportunity #12106
Phoenix—4 Ops, 3 Equipped, GR $515K+, 3 Working Days #12113
N Scottsdale—General Dentist Seeking Practice Purchase Opportunity #12109

Urbana—6 Ops, 1 Equipped, 1 Hygiene, GR $900K #12112
Tucson—1,500 active patients, GR $800K Asking $655K #12116

CALIFORNIA

Cirrus Heights—6 Ops, 1,500 sq. ft., 2-3 days hygiene #14111
Fremont—3 Opps, 1,300 sq. ft., GR $1,064,500 #14230
Madara—7 Ops, GR $1,923,667 #14281
Marina—5 Ops, GR $648K, 1,500 sq. ft., 4 1/2 days hygiene #14112
N California Wine Country—4 Ops, 1,500 sq. ft., GR $955K #13126
Paige Grove—Nice 3 Op fully equipped office/practice GR $1,100,000 #14309
Porterville—6 Ops, 2,000 sq. ft., GR $2,200,000 #14291
Real Bluff—8 Ops, 2008 GR $1,000,000, Hygiene 10 days a week #14252
San Francisco—Pacifying Base for Sale—Owner Desired #14112
CONTACT: Dr. Dennis Hoover #800-510-8538

Denio—1 Op, 1,000 sq. ft., GR $122K, #1265
Grass Valley—1 Op, 1,500 sq. ft., GR $714K #1272
Overcare—Owner Desires 7 days, 5 Ops, $500K, 500 sq. ft., $6,100
Redding—5 Ops, 2,200 sq. ft., GR $1 Million #12493
CONTACT: Dr. Thomas Wagner #916-642-3253

Laguna Beach—GR $895K 2008, 1 Op, 2,000 sq. ft. #14114
Laguna Hills—GR $600K 2008, 6 Ops, Remodeled Office 2004 #14110
San Diego—GR $1,315,000, 2005, 5 Ops, PPO and Fee Service for Sale #14117
CONTACT: Thomas Trab #409-553-8300

CONNECTICUT

Fairfield Area—General practice doing $800K #16016
Southbury—2 Ops, GR $235K #15111
Wallingford—2 Ops, GR $600K #16113

CONTACT: Dr. Peter Goldberg #617-660-2930

FLORIDA

Miami—5 Ops, Full Lab, GR $355K #18117
Jamestown—2 Ops, 2 Hygiene Rooms, GR $100K #18118
Jacksonville—$1.3 Million, 3,500 sq. ft., 7 Ops, 8 days hygiene #18118
CONTACT: Donna Wright #800-730-8885

GEORGIA

Atlanta Suburb—3 Ops, 2 Hygiene Rooms, GR $635K #19125
Atlanta Suburb—2 Ops, 2 Hygiene Rooms, GR $653K #19328
Atlanta Suburb—3 Ops, 1,270 sq. ft., GR $485K #19312
Atlanta Suburb—Private Office, 1 Op, GR $425K #19134
Duluth—GR $1 Million, Asking $825K #19107
Macon—3 Ops, 1,625K sq. ft., State of the art equipment #19103

North Carolina—3 Ops, 3 Hygiene Rooms, GR $670K #19132
Brookhaven—4 Ops, GR $400K #19129
Southern Georgia—3 Ops, 3 Hygiene Rooms, GR $720K #19133

CONTACT: Dr. Jim Cole #404-915-1737

ILLINOIS

Chicago—1 Op, GR $700K, Sale Price $614K #22126
1 Hr SSW of Chicago—3 Ops, 2,007 GR $440K, 28 yrs old #22127
Chicago—3 Ops, GR $600K, 1 day week work #22119
Galena—GR $100K, Located in Historic Bed & Breakfast Community #22129
Western Suburbs—3 Ops, 2-2,000 sq. ft., GR Approx $130K #22130
CONTACT: Al Brown #630-781-2176

MARYLAND

Southern—11 Ops, 3,500 sq. ft., GR $1,808,628 #29011

CONTACT: Shon Ransmert #410-786-4071

MASSACHUSETTS

Boston—2 Ops, GR $225K, Sale $16K #10122
Boston Southshore—3 Ops, GR $100K, #30125
North Shore Area (Essex County)—5 Ops, GR $500K #30126
Western Massachusetts—3 Ops, GR $1 Million, Sale $314K #31011

CONTACT: Dr. Peter Goldberg #617-600-2930

MICHIGAN

Suburban Detroit—2 Ops, 1 Hygiene, GR $213K #31105
Ann Arbor—Low Overhead—Well Run Practice GR $600K #31108
CONTACT: Dr. Jim David #586-530-0100

MINNESOTA

Crawling County—4 Ops, Sale Price $412K #32104
Fargo/Moorhead Area—1 Op, GR $185K #32107
Central Minnesota—Mobile Practice GR $370K #32108
Twin Cities—Move in to Practice Immediately, GR $800K #32109
CONTACT: Mike Minor #612-961-2132

MISSISSIPPI

Eastern Central Mississippi—10 Ops, 6,855 sq. ft., GR $1.9 Million #33101

CONTACT: Donna Wright #800-730-8885

NEVADA

Reno—Free Standing Bldg., 1,500 sq. ft., 4 Ops, GR $765K #33710

CONTACT: Dr. Dennis Hoover #800-519-1538

NEW JERSEY

Marlboro—Associate position available #9102
Mercey Center—1 Op, Good Location, Barnegat, GR $191K #91112

CONTACT: Shon Ransmert #407-788-4071

NEW YORK

Brooklyn—3 Ops (1 Fully equipped), GR $175K #41113
Woodstock—3 Ops, Building also available for sale, GR $600K #41112

CONTACT: Dr. George #845-650-3034

SYRACUSE—1, 800 sq. ft., GR over $700K #41107

CONTACT: Marty Hess #315-256-1313

New York City—Specialty Practice, 5 Ops, GR $502K #41109

CONTACT: Richard Zafiros #631-431-4294

NORTH CAROLINA

Charlotte—7 Ops, 5 Equipped #24142
Footsboro—5 Ops #24122
North Fincastle—Dental emergency clinic, 3 Ops, GR in 2007 $375K #24124
New Hanover County—A practice on the coast, Growing Area #24132
Raleigh, Cary, Durham—Doctor looking to purchase #24127

CONTACT: Barbara Handke Parker #919-940-1555

OHIO

Medina—Associate to buy 1/3, rest of practice in future. #41415
North Central—GR $65K, 4 Ops, Well Established #41414
North Central—GR $60K, 5 Ops, Well Established #41417

