ADA, AGD challenge survey’s take on non-dentist care model

By Fred Michmershuizen, Online Editor

The W.K. Kellogg Foundation recently released survey results claiming that the majority of Americans support new non-dentist mid-level provider models to address the shortage of access to care. In response, the American Dental Association (ADA) and the Academy of General Dentistry (AGD) issued statements challenging the methodology used for the survey.

The survey asked if Americans support or oppose “training licensed dental practitioners to provide preventive, routine dental care to people who are going without care,” and the majority of respondents said yes.

“The Kellogg Foundation’s narrow focus on a single idea — so-called ‘dental therapists’ — and its claim that a vast majority of Americans favor creating dental therapists lacks credibility,” said outgoing ADA President Raymond F. Gist.

Dental relief in Japan

An interview with Ella Gudwin of AmeriCares

By Daniel Zimmermann, Dental Tribune International Group Editor

With relief efforts in Japan slowly coming to an end, news concerning the natural disaster has become scarce. However, Dental Tribune Asia Pacific found that a large number of relief organizations are still operating in the affected areas to help restore much-needed infrastructure such as dental clinics.

Dental Tribune had the opportunity to speak with Ella Gudwin, vice-president of emergency response at AmeriCares (based in Stamford, Conn.), about the dental needs of the population in the aftermath of the disaster and why organizations such as hers are necessary for a successful reconstruction process.

Ms. Gudwin, you are coordinating the relief efforts of your organization in the aftermath of the earthquake/tsunami disaster in Japan.
AmeriCares personnel deliver aid to evacuation centers in the early days of the disaster. (Photo/Provided by AmeriCares)
How was the health infrastructure affected by the disaster in the area you are working in?

Secondary and primary care services have definitely been affected most. To give you a number, none of the six dental clinics that existed in Minami Sanriku (coastal town in Miyagi Prefecture) actually survived the disaster. Currently, there are only two temporary dental facilities to serve a population of approximately 10,000 people.

What dental care-related projects are you currently running in Minami Sanriku?

Throughout Japan we are financially supporting the restoration of health services such as mobile and home-based medical care for people still living in temporary housing facilities. In regards to dental care specifically, we are building two dental clinics in Minami Sanriku. It is the first infrastructure reconstruction project we have taken on during this transitional phase. This is a three-way partnership in which we are providing $200,000 for each structure and clinic interior ($400,000 for both facilities combined), and money from the Japanese government is being used to provide the majority of the equipment and supplies. We selected the site for the clinic after consulting with the Minami Sanriku City Council, which is in charge of the long-term reconstruction planning. The Miyagi Dental Association is working with local dentists to staff and operate the new facilities.

How important are oral health issues in the affected population?

In the case of natural disasters, oral health often tends to be sidelined as a minor concern but over time, there is usually a slow but significant deterioration of oral health. If you take the demographics of the population in the area we are serving into consideration, which consists of many elderly people with dentures, it has indeed become very important. In addition, there was a lack of running water for almost six months, which had a visible impact on dental hygiene as a whole because people stopped performing daily procedures like tooth brushing.

How has coordination with the local authorities been?

Unfortunately, Japan did not adopt the cluster system established by the United Nations after the devastating tsunami in 2004, which was intended to bring together relief organizations all active in the same sector, such as health or food distribution.

Though the country has a very good mechanism at the macro-level, coordination at the micro-level, e.g. in towns and villages, was rather ad hoc and not as well orchestrated as it could have been.

The further we go now into the reconstruction phase, the more resource gaps are beginning to emerge. In contrast with other organizations, which have tended to send money through intermediaries, we have decided to set up our operational office in Sendai, where we are close to the communities we are serving, and be part of the daily dialogue about what is happening and where the resource gaps really are.

The issue of radiation was highly debated over the course of the disaster due to inconsistent information provided by authorities. How does it affect your work? Fortunately, our staff in Japan is working outside the no-go zone. Our colleagues there however carry radiation dosimeters and iodide tablets as an emergency precaution. There are also weekly sample checks on water and food, like milk, beef and vegetables conducted by local authorities.

How long do you expect your help to be required?

The clinics are expected to be operational for at least two years — possibly as long as 10 years. As soon as they open, we expect an upswing of visits because the Japanese people place a high value on health care and are accustomed to seeing a doctor more than ten times a year. Each clinic will have the capacity to treat a maximum of 20 patients per day, although, realistically, we expect them to take care of approximately ten patients per day, depending on the staff available onsite.

Our hope is that this project will help not only to ensure that survivors maintain good oral health, but also to keep them inside the community rather than relocating elsewhere, including the remaining dentists.
Marketing your practice on the quick and easy

By Sally McKenziel CEO McKenzie Management

How many times have you sat down with patients to discuss their treatment plan and they just want a simple fix to the problem. She may need a crown, but keeps insisting that a filling will do. He needs prosthetics, but promises to just brush better. No matter how you might try to explain the ramifications of such patients’ oversimplification, they don’t get it. The patients are convinced there must be an easier, cheaper way.

The same can be said for dentists who are looking to market their practice. Often they are looking for the cheapest, easiest answer. They don’t want to hear that quick and easy isn’t the best course of action. They don’t want to hear that a one-time ad campaign will not sustain the flow of new patients over the long term — no matter how good ‘the deal’ is. Nonetheless, like the patient who declines appropriate treatment, a few months later the problems for these practices haven’t been solved and in many cases they are worse.

Not a blitz or one-time event

The gimmicks will not achieve the results. “If you just purchase this ad campaign, your profits will skyrocket,” you’ll likely have more patients calling, but it’s no guarantee that they will pursue your recommended care. “If you just invest in this new website, you’ll have all the patients flocking to your door.” Not true, although a website is critical in your overall long-term marketing plan.

“Social media is the way to go. All you need is Facebook, Twitter, and email.” Those are additional tools in the marketing toolbox, but they are not the only tools you need. “If you just say these words to the patient in the exact order as presented in this article, you immediately recognize it as ‘Nikes.’ You don’t have to spot the name to know that under those golden arches is a Big Mac. These images convey the ‘brand’ that you know and recognize.

Your brand is unique to your practice, and I dare say that it is not the image of an extracted tooth. Rather, your brand should clearly convey a credible and professional image. It is the cornerstone of an effective marketing strategy, which includes everything from letterhead, to brochures, to advertising.

Speaking of advertising: Too often dentists spend thousands in advertising campaigns that are better described as smattering campaigns. They smaller ads here and there with little thought as to whether the ad is targeted to the market the dentist wants to attract.

No. 2. Determine Your Market: Who is your market? Who do you want to be your market? For example, perhaps your practice has focused more on adult patients and high end procedures, but you would like to expand to include more families. Desire alone won’t deliver patients to your door. Understanding the demographics of your community, however, will. At a minimum, they will help you to best target your advertising efforts to appeal to the specific patient audience you seek to attract.