CONTACT: Dr. Don Routh #412-825-8037

PENNSYLVANIA

Northeast of Pittsburgh—3 Ops, Victorian Mansion GR $1.2 Million #47140

CONTACT: Dan Sloan #412-855-6857

Chesier County—High End Office, 4 Ops, Digital, FFS + a few PPO’s #47141

Lacksawanna County—1 Op, 1 Hygiene, GR $515K #47118

CONTACT: Dr. Dennis Hoover #617-600-2930

Philadelphia County (NE)—4 Ops, GR $500K +, Ext 25 years #47142

CONTACT: Shon Ransmert #484-788-4071

RHODE ISLAND

Southern Rhode Island—4 Ops, GR $350K, Sale $480K #48102

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

SOUTH CAROLINA

HII—Dentist seeking to purchase a practice producing $300K a year #49103

CONTACT: Scott Carlin #704-814-4796

Columbia—7 Ops, 2,200 sq. ft., GR $675K #49102

CONTACT: Jim Cole #404-513-1575

TENNESSEE

Elizabeth—GR $385K #51107

Memphis—Large practice producing GR $2 Million #51112

SUBURBAN MEMPHIS—Leading Practice in Area GR $940K #51113

CONTACT: George Lane #865-414-1527

TEXAS

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Whether you are starting a dental practice from scratch or purchasing an existing dental practice, your commercial lease agreement will be a very important part of the process, not to mention a huge investment. Before you sign a lease agreement and spend thousands of dollars over a five to 10-year period, you should seek legal counsel.

Lease commencement date
Once your lease is signed, you and the property owner have opposite goals. The property owner wants the lease to start as soon as possible so that you can begin paying rent immediately, even though your office space may still be under construction.

Conversely, the tenant wants to delay the payment of rent as long as possible in order to preserve capital. If your property owner or contractor is building out your office space, it is important that you give him/her detailed construction plans in order to avoid any type of construction problems or delays.

However, it is also very important to ensure that your payment of rent does not start until the construction work has passed inspection, and you receive a Certificate of Occupancy, which will allow you to occupy your office space and start seeing patients.

Many lease agreements provide that the build-out will be deemed complete when the contractor or architect certifies that the construction has been “substantially completed.” (An architect should be consulted before construction begins.) If you receive a Certificate of Occupancy and certain construction items still need to be completed, this is usually called a “punch list” of items that will be completed by the contractor after your dental practice is open for business. If you are building out your office space, you should select the most-qualified contractor and negotiate an appropriate build-out period (i.e., generally 90 to 120 days).

You may also want to insert a “liquidated damages clause” in your construction contract, which states that if construction delays occur through no fault of your own and the opening of your practice is delayed, the contractor will pay your rent for a specified period of time or pay you a certain sum of money.

In addition, if your property owner is building out your dental office, you may seek free rent for a specified period of time if the construction is not completed within a specified period.

Rent increases
Nearly all lease agreements have a rent escalation clause, which states how much your rent will increase over the term of the lease.

Escalation clauses may either be specifically outlined in the lease (i.e., rent increases 3 percent per year) or tied to an index, such as the Consumer Price Index (CPI). The best practice is to set an exact amount of rent you will pay each month over the term of the lease. Any type of yearly rent increase that is tied to an index is very unpredictable and can hinder the cash flow of a practice.

Rent during option periods
When negotiating your lease, you should always include an option period to renew your lease, and the option period should specify the exact amount of rent you will pay during the option period.

The lease agreement will usually contain one or two methods that will be used in order to calculate the amount of rent you will pay during the option period, which are: (1) rent increase that is tied to the CPI or (2) the prevailing market rent.

The option period should specifically state the rental period (usually five to 10 years), and the amount of rent you will pay for each option year (i.e., during months 61 thru 72, rent...
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shall be $2,500).

**Damage to office**

What happens if your dental office is damaged by fire or some other casualty loss, and you are unable to occupy the building for four to six months? Needless to say, this could devastate your dental practice.

Many lease agreements impose no real obligation on the property owner to rebuild the damaged premises. In fact, most lease agreements give the property owner the greatest flexibility in determining whether or not to rebuild a damaged office space. By contrast, the tenant is typically required to move back into the office space within a short period of time after the office space has been repaired.

Therefore, every lease should include a provision that will allow a tenant to terminate the lease if the property owner has not completed restoration of the office space within a specified period of time. As a precaution, a lease should contain the following requirements:

- That the property owner carry full replacement-cost insurance on the building.
- The property owner commence repairs within 30 days of the loss and complete the repairs within 120 days of the loss.
- The tenant may terminate the lease agreement if repairs are not completed within a specified period of time. In addition, as a tenant, you should always carry insurance to cover the cost of any type of tenant improvements and equipment.

**Lease assignment upon sale of the practice**

The property owner always has the option to grant or deny a tenant’s request for an assignment of an existing lease. Imagine if you enter into a contract to sell your dental practice, and your property owner will not assign your lease to the purchaser.

Ideally, a practice sale agreement should contain a clause that states the sale of the practice is contingent upon the property owner assigning your lease to the purchaser or the property owner entering into a new lease agreement with the potential purchaser of your practice.

In today’s market, the growing trend is to hold a previous tenant liable for the terms of their existing lease agreement, even though a new tenant (the purchaser of a dental practice) is now occupying the space.

**Other areas of concern**

What happens to a tenant’s obligation under a lease agreement if a tenant dies or becomes disabled? Generally, a property owner will not permit a tenant or his/her estate to be absolved of liability in the event of death or disability.

In most cases, unless otherwise specified, a tenant or his/her estate will be required to pay the specified rent according to the terms of the lease agreement, even if a tenant dies or becomes disabled. Therefore, a tenant should always attempt to negotiate a release (“buy-out”) or termination of the lease in the event of his/her death or disability.

**Summary**

It is important to remember that the property owner or his/her attorney drafted the lease agreement. You should always seek legal advice before you sign a lease agreement.

As a tenant, if you fail to do your due diligence, it may be a very costly mistake.
Making a good ‘first impression’

The ability to take a good impression is nothing short of amazing when considering the environment we work in: upside down, under water and in the dark.

The impression technique has evolved considerably from the days of plaster impressions, divergent bands and hydrocolloid.

You would think with all of the modern technology and science we would be capturing an amazing reproduction of the oral environment within the blink of an eye.