No. 3. Advertise in Multiple Media: When you have a better understanding of your market, you can make more effective use of your advertising dollars. Advertising comes in many forms, from direct mail, to ads, to social media, to coupons, and the list goes on. There is no single form of advertising that is the “silver bullet.” Depending on your patient demographics and the market you want to reach, some forms will be more effective than others. Traditional advertising is the best approach to attract certain patient populations, while social media, including Facebook, Twitter, and YouTube, are more effective for others. The key is understanding what appeals to which patients and using the right advertising mix.

No. 4. Create Your Website: The next item on our list of marketing fundamentals is a customized website that is unique to your practice, not a template and it is consistent with the look of the rest of your marketing materials. It is the Yel-low Pages of the 21st century and it’s where patients look first to pur-chase products and services.

No. 5. It’s Not a DIY Job: Dental practice marketing is a team effort. It begins with examining each position in your practice and together with your staff evaluating their role in the overall practice-marketing process. Let me assure you, there is no one on your team who doesn’t play a role in marketing. For example, assistants should be doing far more than merely passing instruments and turning over treatment rooms. For starters, they are champions of treatment acceptance. They should regularly emphasize the excellence of care provided. They need to build positive rapport with patients and look for opportunities during conversa-tion to mention other practice ser-vices, such as whitening, veneers, implants, etc. They should read-ily provide educational materials to patients that clearly convey the practice brand.

Do more than just talk market-ing, incorporate specific marketing duties into staff job descriptions and evaluate those successes and reviews as you do with other duties. Most importantly, if staff members struggle with their marketing roles, seek training and assistance. Their confidence and success is critical to your “campaign” and your ability to reach your marketing goals over the long term.

Finally, don’t travel the marketing route alone. This essential practice system, when properly funded and supported, will yield true long-term success. To success-fully carry out each of these funda-mentals as well as an overall effec-tive marketing strategy requires time and the guidance of a dental-practice marketing professional who isn’t in it simply to sell you a quick fix and walk away.
Cosmetic periodontal surgery: Multiple gingival graft techniques (Part 2)

By David L. Hoexter, DMD, FACD, FICD

In today’s new information age, patients want a better quality of life. They want to keep their youthful, brighter-appearing smile more than ever; keep their natural teeth; have their teeth feel and look better; and have a glowing smile. In recent years, dentistry seems to be concentrating almost exclusively on accomplishing this “smile” by focusing on the crown portion of the tooth. Restorative materials are creatively being made available to help dentists create the crown’s natural coloring, whitening, and hues. The crown has been lengthened, squared, made ovoid, rounded, and shortened. Reproduction of the crown’s original shape and color has also been attempted.

Esthetic dentistry must now turn its focus toward achieving an aesthetic totality, not just the perfect crown or restoration. Many materials have been developed to help achieve an artistic tooth color, but the desired aesthetic result still depends on the background accentuating the desired image — something great painters have long known and created in fine oil paintings. This background must drape around and significantly contrast the object to be emphasized. It can make or break the object that clinicians wish people to see. If the background is distracting, the object loses its importance.

For example, cosmetically, if a crown is restored correctly against a healthy, pinkish-white gingiva, the patient’s illusionary smooth smile line can be successfully achieved and viewed. However, if that same crown is placed against an unhealthy, inflamed, reddish gingiva, the eye’s focus will be toward the unaesthetic area. A porcelain laminate placed against a natural pink gingival is simply more pleasing and compatible to its background.

As mentioned in part one of this series, achieving consistently successful dental aesthetics is mostly a function of creating desired illusions. The first step is ensuring that certain fundamental principles of health are preserved, respected and maintained. Achieving a healthy periodontia is the prerequisite and basis for sustaining this illustration of oral health. It is essential for restorative aesthetics, as well as natural dentition, enabling clinicians to better their chances for successful restorative results and maintenance of the results. By incorporating the use of tissue colors, hues, shapes, forms, and symmetrical appearances one can achieve and maintain the desired aesthetic goal.

As in other forms of art, a symmetrical appearance tends to focus the observing eye on the overall illusion. Assuming there is no pathology, symmetry of color zones and hues are vital to gain the desired illusion and distract attention from a defective area.
of attached gingival were unevenly distributed in the same quadrant, the reddish blue alveolar mucosa would be out of place and draw negative attention. In contrast, if the attached gingiva locally extends, the alveolar mucosa, a color reversal would occur, resulting in a large, uneven pink zone against an uneven reddish-blue gingiva.

In the past, oversized free gingival grafts have frequently been used to replace absent or inadequate zones of attached gingiva. Those large donor grafts were protective but had an unaesthetic appearance; an encroachment of color into the alveolar mucosa would usually occur. Even though this pink invasion was subtler compared with the reddish-blue of the alveolar mucosa invading the gingival, it nevertheless broke the background symmetrical illusion. As a further example, overgrowth of tissue, i.e., fibrous hyperplasia, changes the shape of the tissue, thereby partially covering the tooth and changing the appearance of its size. If covered by hyperplastic keratinized gingiva, the tooth appears smaller, especially when compared with the adjacent tooth. This overgrowth may be of developmental, iatrogenic or systemic origins.

The result is unaesthetic. These can and should be corrected, which will be discussed in future parts of this series.

When referring to cosmetic illusion using gingival colors, it is important to reflect on examples of nonsymmetrical color breaks of the gingiva. They represent an unhealthy situation and are an eyesore because they disrupt aesthetics. In a case of inflammation, permanent pathology may occur, resulting in irreversible unaesthetic root exposure (recession). A vertical reddish color at the gingival margin may warn that pathology is starting.

Several techniques are reported to correct recession, but in reality, the result is not predictable for restored health. Therefore, it is predictably easier and aesthetically more achievable to treat the inflammation earlier.

Case No. 1: Treatment

The LR Nos. 28, 27 and 26 area was anesthetized using lidocaine 1:100,000. The local anesthetic was infiltrated locally both buccal and lingual. A No. 15 blade was used to incise an outline, which included all the interproximal keratinized tissue of Nos. 28 and 27 as well as the buccal of No. 28. The poor, small buccal zone of tissue was removed from the No. 27 buccal area. The recipient site was then prepared. The tooth was lightly scaled. A periodontal elevator (Hoexter elevator by Hu-friedy) was utilized to reflect the tissue. The incision also included into the alveolar mucosal area, allowing ease of mobility. The graft flap was rotated so the largest portion of the keratinized area could be employed to correct the recessed area and reinforce the newly exposed recipient buccal blood supply of No. 27. To stabilize the graft in our desired position, a sling-type suturing technique was utilized. The area was covered with a periodontal dressing (Coe Pak). Tetracycline 230 mg was prescribed qid for seven days. An analgesic was also prescribed.

The results present an obviously healthy and restored symmetrical, pink zone of attached gingival and continuity with the adjacent area. The recession was gone, the length and width of the attached gingival was symmetrically blended with the adjacent area, and the frenum-pull was corrected. Figure 2, taken 15 years postoperatively, attests to the durability of the results using this technique.

The result enabled the patient to smile with confidence, without hesitation; she no longer had the reflexive action of holding her lip back. The procedures also permitted her to maintain good oral hygiene, made her feel that she was keeping her teeth (recession indicates age to some), and achieved a maintainable, normal color balance, which collectively created an aesthetically pleasing appearance.

Case No. 2

Predictability of results of root recession coverage has been improved in recent years with the utilization of Guided Tissue Regeneration (GTR). This case demonstrates another gingival graft technique: the coronal repositional gingival graft. It uses guided tissue regeneration using an acellular collagen membrane, which adds to the predictability of acquiring a blood supply. The resultant zone of attached gingival and root coverage blend aesthetically into the background with a symmetrical width and lateral flow of healthy, pink keratinized tissue.

Using the initial appearance of #11, it displays the longer-appearing cuspid with recession (Fig. 5), which makes it stand out and causes the area to be unattractive and noticeable. Figures 4a and b show the acellular membrane placed over the exposed buccal root of No. 11, after the buccal flap is reflected. The tissue is sutured with a continuous suture covering the exposed root in the desired final position and the acellular membrane (Fig. 5). Figure 6 shows the healed area four months later. The recession is now reclaimed by a healthy attached gingival zone. The acellular collagen preferred in this technique in my office is supplied by CK Dental. The results allow a symmetrical appearing zone of pink, keratinized tissue to blend in the area. The cusp is no longer “long in the tooth.” The linear, even shape of the teeth is aesthetically pleasing. The overall result is easily maintained by the background of correct color, texture, and symmetrical zone of appearance and health. Now the restoring of the #10 incisal edge will have options toward the desired appearance.

Summary

Fortunately, in these particular cases, the patients’ dental awareness made it possible for them to recognize and work toward the maintenance of their oral health and aesthetics. These illustrations demonstrate the aesthetic awareness and desires of today’s society. Practitioners must be able to recognize and work toward these goals. By creatively using variations of techniques to achieve such results, the art of dentistry is recovered. Achieving health is primary, but providing a maintainable, healthy and pleasing appearance is also significantly desirable and important.

About the author

Dr. David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomat of the American Board of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published internationally and nationally. He has been awarded 11 fellowships, including PAGD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and aesthetic surgery.

He can be reached at (212) 555-0004 or drdavidlh@aol.com.

Dental Tribune U.S., Vol. 4, No. 13 & 14

Editorial Note: Part 1 appeared in Dental Tribune U.S., Vol. 4, No. 13 & 14

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Clinical

Fig. 3

Fig. 4

Fig. 5

Fig. 6
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Greater New York Dental Meeting offers six high-value days in New York City, Friday, Nov. 25 – Wednesday, Nov. 30

The biggest dental convention in the United States — and one of the biggest in the world — opens on Friday, Nov. 25 and runs through Wednesday, Nov. 30 in New York City.

The Greater New York Dental Meeting features lots of big numbers: It’s in its 87th year as an annual session; it expects 59,000-plus attendees from more than 130 countries; it offers hundreds of continuing education courses; and its exhibit floor features more than 500 exhibitors in more than 1,500 booths.

But the meeting features an impressive low number, too: a zero-dollar preregistration fee for all dental professionals and their guests. (If you don’t preregister, you’ll need to pay a $30 administrative fee at the door.)

The entire program, with rare exception, is under one roof: the Jacob K. Javits Convention Center on 11th Avenue between 34th and 39th streets.

Here’s what you get:

Exhibit Floor
The exhibit floor is open for four full days, providing ample opportunity to connect with providers of the products and services that will most benefit your business. You can touch, use and compare the newest materials and technologies in dentistry. Hours are 9:30 a.m. to 5:30 p.m. on Sunday, Monday and Tuesday and 9:30 a.m. to 5 p.m. on Wednesday.

Live Dentistry Arena (no tuition!)
This revolutionary concept offers eight live-patient demonstrations on the exhibit floor, all tuition-free. Two large screens on either side of the stage and smaller screens throughout the audience provide up-close views of the procedures in real-time. Attendees can earn up to 24 hours of free CE credits.

Educational programs
The meeting offers an unparalleled educational program, featuring some of the most highly regarded educators in dentistry.

You are able to choose from 500 essays, full-day and half-day seminars as well as hands-on workshops, including educational programs such as “Salivary Diagnostics” (offered in English and Spanish), “Botox/Dysport and Dermal Fillers,” “Lasers,” “Orthodontics,” “Endodontics” and much more.

International Pavilion
The GNYDM has significantly expanded its international program, having attracted 6,970 international visitors in 2010. All education programs are discounted by 50 percent for international attendees, and there is never a registration fee for international attendees.

Free multi-language courses are offered in Portuguese, French and Spanish; and this year Italian and Russian are included in the mix.

New York City holiday magic
The greatest city in the world has so much to offer during the holiday season.

Attendees have access to: discounted tickets to highly acclaimed Broadway shows (through www.gnydm.com); listings of top-notch restaurants with breathtaking views; countless historical sites within walking distance of the meeting; and access to the most spectacular holiday festivities in the world (the annual tree lighting at Rockefeller Center coincides with the final day of the meeting this year, Wednesday, Nov. 30).

Easy access
With three major airports serving the city, Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA), and special discounted hotel rates, it’s easy to schedule a visit to New York City during this delightful time of year.

To make hotel reservations and register for the meeting visit www.gnydm.com.

Greater New York Dental Meeting Live Dentistry Arena (Aisle 6000)

Sunday, Nov. 27
10 a.m.–12:30 p.m.
VOCO America presents “Anterior Composites” with Dr. Frank Milnar
2:30–5 p.m.
Discus Dental presents “Cosmetics and Restorations” with Dr. Michael Miyasaki

Monday, Nov. 28
10 a.m.–12:30 p.m.
VOCO America presents “Class IV Restorations” with Dr. Frank Milnar
2:30 p.m.–5 p.m.
OcoBioMedical presents “Implant Placement” with Dr. Aza Nazarian

Tuesday, Nov. 29
10 a.m.–12:30 p.m.
Discus Dental presents “Whitening Techniques” with Dr. Marilyn Ward
2:30–5 p.m.
Henry Schein Dental presents “Implants, Restoration and Technology” with Drs. Ruben Cohen and Gary Kaye

Wednesday, Nov. 30
10 a.m.–12:30 p.m.
Nobel Biocare presents “Prosthetic Rehabilitation” with Drs. Hooman Zarrinkolk and Joseph Massad
2:30–5 p.m.
“Bar Retainer Prosthesis and Implants” with Dr. Joseph Massad

(Source: Greater New York Dental Meeting)
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In San Diego: ‘Back to the future of implantology 2012 and beyond’

The International Congress of Oral Implantologists (ICOI) plans to delight and educate attendees with a focus on advanced methodologies at its 2012 Winter Symposium, Thursday through Friday, Feb. 16-18, in San Diego.