Today there are many materials and devices on the market that can make the process easier for everyone and provide great results too.

Current impression technologies have many forms available to fit the needs of each practitioner. The digital impression technique has created quite a lot of interest within the dental community.

Systems such as the CEREC AC by Sirona, iTero by Cadent and the Lava COS by 3M ESPE all have a lot to offer dentists when compared to the traditional cumbersome technique.

Avoiding a messy two-step, putty wash system makes it nice for practitioners in terms of not having a mouth full of impression material for many minutes. Additionally, the level of accuracy with digital impressions is nothing short of superb.

All of the units have various proprietary software and capture devices, but for the most part a large wand/capture device on it takes a digital image that can then be used to create a three-dimensional model.

Minor points of contention

Some minor grievances that have been discussed with the systems are that the quality of the models that are fabricated for some of the systems are not as nice as hand-poured models, and the turnaround time to get models from the fabricating companies can sometimes be lengthy.

These are simple inconveniences when compared to tissue and fluid management during impression taking. These are the biggest obstacles in capturing a quality dental impression, neither of which is addressed with these modern marvels unless your preparation margin is supragingival. In addition, the current price point may displace some users investing in the technology.

The next generation intraoral scanners could quite possibly have technology that can look through gingival tissues, crevicular fluid and blood to find the cavosurface margin without having to jump through the same hoops of tissue and fluid management.

These systems will become a better investment regardless of cost when that becomes a reality.

Keeping tissues and liquids at bay

Until the next level of technology evolves, we will all still have to contend with moisture and tissue retraction to ensure the elusive cavosurface margin. Fortunately, various comitant solutions and devices can be used to hold tissues and liquids at bay.

Hemostatic materials such as Viscostat (Ultradent) and Hemostasyl (Kerr Corporation) are excellent in handling bleeding issues. Simply scrubbing either liquid into a bleeding capillary will typically cause hemostasis. Rinse the area vigorously to allow for removal of any excess material and identify any additional or stubborn capillaries that need more attention.

For displacement of gingival tissues, there is nothing better than the placement of a single or double retraction cord techniques.

A single cord can work very well at displacing tissues, however, it will either need to be removed, which can cause bleeding, or if left in during the impression technique it will need to be pushed past the margin enough to leave the margin exposed along with additional root surface.

Many dentists opt for the double cord technique with a small cord placed followed by a larger second cord to help with tissue displacement. When it is time for the impression, the second cord is removed leaving the smaller cord behind.

Some interesting alternatives can be used instead of a second cord or, in some cases, in place of cords altogether.

Products such as Expa-syl (Kerr Corporation) and other soon-to-be-released products, are allowing for some decent tissue expansion and hemostasis at the same time. After placement, these materials can either be washed out of place or lifted out with an instrument.

Preparation technique

Although oftentimes overlooked, the preparation technique can provide substantial benefits to control bleeding issues. Preparing the tooth structure along the gingival tissues in a clockwise manner...
can cause bleeding of the tissues from the buccal abrasion as opposed to a counter-clockwise movement where the bur would be rolling on the gingival tissues creating less damage.

The instrument device that creates no damage to adjacent gingival tissues is a sonic handpiece (SF1LM from Komet) that uses special sonic tips to prepare and finish margins.

Unlike the rotation cutting action of traditional burs and handpieces, this instrument vibrates back and forth so there is no cutting effect on gingival tissues.

Lasers

If bleeding occurs with any technique, the fastest approach to control bleeding, crevicular fluids and tissue management is the use of various types of lasers.

tLasers can be used to remove excess tissues or to trough around margins within seconds to expose tooth structure and create a dry field.

The ability of lasers to stop crevicular fluids and bleeding makes for the driest field possible for impression taking, and nothing else is available in the dental market that can achieve this type of result.

The availability of inexpensive diode lasers from companies such as Discus and AMD LASERS are, for the first time, making it affordable for every office to utilize this technology and to simplify the impression taking process for everyone, including the patient.

Impression trays

Impression trays have also gained through their fair share of enhancements and developments over the years. The metal, perforated trays and Rim-Lock border trays have given way to disposable plastic versions of the same.

The advent of the overwhelmingly popular triple tray has laid claim to approximately 85 percent of all current impressions sent to dental laboratories.

These trays have been implemented like many other techniques and materials to cut down on overhead on both impression trays and materials because one single triple tray can not only take the impression of the prepared tooth, but also the opposing teeth and register a bite reference.

The downside to this technique is the lack of ideal jaw movement that can be reproduced with the models that are created, the absence of cross-arch stabilization and the inability to create an accurate interocclusal record.

This can create dental restorations that may need more adjustment when it comes time to deliver.

Custom trays made from traditional acrylic or modern materials such as Triad (Dentsply Caulk), although seemingly extinct in most offices, still provide the best impression results, but another modern material may soon take over.

The HEATWAVE mouldable custom tray (Clinician’s Choice) comes in a variety of sizes and is anatomically shaped to provide an excellent fit straight out of the box, but the difference is that it can be customized further.

When placed in a hot water bath the tray becomes pliable and can be custom molded to fit even more precisely. Additionally, the ability to use less impression material with a custom tray and to create an ideal impression due to better adaptation on the first attempt provides a substantial savings of both time and money.

If someone does not have the modern digital impression devices, he or she is fortunate to still have the ability to choose from numerous types of advanced impression materials. Making it affordable for every office to utilize this technology and to simplify the impression taking process for everyone, including the patient.

Impression technique

Start the indirect impression technique by preparing the tooth structure in a clockwise manner to reduce tooth structure quickly, but staying away from the gingival margin. After breaking the interproximal contacts, place your first retraction cord.

Continue preparing the tooth and margins to ideal in a counter clockwise direction, so as not damage gingival tissues, or use a sonic handpiece.

If a second cord is desired, it can be placed and margins can be refined again if necessary. Based on tissue tension, pocket depth and margin visibility, one can first rinse and then remove, one or both cords.

The advantage of leaving one cord in is that it holds the tissues away from the margins and alleviates most bleeding issues.

Bleeding typically occurs due to previously irritated tissues, bur trauma, cord packing trauma or epithelial tears due to the cord not being moistened before removal.

Should bleeding occur, chemical coagulants can be implemented quickly to resolve most bleeding issues. A laser could be used as an alternative to retraction cords and chemical coagulants to expedite the process.

An impression can then be captured either with a digital impression device or a heavy body and wash material using the impression tray of your choice. However, a full-arch custom tray will typically achieve the best results.