“Back to the Future of Implantology 2012 and Beyond,” designed by Program Chairman Dr. Dennis Smiler, will take place at the new Hilton San Diego Bayfront Hotel.

Smiler’s mission statement for the symposium states, “This unrivaled, interactive course will provide you with the knowledge and understanding of the integrated surgical and prosthetic requirements for implant success. Whether you are looking to develop a strong implant practice or want to refine your skills and expand your existing implant practice, you will benefit from this comprehensive course.”

Emphasis has been placed on advanced implant placement and in-office bone graft surgical procedures. The core curriculum is clinically focused on the latest research and clinical science to provide the participant with an understanding of the rationale and scientific basis for implant and bone graft success.

Main podium speakers include: Drs. William Dapper, Abdelsalam El Askary, Rick Ferguson, Yvan Fortin, Michele Jacotti, Sonya Leizi, Henriette Lerner, Burt Melton, Carl Misch, Hari S. Prasad, Devorah Schwartz, Nicholas Shubin, Dennis Smiler, Yukihito Takagi, Ufer Turkyilmaz, Natalie Wong, Hoda Youssef, Andre Zetola and Messers. Jeffery Carlson and Renzo Casellini.

The focused lectures will deal with the areas of: solving surgical challenges for bone graft success; solving prosthetic challenges of the implant supported restoration; applying new key concepts of bone graft and implant design; master concepts that continue to work; and master concepts of esthetic implant restoration.

Whether your practice is focused on surgical or prosthetic disciplines, this program has something for you. A full range of sponsored workshops will be conducted on Thursday morning (8 a.m.–noon) prior to the general session.

Drs. Joel Berger and Ian Aires will hold a session on “The Use of 3-D Stereolithic Models in Implant Planning and Fabrication of Surgical Guides and Bone Reduction Guides,” sponsored by Nobel Biocare.

Dr. Robert Horovitz will explain “Simplified Extraction Socket Augmentation and Immediate Socket Implants in the Aesthetic Zone” (lecture and hands-on), sponsored by MIS.

Drs. Jin Kim, Sang H. Park, Brody Trejos, Tony Vo, Edward Choi and Hyung Ick Kim will present a full program on “Advanced Surgical Techniques in Soft and Hard Tissue Manipulation,” sponsored by Dentis.

Dr. Hisham Nasr and MegaGen will discuss “The Any Ridge Implant System (lecture and hands-on).”

Dr. Ara Nazarian and his sponsor, OCO Biomedical, will focus on “Clinical Tips for Incorporating, Grafting Short-Implants and Over-Dentures into Your Practice.”

Dr. Hom-Lay Wang’s hands-on workshop will deal with “Socket Augmentation for Minimizing Buccal Bone Resorption and Improving Implant Esthetics,” brought to you by OsteoGenics.

Dr. Carl E. Misch and the Misch International Implant Institute will cover “Esthetics Maxillary Anterior Implants.”

ICOI’s component, the Association of Dental Implant Auxiliaries (ADIA), will hold a two-and-one-half day program in tandem with the doctors’ program. All staff members are encouraged to attend.

For full information on this symposium, please visit the ICOI website, www.icoi.org.

(Source: ICOI)
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NSK uses more than 17,000 precision parts to build its high-speed rotary cutting instruments and accessories, which include handpieces and tips used by dental professionals for restorations, prosthetics, endodontics, oral hygiene, lab work and surgery.

Considering the market’s ongoing demand for ever-more precise, strong and compact instruments, that’s not really surprising.

The surprising part is this: Out of those 17,000-plus parts, NSK manufacturers more than 85 percent of them in house. The company even designs and builds the equipment it uses to manufacture and test those parts – so it can ensure micron-order accuracy.

It’s all part of an obsessive focus on quality control that dates back to the company’s founding in Japan in 1930.

Today, NSK products have proven their worth in more than 130 countries — including the U.S., which in 1984 saw the company’s first overseas expansion with establishment of NSK America, now called NSK Dental LLC.

The philosophy of building the machines to build the parts to build the product has followed the company into every market it enters. The organization’s overall management structure puts control at regional levels to ensure prompt product delivery and responsive after-sales servicing. Just as important, it’s within the various regions that the company constantly solicits feedback from users of its products. The goal is to be able to swiftly respond to local needs.

This ability to quickly respond to local demand trends goes directly back to NSK’s in-house control over every step of the research, development and manufacturing process. As an example, because of growing interest in products that combine mechanics and electronics, NSK has formed a specialized group of engineers looking specifically at such applications.

Also supporting the company’s quick-to-respond product-development efforts are its in-house electromagnetic compatibility (EMC) standard test facilities. EMC standards for medical equipment are stricter than those for general consumer appliances. Ensuring EMC compliance at the earliest stages of research and development helps NSK shorten the overall product-development process.

It’s all about the hand
Control of all aspects of the development process helps NSK ensure timely regulatory compliance, improve reliability and speed up development time. But even more critical to NSK is the direct channel its processes create between end users and product developers. With its dental instruments in particular, much of the focus goes directly to the hand of the end user. “Handpieces and the Human Hand — Powerful Partners®” is the company’s core branding message. A guiding philosophy is that a medical apparatus must work in the dental professional’s hand.
hand first, or it’s not worth expending all of the quality control efforts that go into its creation.

NSK defines another of its trade-marked messages, “Expect Perfection,” also from the perspective of the users of its products. The phrase is meant to reflect the company’s dedication to “close consultation with dental professionals” as central to any product-development effort.

NSK has precise measurement standards for achieving quality control with its ultra-fine parts processing techniques. But it takes more than numbers to measure performance of a complete apparatus and operating system. That’s where a user-oriented design philosophy becomes critical. The ultimate goal is an ergonomic design that becomes an extension of the dental professional’s hand, transmitting intentions of delicate hand movements promptly and precisely to the target.

Only after the need or concept expressed by the end user is in place does creation and manufacturing of the instrument (and its individual parts) begin. It’s at this phase that each part typically goes through six to eight processes prior to completion. Every worker involved with any part bears responsibility for quality in all processes. If any defect is spotted, the part must be brought into micro-order tolerance or removed from the process. State-of-the-art processing machinery further protects the company’s goal of guaranteeing 100 percent quality.

NSK production workers are constantly improving their skills, with more-experienced workers providing colleagues comprehensive training. Quality focus includes environment

Looking at its mission from a broader perspective, NSK also demonstrates a strong commitment to minimizing environmental impacts of its manufacturing, distribution, sales and support systems. The company has achieved the ISO 14001 environmental management standard, with the certification earned from what is considered one of the strictest certificate authorities, TUV CERT in Germany. Achieving the ISO 14001 standard required the design of a comprehensive environmental management system and an environmental plan encompassing the company’s future vision.