Upon retrieval from the mouth, the impression needs to be evaluated...
Dr. Todd Snyder maintains a private practice in Laguna Niguel, Calif. He lectures both nationally and internationally, has authored numerous articles in dental publications and is a consultant for many dental manufacturers.

Snyder has been on the faculty at UCLA in the Center for Esthetic Dentistry, and currently at Esthetic Professionals.

Dr. Todd Snyder, DDS
25500 Rancho Niguel Road, Suite #230
Laguna Niguel, Calif. 92677
(949) 643-6733
www.drtoddsnyder.com
doc@tcsdental.com

Fig. 3: Heat Wave customizable impression tray (Clinician’s Choice) and Take 1 Advanced Impression material (Kerr Corporation).

Fig. 4: Utilization of Expa-syl (Kerr Corporation) to displace tissues and control bleeding.

Fig. 5: Light body impression material syringed into the gingival sulcus.

Fig. 6: Example of a triple tray impression.

Fig. 7: Broken tooth with enlarged gingival tissue.

Fig. 8: Preparation margin exposed by using a soft tissue laser.

Fig. 9: Full arch custom impression tray.

Fig. 10: Depiction of a marginal defect in an impression.

No matter what your preferences are when it comes to impression techniques and materials, the key to a quality impression is what works in your hands. The fact that dental manufacturers have many options available for dentists to choose from makes it easy to fulfill anyone’s needs and to achieve excellent results.

(Photos/Provided by Dr. Todd Snyder)
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Meeting will showcase clinical, technological advancements

The California Dental Association will hold its spring meeting, CDA Presents The Art and Science of Dentistry, from May 13 to 16 at the Anaheim Convention Center in Anaheim. Meeting organizers expect that 26,000 dental professionals from around the world will attend to take advantage of educational opportunities, to view new products in the exhibit hall and to network with colleagues.

Because the meeting is held in sunny Anaheim, many attendees will also partake in some of the recreational activities that are available (see related article, page 20).

Continuing education

CDA Presents offers an excellent opportunity for attendees to fulfill continuing education requirements in a fun, exciting atmosphere — and at record speed. The meeting’s workshops, free lectures and other C.E. opportunities are a convenient way for dental professionals to meet license renewal requirements.

The Dental Board of California divides continuing education courses into two categories. Category I courses must make up a minimum of 80 percent of the credits in a renewal cycle. Courses in this category shall include courses in the actual delivery of dental services to the patient or the community.

Category II courses can make up only 20 percent of the credits in a renewal cycle. Courses in this category shall include other courses directly related to the practice of dentistry.

For every renewal cycle, California state law requires licensed dentists and allied dental health professionals to complete two units in infection control and two units in the California Dental Practice Act. Licensees are also required to complete a course in Basic Life Support. Educational programs at CDA Presents will be held at the Anaheim Convention Center and the Hilton Anaheim Hotel. Symposia will be held Thursday, and lectures and workshops will be held Thursday through Sunday.

Featured presentations will include the following:

- “The New Quarterback: A New 2010 Treatment Planning Playbook for the General Dentist,” presented by Terry Tanaka, DDS, Friday from 9:30 a.m. to noon and continuing from 2 to 4:30 p.m. at Hilton Pacific C.
- “Update in Esthetic Restorative Dentistry,” presented by Terry Donovan, DDS, Sunday from 9:30 a.m. to 12:30 p.m. at ACC Ballroom B.
- “Managing the Endodontic Infection,” presented by Kenneth M. Hargreaves, DDS, PhD, Friday from 10 a.m. to 12:30 p.m. at ACC Ballroom B.
- “Bread-and-Butter Adhesive and Restorative Dentistry,” presented by Harold O. Heymann, DDS, MEd, Saturday from 9 to 11:30 a.m. at ACC Ballroom A.
- “Esthetic Continuum Workshop,” presented by Brian P. Le-Sage, DDS, FAACD, and Edward A. McLaren, DDS, Friday and Saturday at ACC Room 215A.

CDA Presents will also feature a limited networking opportunity for attendees — lunch with two of the top speakers. These special events will offer participants the chance to get to know the speakers while enjoying a meal. Participants can choose the topics they would like to discuss in a roundtable setting. This networking opportunity is reserved for dentists only, and each dentist may buy only one ticket. Space is limited.

Lunch with Terry T. Tanaka, DDS, will be held Friday from 12:30 to 1:30 p.m. at Hilton Laguna B. Lunch with Harold O. Heymann, DDS, MEd, will be held Saturday from noon to 1 p.m. at Hilton Laguna B. The fee for both lunches is $70.
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What’s there to do in Anaheim?

Want to have some fun in Orange County when you are in town for the CDA meeting? Check out the ideas below.

**GardenWalk**

There’s no need to worry about transportation to GardenWalk — no matter where your hotel is, if you’re close to the convention center, it’s only a few footsteps away. It’s also the perfect place to delight with a stroll under sunny Southern California skies or starry nights.

GardenWalk is an open-air district (more than 400,000 square feet) — all surrounded by lush landscaping, waterfalls and rich architecture. Attendees wearing a wristband can remain in the park in the Hollywood Backlot area. A dessert reception, entertainment and a cash bar will be available.

Once the public has cleared the park, CDA attendees will have exclusive access to the following attractions: Twilight Zone Tower of Terror, Soarin’ Over California, Grizzly River Run, Monsters Inc., Mike and Sulley to the Rescue!, and Muppet Vision 3-D.

Shuttles will begin departing in front of the Anaheim Convention Center at 6:30 p.m. They will run throughout the evening. Shuttles will drop off and pick up at the islands outside the main shuttle area of the Disney lots.

The fee for the trip is $65, and each ticket holder will receive an admittance ticket to California Adventure, a wristband and Disney dollars for food purchases prior to park closing or drink purchases at CDA’s exclusive event. 

**Fun in Anaheim**

The CDA will hold a Membership Party at Disney’s California Adventure Park. The excursion will take place Friday evening, May 14.

**Viewable views**

- **View from Heisler Park in Laguna Beach:** Laguna Beach’s Heisler Park offers a beautiful view of the city’s seaside village landscape, ocean sunsets and surfers riding the waves. Right next door, sip a margarita on the outdoor patio at Las Brisas.
- **Black Gold Golf Club:** Hole No. 12 at Black Gold Golf Club features the highest tee box in Orange County with great views of inland OC.
- **Sunset flying:** What better way to view Orange County than by plane? Sunset Flying takes passengers on a romantic, 45-minute flight with views of the coast, The Queen Mary and ending with a view above the famous Disneyland fireworks.
- **Emerald Vista Point:** An intermediate hike in Crystal Cove State Park leads you to Emerald Vista Point, a lookout where you can view the vast Pacific Ocean. Mornings are the best time to head up.
- **Orange Hill Restaurant:** In the early ’70s, this fine dining restaurant is situated on top of the hills in Orange County and offers one of the best views of the sparkling city lights in Orange County and all the way out to Catalina Island. The warm wood-burning fire pits on the patio make it a great location to enjoy cocktails by night.

**Flash your badge and save**

That badge hanging around your neck is worth much more than just entrance to a variety of seminars, workshops and the exhibit hall. It is also worth money — in the form of discounts at a myriad of restaurants and shops around the area.

(Source: Anaheim/Orange Visitor’s & Convention Bureau)
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IDEA: worldclass, hands-on education in the San Francisco Bay Area

By Fred Michmershuizen, Online Editor

Students from around the world come to IDEA, the Interdisciplinary Dental Education Academy, which offers a wide range of courses taught by a world-renowned faculty. Courses cover topics from esthetic restorative and surgical dentistry to orthodontics, occlusion, treatment planning and dental technology.

Located in the San Francisco Bay Area of California, IDEA prides itself on offering fully integrated training that is meant to give participants high-quality skills that they can immediately use to improve patient care and upgrade their practices.

In an effort to maximize each participant's ability to learn one-on-one with world-famous faculty, courses are limited to 16 participants. The small class size is meant to facilitate direct mentoring.

Through the intense hands-on training in the cutting-edge facility, these innovative courses satisfy the specific needs of all dental professionals — from general practitioner to specialist to dental technician.

Hotel accommodations are provided. Meals are cooked on-site by an executive gourmet chef. During meals and evening social time, participants typically discuss practice styles, techniques and treatment planning with both faculty and peers from around the world.

IDEA is not sponsored or directly affiliated with any companies or products. All honorariums are paid by IDEA, which speaks to the academy's mission of being “Just PURE Teaching.”

IDEA's courses are designed for participants to get the most out of their innovative concept and the outstanding inspiration that brings the company claim to life — “Excellence Through Passion.”

"IDEA is a revolutionary facility, which every dentist should attend a program at,” said Dr. Graham Carmichael of Sydney, Australia. “[The] program [I attended] was a truly amazing experience, well worth traveling halfway around the world. I'll be back.”

Dr. Peter Kirmeier of Westminster, Colo., said: “Over the past 35 years, I have taken literally hundreds of seminars, most of them hands-on. This is by far the most organized and best-equipped hands-on facility that I've ever had the pleasure to take a course at.”

IDEA is a certified provider for continuing education credits for ADA, AGD PACE, Aacd PESA, the Dental Board of California and NBC in Dental Technology.

More information on specific course offerings, faculty and scheduling is available from IDEA at (650) 578-9495, info@ideausa.net or www.ideausa.net.
XTend ceramic kits and turbines

With the launch of its new XTend™ ceramic line of turbines and kits last year, ProScore offers dentists the best quality do-it-yourself products for high-speed handpieces in the market.

Not only are XTend ceramic products backed with the best warranties in the business — one-year for turbines and six-months for rebuild kits — XTend products outperform steel bearings, last longer and produce less noise and vibration.

The ceramic bearing technology incorporated into XTend ceramic products provides many handpiece performance benefits:

- **Reduced wear**: ceramic balls are twice as hard as steel balls.
- **Increased durability**: ceramic balls are 40 percent lighter than steel balls, which reduces the internal forces and loads caused by high-speed rotation.
- **Longer life**: ceramic bearings perform better than steel under many lubrication conditions.
- **Quicker and smoother operation**: Noise and vibration are reduced due to lower loads.

ProScore’s other EZ Solutions offer dentists various do-it-yourself repair and maintenance options.

**EZ Press III and EZ Rebuild Kits**

The EZ Press III™ Repair System is the answer to the high costs and guesswork and ensures precision placement of the bearings on the spindle.

**EZ Install Turbines**

For instant repair, dentists can replace cartridges chairside with EZ Install™ Turbines, which are manufactured with the highest quality parts and quality assurance procedures in the market, including dynamic balancing. The result is a high-performance, long-lasting turbine that outlasts others in the market.

**Smart Cleaner**

The Smart Cleaner is a one-of-a-kind maintenance tool that not only helps prevent residue build-up in handpieces and coupler waterlines, but also cleans away obstructions if they occur. Simply connect the handpiece or coupler to the Smart Cleaner and activate the hand pump to clear obstructions and debris.

**EZ Care Cleaner and Lubricant**

EZ Care™ Cleaner was formulated to flush debris and remove build-up from the handpiece’s internal rotating parts, improving long-term handpiece performance and sterilization efficacy. EZ Care Lubricant has been designed to minimize bearing wear and to resist corrosion.

When used together, EZ Care Cleaner and Lubricant ensure that handpieces and accessories will achieve maximum longevity and maintain optimum performance.

ProScore has been dedicated to do-it-yourself handpiece repair and maintenance since entering the dental market over 15 years ago as Score International. Now ProScore is part of Henry Schein’s “Family of PROs,” which includes ProRepair and ProService, to offer you the best fit for your repair needs.

For more information, visit ProScore at CDA booth No. 2338, call (800) 726-7365 or visit them at www.scorendental.com.

Osseointegration will occur if the early loading is optimized. Once integrated, the long-term prognosis is favorable.

Several studies have documented 5-year individual NBI survival rates around 94 percent with high patient satisfaction.

The minimally invasive nature and reduced expense of NBIs are advantageous for patients compared with conventional implant treatment. NBIs are being used to solve mandibular denture problems on a routine basis in private practice, hospital and community clinics and in dental schools.

There is potential for widespread use in dentistry because of the oral-health issues presented above and because NBIs broaden the spectrum of treatable prosthetic conditions by implant modalities.

The Dentatus Atlas NBI was engineered specifically for denture retention and is unique in its lack of an additional attachment device inside the denture. In the Atlas system, a resilient silicon material (ProLink) is placed inside the patient’s existing denture, creating a close fit around the retention features in the Atlas implant head.

The silicon material is simple to use and replace. Dentists who lack familiarity with attachments and implants find the Atlas system to be user-friendly and effective.