Other certifications NSK has earned include: EN 46001 (stricter guarantee of quality for medical apparatus in Europe; ISO 15485 (another International standard); MDD (93/42/EEC) (European accreditation); and ISO 9001 (the international standard of a guarantee of quality).

A tradition of innovation

NSK’s total quality control, end-user focus and track record have earned it a global reputation for innovative advancements in dentistry products. Recently, these advancements include an ultrasonic scaler and tooth polisher; bone-cutting instruments that employ ultrasonic technologies; a mass-produced all-titanium handpiece body; air turbines with a unified inner race and rotor shaft to achieve vibration-free and silent operation; and the S-Max pico, an ultra-miniature-head handpiece (currently the world’s smallest) for better access and patient comfort. It adds up to a strong reputation for reliability, responsiveness and high-value contributions to advancements in patient care across all dental sectors, including implant treatment, laboratory techniques, general dentistry and endodontic treatment.

NSK President and COO Eiichi Nakanishi and U.S.-region headquarters in Hoffman Estates, Ill. (Photos/Provided by NSK Dental LLC)

NSK Dental LLC
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(800) 585-4675
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(Source: NSK Dental LLC)
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Examining patient financing: Good for your patients. Good for your practice.

We hear about it a lot these days — dental practices getting squeezed by lower consumer spending. The result is less treatment acceptance and lower revenues — and no practice is immune. Economists have even coined a phrase for this belt-tightening and credit crunching: “the new normal.”

But, any dentist will tell you, patients electing not to get the treatments they need because of financial concerns is far from what they’d like to see as “normal.” Luckily, there are some innovative payment options out there for dentists who want to help their patients, keep money coming into their practice and avoid becoming debt collectors themselves.

An Inside look: Outside patient financing

We asked the experts at Henry Schein Financial Services to provide some insight into outside patient financing, as well as their partnership with the Citi® Health Card. As always, they were more than happy to oblige.

Here are a few of our favorite tips for what to look for in a patient financing program.

Your outside financing partner should be as flexible as you.

You always have your eye on individual solutions for your patients — from the routine to the cutting-edge. And we all know “one-size-fits-all” rarely fits anyone. So you should expect the same kind of flexibility from your financing partner. Look for a payment option like the Citi Health Card that offers several no interest plans, as well as budget plans and regular revolving options. The more options your financing partner can provide, the more likely you’ll find the one that works best for your practice and your patients.

A good partner lets you focus on your patients, instead of whether you’ll get paid.

Almost nothing is as frustrating — or as productivity draining — as out-of-control accounts receivable. And who wants the hassle of tracking down past due payments? Keep your focus on care, and let a third party handle the payment process. Just make sure they offer fast payments in two to three days.

You shouldn’t be held hostage to high merchant fees.

One of the main benefits of patient financing is cash flow management. But be careful. A lot of partners will make you pay a big price for this convenience on the back end. Keep a close eye on the merchant fee rate for each financing option you select. To help ensure a provider gets a good price, Henry Schein recommends they use the Citi Health Card for patient financing. The Citi Health Card has the lowest no-interest and budget plan MDR’s in the dental industry and providers can save up to 41 percent compared with other products.* See Table 1 for example provider savings on merchant fees when using the Citi Health Card versus a major national competitor’s patient financing program.

Peace-of-mind matters — to you and your patients.

No one wants to wonder how they’re going to afford a procedure they need. That’s why the best financing partners provide your practice with all the materials your patients need to understand their financing options right from the start. And they also provide reliable support to your staff so they can answer any patient questions. That way, your patients know exactly how they can pay, and you know exactly when you’ll get paid. Taking the payment out of the relationship lets everyone focus on care.

You have enough equipment in your
IT'S PALODENT®, PLUS SO MUCH MORE. From the original name in sectional matrix systems comes new Palodent® Plus. It's an entirely re-engineered system, based on the latest industry-leading technology. With this easy-to-use system, you'll find exceptional ring stability, reduced procedure time, and predictable, accurate contacts. Plus, you get the reassurance and convenience of a support team you already know and depend on from DENTSPLY Caulk. Visit PalodentPlus.com today.
Work with debt strategically

David Keator, Keator Group LLC

Many investors track their assets closely — checking the Dow, following certain companies and consulting with a financial advisor. But what about the often overlooked liabilities side of the balance sheet? There are lots of pieces to the “balance sheet” puzzle. Amazing value can be brought by addressing the debt side of an individual’s personal balance sheet. It’s just as important as the asset side. Affluent investors, in particular, have access to a wide variety of creative lending options — the home equity line of credit and collateralized securities are considered chief among them.

What one often finds is that clients don’t necessarily have too much debt; it’s just organized poorly. People are not taking advantage of more appropriate borrowing options. There’s debt — and then there’s debt.

Consumption vs. conservation

The difference between debt types is generally a matter of consumption vs. conservation. “Borrowing for consumption is usually not a good idea,” says Mary Sexton, former director of lending services of Wachovia Securities. “You’re using a home equity line of credit to buy shoes? You’re accessing leverage to maintain a lifestyle you can’t currently afford? That’s borrowing for consumption. We want people to learn you should not borrow for consumption purposes.”

Debt can be used most wisely for conservation purposes. “These are larger expenses you just can’t fund from current cash flow, like a big tuition bill,” Sexton says. “It’s critical when thinking of incurring debt to consider how it will impact your investment decisions.” With that college tuition bill, for example, it wouldn’t make sense to disrupt long-term investment plans for short-term needs. Instead, Sexton advises, you could consider a home equity line of credit or borrowing against your securities.

Smart debt management

To work with debt strategically, first, clearly identify your overall goals and establish priorities. Then look at all your assets and liabilities and figure out your cash needs going forward. It’s also important to determine your suitability for borrowing and, just as with investing, set your risk tolerance level.

When you acquire debt using an adjustable interest rate, you must think about interest-rate risk. If you are borrowing in a rising-interest-rate environment using adjustable rates and the prime goes up 500 basis points (5 percent), would you have the ability to pay off the loan to reduce your risk?

You need to consider the implications of borrowing. At the end of the day, you need to be able to sleep at night.

Of course, basic principles of money management hold true here with 401(k)s and even the college tuition bill, for example. “It won’t make sense to borrow at the lowest available rate while maximizing your investment returns. You wouldn’t want to borrow on a credit card charging a double-digit interest rate while investing in a money-market fund paying below 5 percent, for example.”

Selecting a borrowing method is key to smart debt management. Consider these possibilities:

Credit cards are OK, but only if you pay off the balance. There are highly sophisticated, affluent investors who carry $40,000 credit-card balances and don’t have a home equity line of credit. That may not be the best thing to do, depending on your situation.