Patients are extremely gratified that the surgical procedure isatraumatic and that denture adhesive is no longer needed to secure the denture in place.

A range of implant diameters and lengths make the Atlas system very versatile for treating a variety of edentulous patients and is particularly well suited for those patients with narrow ridges, complex medical histories and financial restrictions.

In the real world of dental practice, this means that the Atlas NBI is an appropriate implant option that can return hope and confidence to the majority of patients with mandibular dentures.

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About the author

Eugene LaBarre, DMD, MS
Department of Removable Prosthodontics
University of the Pacific Arthur A. Dugoni School of Dentistry
San Francisco, Calif.

Visit Dentatus at booth No. 471 at the CDA Meeting
The STA is essential for cosmetic dentistry

It’s great for the P-ASA injection

By Eugene R. Casagrande, DDS, FACD, FICD
Director of International and Professional Relations, Milestone Scientific

The STA Injection System, a computer-controlled local anesthetic delivery, or C-CLAD, is not only great for single tooth anesthesia, but is also very useful to administer multiple tooth anesthesia injections such as the palatal-approach anterior superior alveolar nerve block (P-ASA).

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The P-ASA is a single-site palatal injection into the nasopalatine canal that can produce bilateral anesthesia to six anterior teeth and the related facial and palatal gingival tissues without causing collateral numbness to the patient’s upper lip, face and muscles of facial expression. Patients really appreciate this!

Using significantly less anesthetic, this easy-to-administer injection can take the place of at least four supraperiosteal buccal infiltrations and a palatal injection. It is valuable for cosmetic restorative dentistry procedures such as composites, veneers and crowns because you can immediately assess the patient’s smile line when the lip is used as a reference point.

The P-ASA is also useful for endodontic, periodontal and implant procedures. It is recommended as the primary injection for any or all of the six maxillary anterior teeth. During administration and postoperatively, the P-ASA is a very comfortable injection for your patients due to the STA computer-controlled flow rate below the patient’s pain threshold, the use of minimal pressure and the ability to easily control the needle using the wand handpiece.

Check out the simple injection technique for the P-ASA on the STAis4U.com website. It’s easy to do. Try it. You’ll like it, and so will your patients.

Milestone Scientific
(800) 862-1125
milestonescientific.com

Starting now, being “off the wall” is a good thing.

With its cordless handheld design, the NOMAD Pro offers the highest level of safety, quality, and patient care for your dental practice. Providing hundreds of images from one battery charge, it goes easily from operatory to operatory, in or out of the office. Anytime. Anyplace. And off the wall.

Call your equipment dealer for more information or to arrange for a demo.
The first time you use the Midwest® Stylus™ ATC, you’ll be amazed. What’s the how behind the WOW!? Speed-Sensing Intelligence (SSI) maintains constant speed under load by automatically optimizing power to virtually eliminate stalling. Superior Turbine Suspension (STS) ensures outstanding precision, accuracy and control by dramatically reducing bur deflection and chatter. It’s a cutting experience so extraordinarily smooth, powerful and efficient, it doesn’t feel like work anymore. WOW! indeed.

Experience WOW! Now.
Call your local sales representative to set up your demo.

Demo the Midwest® Stylus™ ATC at the Dentsply Midwest Booth #1306 at CDA Spring 2010, plus enter to win a FREE ATC Starter Kit Friday and Saturday!
A new, high-speed, air-driven hand-piece is promising an entirely new cutting experience for dentists, one that is so smooth, powerful and efficient, it doesn’t feel like work anymore.

The Dentsply Midwest® Stylus™ ATC is the world’s first air-driven hand-piece to automatically adjust speed in response to load, offering superior performance and precision.

The Midwest Stylus ATC introduces the dental world to Speed-Sensing Intelligence (SSI) and Superior Turbine Suspension (STS), groundbreaking technologies that solve two long-standing challenges facing dentists: load-based variations in speed that can cause stalling and require time-consuming feathering, and bur deflection and chattering that occur at high speeds and can affect accuracy and precision.

**It’s the speed**

The Midwest Stylus ATC’s Speed Sensing Intelligence automatically optimizes the delivery of power, no matter the load, to provide smooth, consistent cutting speeds for unmatched efficiency and the fastest removal of material.

A sensor in the coupler picks up the frequency of vibrations caused by the speed of the rotating bur. When the bur encounters a higher load that would normally cause a decrease in speed, a signal from an advanced “electronic brain” in the control source increases air pressure and thereby the rotation of the turbine, thus increasing speed. The opposite occurs when the bur encounters a lighter load.

In other words, in a split second, the handpiece knows when to deliver more power or when to reduce power.

**It’s the suspension**

The ATC’s Superior Turbine Suspension allows the handpiece to operate at speeds of 350,000 rpm under load with no noticeable bur deflection or chattering. This provides outstanding control, every time.

The STS also creates a greater, more consistent transference of power from the handpiece to the bur for the absolute maximum in cutting efficiency. No other handpiece on the market today allows dentists to create this degree of precision.

In fact, this smooth, precise control is especially beneficial for margin refinement and fine restorative procedures.

"This is the greatest breakthrough in high-speed, air-driven handpieces since their introduction by Midwest in the 1950s," said Len Litkowski, DDS, and director of professional relations and clinical research for Dentsply Professional.

"Bringing electronic control to the dental handpiece to provide a constant speed, even under load, will make the dentist’s experience more efficient, effective and stress-free," he said.

Controlled power in a small package

In addition to Speed-Sensing Intelligence and Superior Turbine Suspension, the Midwest Stylus ATC offers these advantages:

- Exceptional visibility, access and maneuverability with mini or mid-sized head.
- Outstanding swivel for freedom of movement.
- Enhanced access to posterior surfaces with standard- and short-shank bur compatibility.
Plak Smacker announces the release of its new adult brush, the Ultrafine Toothbrush.

Perfect for patients with receding gum lines and sensitive surfaces, the Ultrafine’s tapered extra-soft bristles provide up to three months of gentle brushing without compromising plaque removal.

The rubber grip handle offers comfortable support and reduces slippage during use.

Available in four colors, the Ultrafine Toothbrush is sure to be a favorite among patients.

For more than 20 years, Plak Smacker has been focused on introducing new, innovative products to help patients feel good about a trip to the dental office.

For more information or to place an order, please call (800) 558-6684 or visit www.plaksmacker.com.

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Plak Smacker: new ultrafine toothbrush

(CDA BOOTH NO. 158)

Picasso Lite makes soft-tissue laser treatment accessible

By Fred Michmerhuizen, Online Editor

For those dentists who have wanted to offer laser treatment to their patients but have held back because of the expense of the equipment, now there is an answer.

The Picasso Lite is a soft-tissue dental laser featuring an ultra-compact, lightweight design. It is manufactured by AMD LASERS, a company based in Indianapolis that was founded by Alan Miller. (AMD stands for Alan Miller Designs.)

“AMD LASERS is committed to our role as the leader in advancing the use of laser technology in the dental operatory,” said Miller, who is CEO of the company.

Intended to replace the archaic use of scalpels and electro-surge in the treatment of soft tissue, the Picasso Lite features 2.5 watts of power, an adjustable aiming beam and three customizable presets. Perhaps the best thing about the Picasso Lite is its affordable price.

“The only way we have the best price, we also have the best warranty,” said Scott Mahnken, director of sales and marketing at AMD LASERS. “Quality is very important to us.”

Picasso Lite cuts and coagulates tissue with reduced trauma, bleeding and necrosis of tissue and is used for soft-tissue surgery, including toothgiving, gingivectomies, frenectomies, exposing implants/teeth/ortho braces and treating aphthous ulcers and herpetiform lesions.

New from AMD LASERS are disposable tips that can be used instead of the fiber optic cable, making procedures even more convenient.

“We are very excited about the latest product announcement,” Miller said.

“Dentists wanted an option of using convenient disposable tips or the cost effectiveness of a strip- pliable fiber. We delivered. This marks just another breakthrough in technology by AMD LASERS.”

“We are committed to our one vision, one goal — a laser in every office and every operatory,” Miller said. “The research and development we continue to reinvest in our current and future products only solidifies AMD LASERS as the No. 1 company in the world.”

Bart Waclawik, chief operating officer of the company, said the tips were designed to meet the needs of all soft-tissue dental procedures.

“The new disposable tips are available in various angles, lengths and sizes to meet our clients’ needs,” he said.

The Picasso Lite comes with a setup DVD, online laser certification, accessories and an international adapter.

“Quality is very important to us,” said Miller. “We are committed to our role as the leader in advancing the use of laser technology in the dental operatory,” said Miller, who is CEO of the company.

One-on-one training is also available to dentists who purchase the Picasso Lite.

“A number of respected opinion leaders are singing the praises of the Picasso Lite,” Miller said. “Icon is the first micro-invasive dental caries treatment. News about this treatment for dental caries and white spot lesions to reach a global readership of more than 16 million in May 2010.

Reader’s Digest, known as “the world’s best-read magazine,” featured Icon®, the caries infiltrant system by DMG America, in the Next Big Things section of its May 2010 issue.

Reader’s Digest publishes 50 editions and is the world’s largest pulp circulation magazine. “It’s truly an honor to be featured in such an incredibly reputable and well-read publication,” says Bart Waclawik, DMG Director of Marketing.

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“First we were on The Doctors, then Fox News, and then featured in Popular Science. More and more people are hearing about how dental professionals using the Icon system can, in many cases, potentially help them avoid drill- ing and anesthesia to arrest early dental caries. It’s exciting to say the least.”

Introduced by DMG America in September 2009, Icon uses micro-invasive technology to fill and reinforce demineralized enamel without drilling, anesthesia or sacrificing healthy tooth structure.

Icon, which stands for Infiltration Concept, is a true breakthrough in restorative dentistry indicated for the treatment of white spot lesions and incipient decay that has progressed up to the first third of dentin.

Icon enables dentists to treat incipient lesions upon discovery, effectively removing white spots and arresting the progression of early carious lesions. It works by capillary action and is light cured to harden the resin after placement.

Previously, it was necessary for dental professionals to “wait and watch” early caries until they were big enough to justify drill- ing and filling, and they had only more invasive options for treating discoloration such as white spot lesions that could not be elimi- nated by tooth whitening.

“Icon is the first micro-invasive dental product that can be used in the mouth in a matter of minutes and can be done in the office by dentists themselves.”

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Icon debuts in Reader’s Digest

News about this treatment for dental caries and white spot lesions to reach a global readership of more than 16 million in May 2010.
Velopex’s air abrasion unit has many uses

There are many uses of the Velopex Aquacut Quattro Fluid Air Abrasion Unit.

**Cutting enamel, composite, dentine**
- fissure cleaning and sealing
- composite repair
- cavity preparation
- white spot removal
- pre-bonding conditioning of enamel

**Stain removal**
- fissure cleaning and sealing
- stain removal
- caries removal

**Cleaning and polishing**
- fissure cleaning and sealing
- stain removal
- caries removal

**Etching**
- etching
- porcelain repair
- metal bonding
- treating lab work
- pre-bonding conditioning of enamel
- wash and dry

The Aquacut Quattro will give you greater control and flexibility than any other piece of equipment you own. Some of its other benefits include:
- no vibration, turbine noise, heat generation or smell,
- greatly reduced need for local anesthesia,
- a handpiece that creates a fluid curtain around the powder medium,
- a triple-action foot control that speeds treatment by allowing cut, wash and dry operations through the same handpiece,
- no chipping or stress fracturing,
- minimal loss of sound tooth material.

To view full clips from the television shows, complete product descriptions and treatment steps, a training video, and an overview of the international studies currently being conducted with Icon, visit the Drilling No Thanks! website at www.drilling-no-thanks.com.

Most of the products on our industry pages will be available at the CDA Meeting.

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1st Hong Kong International Dental Expo And Symposium
第一屆香港國際牙科展暨研討會
18–20 June 2010, Hong Kong

**Scientific Programme:**

- Plenary Sessions
- Advanced Endodontics
- Implant Esthetics
- Implant Prosthodontics
- Implant Soft Tissue Management
- Implant Surgery
- Periodontal Regeneration

**Symposia**
- Basic Endodontics
- Dentine Hypersensitivity
- Medical Protection Society Session
- Oral Surgery
- Orthodontics for GPs
- Technology in Dentistry ( Cone Beam CT)

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- Implant Soft Tissue Management Workshop
- Infection Control Session (Conducted in Chinese)
- Knowledge Transfer Forum
- Laser Seminar
- Primary Dental Care Forum
- Sedation Workshop

**Exhibition:**
- Showcase of advanced dental equipment and technology by leading dental companies.

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Directa makes restorations quicker, easier and more efficient

By Fred Michmershuizen, Online Editor

Directa AB, a Swedish manufacturing company that dedicates itself to introducing innovative, high-quality and cost-effective products into the dental marketplace, is perhaps best known around the world for its Luxator® extraction instruments, which allow dentists to remove teeth with less damage to the surrounding tissue, keeping a better anatomy for an implant site. At the GNYM meeting in New York City, the company’s products for restorations kept many people buzzing.