A home equity line of credit works well for investors who need immediate liquidity — and even those who don’t. A home equity line is flexible; you only draw on it as you need it during the draw period. It can offer relatively low risk, may be priced at a currently low prime rate or prime plus or minus a margin, and may be tax-deductible. It could be one of the best borrowing options available if you take into consideration your short-term, long-term and interim cash needs. And you never know when you’re going to need liquidity — you want the ability to access it in life-altering events. There could be a medical emergency, a divorce, widowhood. You want that line in place beforehand.

Borrowing against securities is another option. This strategy provides low-rate financing, prime or prime plus or minus a margin, by using the client’s stocks, bonds and even savings accounts and certificates of deposit as collateral.

Investors can continue to trade their eligible securities in order to maintain your line of credit, or we may be forced to sell securities held in your account.

Disclosures and references

All loans and lines of credit are generally subject to credit approval, verification and collateral evaluation in accordance with the lender’s underwriting standards. Not all products are available in all states. Other restrictions may apply.

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Provided by courtesy of David Keator, a Partner with Keator Group LLC in Lenox, Mass. For more information, please call The Keator Group at (877) 552-8671.

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Investments in securities and insurance products: Not FDIC-insured/not bank-guaranteed/may lose value.

1. Most home equity lines of credit are variable-rate forms of credit, meaning that the APR may increase or decrease after consummation based on changes to the index (in this example, the Prime Rate as published in The Wall Street Journal, Eastern Edition, 5.25 percent as of 03/03/2011) and in accordance with the terms of the Home Equity Line of Credit Agreement. The borrower may have to pay closing costs. Adequate homeowner’s insurance is usually required, and flood hazard insurance may be required. If the borrower chooses an interest-only repayment option in a state where that option is available, a balloon repayment will result.

2. Please consult your tax advisor regarding tax deductibility.

3. Margin borrowing adds risk to your investments and is not suitable for all investors. If the market value of the eligible securities in your margin account declines, you may be required to deposit additional margin or eligible securities in order to maintain your credit, or we may be forced to sell securities held in your account.
At the end of the 19th century, when researchers developed the first X-ray machine, they knew it posed potential danger. In response to leakage from X-ray tubes, scientists developed protocols to protect operators from X-ray exposure during procedures. These protocols included lead-lined walls, lead vests and/or the operator leaving the room. Such steps remained intact through the end of the 20th century.

Now things have changed.

When Aribex Inc. developed a handheld X-ray system in 2005, the company created a device that was inherently safe from the get-go. Clinicians can now safely hold a lightweight cordless X-ray unit, the NOMAD®, while taking X-rays.

“Numerous studies have been done to ensure that the NOMAD is indeed safe,” said Larry Emmott, DDS, a leading authority on dental high tech in the country. “In fact, one study actually showed Nomad users received less exposure than those who used a traditional system.”

This is made possible through Aribex’s patented shielding on the X-ray source and collimator cone, as well as the leaded acrylic backscatter shield that protects the operator from reflected radiation. More than 30 independent and third-party evaluations and scientific studies, from universities, physicists, test houses, government and military groups have concluded the Aribex NOMAD Handheld X-ray Systems are both safe and effective.

With the hand-held X-ray system, the operator can not only hold the unit and stay in the room, but also keep the NOMAD in place while taking X-rays, and reassure anxious patients, including children. The device can be operated anywhere, anyplace, at the point-of-care. “In fact, as the ultimate benefit of mobility, you can use the NOMAD at a nursing home, mobile clinic, or humanitarian mission,” Emmott says.

Because it is so easily transportable, the NOMAD enables dentists to practice in remote areas where conventional X-ray devices could never go. And because of the built-in shielding and backscatter shield, numerous independent tests have proven its safety for operator and patient alike.

“The NOMAD has forever changed the way that dental radiography is performed,” said Dr. D. Clark Turner, president and CEO of Aribex. “It has become a staple in dental offices everywhere.”

For more information on Aribex and the safety, convenience and various studies for the NOMAD, visit www.aribex.com or see us at booth #925.
Atlas Narrow Body Implants (DMX Implants, a Dentatus division) are designed to stabilize, cushion and retain dentures, are in a class of their own with a unique prosthetic design.

The 1.8, 2.2, 2.4 and now 2.8 mm diameter Atlas implants are ideal for patients with insufficient bone and for those who may not be able to undergo the lengthier and more costly surgical procedures associated with other systems. The low profile head tolerates substantial angulation, which is a significant benefit as a patient’s existing denture is often utilized.

The Atlas System uses no O-rings, no housings and no adhesives. “The key to their system is the Tuf-Link silicone liner,” says Dr. Louis Malcmacher, “which retains the denture incredibly well. This is much different than the other mini-implant systems that rely on clumsy metal housings in which more of the denture needs to be removed, and in which the implants must be placed perfectly parallel. The Dentatus Atlas System gives the general dentist much more leeway and is significantly easier to use.”

The non-porous Tuf-Link silicone is the interface between patient’s ridge and denture. Tuf-Link inherently ensures greater immobility of the implant during the critical early stages of treatment, as it acts as a shock absorber, distributing forces of mastication throughout the ridge, rather than directly on the implants. The protocol needs no adhesives, which are known to cause bacteria and thus halitosis.

The Tuf-Link is so durable patients do not need to have it replaced until the time of their scheduled annual visits, although it generally lasts 18-24 months. These features distinguish Atlas from other products on the market, which, while sharing the slim diameter, rely on technology originally developed over 40 years ago. The Atlas Denture Comfort procedure is a minimally invasive procedure that requires no surgical incision, can be performed in a general dentistry office in less than one hour, and requires only local anesthesia. What’s more, the patient can walk out of the office wearing the relitred denture right away.

Fear of surgery, time constraints, inadequate bone and cost are often cited as reasons why people do not choose to have implants support their dentures. With the implant-retained lower denture fast becoming this nation’s standard of health, practitioners now have a practical solution for the nearly 30 million Americans who suffer with their lower denture.

Find out more about this system and attend the Atlas full-day, hands-on workshop. As aptly said by Dr. Alan Anderson, “The only course I have ever been to that has had an easy, affordable and practical answer for the loose lower denture problem. This should be a required course for all dentists who make, adjust, re-adjust — and re-adjust — and reline full and partial dentures.”

For more information, and to see other areas of use, visit Dentatus at GNYDM Booth #2401 or check out www.dentatususa.com.

(Source: Dentatus)

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*Criteria based on quantitative and qualitative criteria as well as by examining regulatory records and talking with peers, supervisors, clients and the advisors themselves. Factors included in certain rankings include: assets under management, revenue produced for the firm, regulatory record, quality of practices, and philanthropic work. Portfolio performance is not a criterion because most advisors do not have audited track records and because performance figures often are influenced more by clients’ risk tolerance than by an advisor’s investment-picking abilities.
BruxZir® Solid Zirconia is a monolithic zirconia restoration with no porcelain overlay. You’ll be impressed by its esthetics when prescribed instead of metal occlusal PFMs and cast gold metal restorations. They are ideal for bruxers who have destroyed natural teeth or previous dental restorations, and are an esthetic alternative to metal occlusal PFMs and cast gold crowns.

BruxZir Solid Zirconia crowns and bridges are made from the highest quality zirconia powder from Japan. The powder is chemically and physically reprocessed to further reduce the zirconia particle sizes. BruxZir milling blanks are then created through a unique patent-pending process. Unlike conventional high-pressure milling blank manufacture, this processing gives BruxZir zirconia improved light transmission, which provides a lower, more natural shade value.

Figures 1 and 2: In the retracted view, you can see the full extent of the gingival tissues. As I placed the topical on tooth #9 with a cotton swab, it started to bleed! You can see that the midline on the existing crown is off, as are the axial inclinations of the two crowns. The unhealthy gingival tissue was removed with a diode laser and BioTemps were placed. I’ve found the smooth glazed surface of BioTemps helps gingiva heal faster in these types of cases.

Figures 3 and 4: As you view the crowns in the lateral smile view, you will notice the flat facial profiles of these crowns. This is much more difficult to achieve with bi-layered restorations such as porcelain fused to metal or porcelain fused to zirconia. Since a BruxZir zirconia restoration is monolithic (one layer), it is much easier to achieve desirable contours.

Designed and milled using CAD/CAM technology, BruxZir restorations are sintered for 6.5 hours at 1,530 degrees Celsius. The final BruxZir restoration emerges virtually bullet-proof and is glazed to a smooth surface. You can conservatively prepare as thin as 0.5 mm with feather edge margins, much like you would cast gold.

For more information, visit www.bruxzir.com.

(Source: BruxZir/ Glidewell Laboratories)
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see it. hear it. believe it.
Create a 2012 marketing plan
(Your competition already has)

By Michael Mosley, Director of Marketing
Solutionreach (formerly Smile Reminder)

As dental professionals, you’ve invested tremendous amounts of time in schooling and continuing education courses. You’ve also probably travelled to various events to stay up on the latest trends and looked into new cutting-edge products. All in the name of better and more efficient patient care. However, did you send a seasonal fall e-newsletter out this year letting your patients know about that new piece of equipment you purchased? Or how about a back-to-school promotion to remind parents to get their kids in for a regular check-up? There is a good chance your competition did.

Times and competition have changed for the average dental practice. Growing up I knew each of the local dentists in our area. The choice of who to see was easy, and being that both had good reputations, it was simply a matter of personality. Or in my particular case it was a matter of distance from my home, seeing how I had to ride my bike to appointments.

Jumping forward to today, patients have numerous choices of whose practice to make appointments with. Not only are they getting traditional postcard mailers, they are being referred to other practices by friends and family, and seeing Facebook check-ins by their friends at their dental providers.

As a profession that once allowed a dentist to simply open his practice doors and focus on patients, dentistry today requires dentists who have the dental skills along with a marketing plan.

So looking forward to 2012, start the year off with a marketing plan in place by incorporating some of the tips I have learned from our customers.

Whether keeping in contact with your current patients between appointments or growing your patient base, a marketing plan puts you in a great position to succeed and keep that new competing practice down the road at bay.

Creating the plan
A marketing plan not only lays out the vision of your practice for the year, but it also lists the actions necessary to achieve its success. While “winging” a marketing plan can sound like the perfect easy way out, it probably won’t help your practice in the long run.

Use a tool that you are comfortable with to layout your plan. Whether a simple twelve-month calendar, or a complex spreadsheet, both will get the job done.

Next, set aside some time when you can meet with your entire staff to get their input. If possible have them take a simple inventory for the year on what products and services were most requested by patients. This can give you insight into which of those to focus on in 2012. Addressing the question of what products and services would benefit your patients the most will lead your discussion.

Looking one month at a time
Many practices feel overwhelmed about when and how often to market their products and services. What they soon realize is that the year is already laid out for them in the area of holidays and seasons. Use these dates as a starting point to time your marketing and then build in additional marketing events as you and your team sees fit.

Some of these other events might include a holiday toy drive campaign, or back-to-school promotion.
Wireless flash control, articulating screen, help in clinical application

The Canon Rebel T3i digital SLR camera is the first Rebel model that includes wireless flash control. This enables the Rebel T3i to work with new lightweight, wireless macro flashes. The T3i is also the first Rebel model to feature an articulating LCD screen.

The T3i is an 18 megapixel digital camera that also can capture HD quality (1080p) video. PhotoMed offers the Canon Rebel T3i as a complete clinical camera system with a choice of Canon or Tokina macro lenses and Canon, Metz or Sigma macro flashes. Complete package contents and pricing can be found at: www.photomed.net.

Market where your patients are

The biggest question you may be asking yourself is how to deliver these marketing messages. Traditionally, printed mailers would have been the only option but as we have determined, times have changed. Patients are more likely to see your marketing efforts in an e-newsletter or a text message before they see what’s in the mailbox.

Utilizing a patient engagement platform will surely complete the task when it comes to e-newsletters and text messages; and you’ll get all the other benefits, such as appointment reminders, in addition to the platform’s marketing tools. Patients are already using these technologies everyday, so take advantage of the situation by communicating with them on their terms.

In addition to e-newsletters and text messages, make sure to include some social media such as Facebook or Twitter. Both allow you to post messages and link out to any e-newsletters you send. You can also include social media promotions to attract fans and followers. Once again you can either manage these social media avenues on your own, or you can incorporate a patient engagement system to help with this.

So to wrap up, remember, if you’re not marketing to your patients, somebody else is, so follow through on your newly created marketing plan. It will go a long way in building patient relationships. More importantly, it will keep your patients connected and engaged with your practice throughout the year.

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Shofu presents BEAUTIFIL Flow Plus, an all-in-one flowable base, liner and final restorative. Approved for all indications (Class I-V) based on physical properties that rival leading hybrid composites, this injectable hybrid restorative achieves superior adaptation that offers distinct benefits compared to traditional hybrid packing techniques.

Featuring Shofu’s GIORNER “surface pre-reacted glass” (S-PRG) filler material, BEAUTIFIL Flow Plus also exhibits durable esthetics and sustained fluoride release and recharge that provide lasting benefits.

All-in-one base, liner, restorative BEAUTIFIL Flow Plus was specifically designed to stand up to the rigors of Class I-V restorations in line with superior marginal ridge fill. High filler content and unique chemical properties ensure that clinicians have all of the material strength needed in leading hybrids. In fact, compressive strength, flexural strength, toothbrush wear and other crucial mechanical properties of BEAUTIFIL Flow Plus were either clinically equivalent or superior to leading hybrids on the market.