Many are already familiar with the Directa FenderWedge®, a tooth protector, which separates and protects adjacent teeth during preparation for a restoration. A combination of a wedge and a protective stainless steel plate, the FenderWedge prevents teeth by a few tenths of a millimetre, protecting the adjacent tooth during preparation and aiding in the final building of the contact point.

Now, the Directa FenderWedge has a companion — the Directa FenderMate®. The one-piece matrix and wedge is designed to allow dentists to quickly and efficiently fill a cavity and get a restoration with a light contact and a tight cervical margin.

Directa has taken a 10-minute procedure down to about two minutes. In traditional methods of cavity preparation, the emphasis has been to break contact and extend the walls of the proximal box in order to accommodate the matrix band. With the facility to insert FenderMate lingually and/or buccally the dentist can maintain a smaller, more traditional proximal preparation thus preserving healthy tooth structure and easily restoring a proper contact.

The FenderMate combines a wedge and a matrix in its design so that dentists no longer have to fumble with multiple pieces. A flexible wing separates the teeth and firmly seals the cervical margin, avoiding overhang. It features optimal matrix curvature and a pre-shaped contact. No ring is needed, and when it is inserted as a wedge, the tooth is ready for immediate restoration.

FenderMate has made a tremendous impact worldwide. The new product has been rated one of the best products of the year with great positive feedback.

Dentists are pleased not only with FenderMate’s ease of use, but with its ability to help preserve more of the natural tooth structure which is essential in providing better patient care.

The FenderMate is available in assorted kit of 72 pieces or Refill packs of 18 pieces in four different variations.

As with all products by Directa AB, dentists, not engineers, design the FenderWedge and the FenderMate, which gives rise to the company maxim “Design by Dentists.”

Information about all Directa products and distributors may be found at www.directadental.com or by calling (203) 788-4224.

The Junior Lift by Crescent Products

Do you have difficulty getting your smaller-sized patients properly positioned on your dental chair? Are you constantly asking them to reposition themselves, hoping this will enable your patient to fit the chair a little better? Is performing procedures more difficult for you because of this problem? If you find yourself dealing with this very situation, rest assured, there is a solution.

Crescent Products recently developed a product to permanently alleviate the problem of smaller patients not fitting the dental chair properly. The Junior Lift is a foam support cushion designed specifically for the dental chair. It boosts your smaller patient to a better and more comfortable position in the dental chair, raising the height of the patient.

Additionally, the Junior Lift allows the patient to reach the headrest on the dental chair more easily. The cushion simply rests in place on the chair and is ideal for older children and smaller adults up to about five feet in height.

As with all comfort products by Crescent Products, this support is covered in a soft vinyl that can be easily cleaned with disinfectant. The anti-slip material on the bottom keeps the Junior Lift in place.

With the introduction of this new product, performing procedures on smaller patients has never been easier. The Junior Lift is a must-have for every dental practice. It is also available in three colors: teal, beige and gray.

Judy McDonald
Crescent Products
(800) 989-8085
judy@crescentproducts.com
www.crescentproducts.com/dental.htm

PhotoMed G11 digital camera

The PhotoMed G11 digital dental camera is specifically designed to allow you take all of the standard clinical views with “frame and focus” simplicity.

The built-in color monitor allows you to precisely frame your subject; focus and shoot. It’s that easy.

Proper exposure and balanced, even lighting are assured. By using the camera’s built-in flash, the amount of light necessary for a proper exposure is guaranteed.

Also, PhotoMed’s custom close-up lighting attachment redirects the light from the camera’s flash to create a balanced, even lighting across the field.

More information is available at www.photomed.net or call (800) 989-7765.
An independent study presented at the 41st Annual Conference on Radiation Control, held May 18–21, 2009, concluded that the NOMAD handheld dental X-ray system produces staff radiation-exposure doses so low that the vast majority of users received no measurable radiation dose.

This conclusion contradicts the common misperception that operator exposure would be higher with a handheld X-ray system.

The study also found that the image resolution and contrast of the NOMAD were superior to the wall-mounted system tested, and the leakage and scattered radiation were lower.

In addition, the study reported that additional operator protection measures, such as the use of lead aprons or stands, are not warranted. According to the study, this is largely due to improved shielding techniques incorporated into the NOMAD.

The paper, “Image Quality and Radiation Dose Comparison for Intraoral Radiography: Hand-held, Battery Powered versus Conventional X-ray Systems,” was delivered as part of the annual meeting of the Conference of Radiation Control Program Directors (CRCPD) in Columbus Ohio in May 2009. Edgar Bailey, MSEHE; Joel Gray, PhD; and John Ludlow, DDS, authored the study.

The NOMAD handheld X-ray system is manufactured in the USA by Aribex of Orem, Utah, and was invented by the company’s CEO, Dr. D. Clark Turner.

“This study verifies what we have known for some time, that our handheld X-ray device is at the cutting edge of X-ray technology in terms of quality and safety,” said Turner.

“Add to that the convenience of the lightweight handheld design and we have a product that has changed the way X-rays are taken in a dental office and has opened the way to take X-ray imaging to those who cannot come to a dental office.”

The NOMAD is cordless and rechargeable and requires no installation so it can easily be taken from operatory to operatory in a dental office. The operator can stand right next to the patient while taking the X-ray without having to leave the room.

In addition, because it does not require direct connection to an AC outlet, it has been widely used for humanitarian work in some of the most remote areas of the world.

A copy of this independent study as well as more information about the NOMAD may be found at www.aribex.com.

**About Aribex**

Aribex has quickly become recognized as the worldwide leader in innovative handheld X-ray products. Aribex is a privately owned, Orem, Utah-based company founded in 2003 with the mission to develop, manufacture and market new technologies in the X-ray radiography fields.

Aribex flagship products are the NOMAD and the NOMAD Pro handheld X-ray systems. For more information, visit www.aribex.com.
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.

Visit us at the CDA Presents the Art & Science of Dentistry, in Anaheim, booth #544.

ORDER YOUR MEDICAL EMERGENCY TRAINING DVD TODAY