Stays put, has superior adaptation Traditional methods of filling and packing hybrids are time consuming and technique sensitive. BEAUTIFIL Flow Plus easily flows into the prep, self-levels and creates a tight marginal seal quickly and reliably. Unlike other flowables, BEAUTIFIL Flow Plus stays put and won’t spill out of the prep. This enables stacking all the way up to the occlusal surface.

Two distinct viscosities are available: “F00” low zero flow for controlled stacking and “F03” low flow, which handles more like a traditional base or liner but has the same physical properties as F00.

Clinically proven benefits Shofu’s proprietary GIORNER technology utilizes S-PRG filler, providing a wealth of beneficial features. Unlike other fluoride-releasing materials, S-PRG filler is durable, esthetic and recharges in high-fluoride concentrations, offering sustained preventative benefits.

As published in the Journal of the American Dentistry Association in 2006, a University of Florida study on S-PRG restoratives found that restorations containing S-PRG filler showed no secondary caries, no fluoride concentrations, carrying sustained fluoride release and recharge that provide lasting benefits.

WEB ONLY

Dental instruments company combines factory-direct pricing, personal service

DoWell Dental Products was founded in 2006, on a desire to raise the bar in its sector in the United States and worldwide.

The dental instruments company carries only genuine manufacturer products. It is obsessed with top-quality service and attention to detail. Product selection varies from basic equipment to today’s most popular and advanced tools.

The company is aware that a top-notch equipment experience does not end with a purchase. In addition to receiving factory-direct prices and selection, customers have access to profession- ships is the essence of the company’s success. Smile after smile, its friendly, knowledgeable representatives are ready to help, at (877) 373-8904, or info@dowelldentalproducts.com, or www.dowelldentalproducts.com.

Wireless digital radiography system earns tech award

Carestream Dental, manufacturer of the KODAK RVG 6500 System, has been recognized as one of 10 companies to receive the Pride Institute’s Best of Class Technology Award for 2011. Carestream Dental’s RVG 6500 System was an honoree in the “Emerging” category.

The RVG 6500 System is Carestream Dental’s most recent addition to the line of high-performance RVG Digital Radiography Systems. Featuring film-quality intraoral radiography, Carestream Dental’s RVG 6500 System delivers powerful clinical benefits in a convenient design.

“While the RVG 6500 System was thrilled to be recognized by the Pride Institute,” said Edward Shellard, DMD, chief marketing officer and director of business development for Carestream Dental, “We design all our products to deliver exceptional performance and sincerely appreciate the opportunity to have them tested by such a highly-regarded and experienced panel.”

A panel of dental technology experts, organized by the Pride Institute, a highly-regarded and experienced panel, was invited to participate in a technology awards under way. A 15-year recall is currently under way.

Introductory kit offer For a limited time only, BEAUTIFIL Flow Plus is available in two introductory kit offerings. The standard kit (PN 20008) contains two 2.2 gram syringes of both viscosities (F00 and F03) in shades A2 and A3, and the pedo kit (PN 2000P) contains two 2.2 gram syringes of both viscosities in shades A1 and bleach white. Both kits contain samples of Shofu’s top-selling products, including BeautiBond, One Gloss, Super Snap and the hybrid material BEAUTIFIL II. The introductory kits are valued at $160 but retail for just $99.95.

For more information contact Shofu Dental Corp. at (800) 827-4658 or visit www.shofu.com.

(From: Carestream Dental).
20-second light cure ends wait time

New Integrity® Multi-Cure Temporary Crown and Bridge Material, available from DENTSPLY Caulk, is a dual cure 10:1 bis-acrylic material with improved flexural strength.

Integrity Multi-Cure can be used as a self-cure material, but additionally provides the option to eliminate wait time by light curing each unit for 20 seconds. Integrity Multi-Cure has the fastest cure time range among leading competitive products.

Integrity Multi-Cure is available in a convenient 76-gram cartridge delivery system with five refill shades: A1, A2, A3.5, B1, BW and an Introductory Kit including: Integrity Multi-Cure material, Integrity TempGrip cement, and cartridge dispenser.

For more information, visit www.integritymulticure.com or call (800) 552-2855.

(Source: DENTSPLY Caulk)

Oral health resource helps autistic children

The National Museum of Dentistry has created a resource to help parents of children with autism spectrum disorder teach good oral health care to their children. Healthy Smiles for Autism is a guide that helps parents teach children how to brush and floss with step-by-step instruction, social stories, and visual sequencing cards.

The guide is free, downloadable at www.healthysmilesforautism.org.

The guide gives parents readily usable tools to help effectively teach their children an oral health routine — and prepare children for a first dental visit.

“We want to be able to give parents readily usable tools to help their children to develop a good oral hygiene regimen,” said National Museum of Dentistry Executive Director Jonathan Landers. “We’ve combined best practices for autism education, such as visual sequencing cards and rewards systems, with proven personal oral hygiene techniques to help make the process a little bit easier.”

The National Museum of Dentistry partnered with Kennedy Krieger Institute’s Center for Autism and Related Disorders and University of Maryland Dental School to develop the guide.

Autism is a complex developmental disability that typically appears during the first three years of life and affects ability to communicate and interact with others — including the dentist.

The National Museum of Dentistry, an Affiliate of the Smithsonian Institution, helps the public discover how to have a healthy mouth for life. Also available are www.mouthpower.org, which teaches good oral health skills to children, and www.getmouthpower.org, for adults 50 and over.

Healthy Smiles for Autism guide is made possible by the support of Henry Schein Cares, the Global Corporate Social Responsibility program of Henry Schein Inc., Blakeslee Advertising, and Dr. Irwin and Lucia Smigel.

(Source: National Museum of Dentistry)
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Dental practice marketing adapts to troubled times

Managing a dental practice is challenging — even in the more vibrant economy that we once regarded as “normal.” As the understanding of “normal” has gone out the window in economic terms, so has the traditional approach to supporting the business success of the dental practice. In fact, the very survival of a practice is now — more than ever — tied to meeting the challenge of dental-practice marketing.

The economic climate has put new light on dental-practice marketing — and on the dental business consultant who works to generate a real return on investment in the business of marketing a dental practice.

U.S. Bureau of Labor statistics show 14 million Americans out of work, with more than 6 million without a job for more than six months. The Commerce Department told us in July that the gross domestic product has hovered near zero. Consumer confidence has remained flat, housing prices are still falling and Wall Street ponders whether or not we are approaching a double-dip recession. The ability of government to generate a solution in the foreseeable future is reflected in recent downgrade of U.S. bond ratings by Standard & Poor’s. The New Yorker to The Wall Street Journal see government’s response as somewhere between “too little, too late” and simply off-target.

As this carries over to local news, real people in each dental professional’s respective market area are impacted. The job of attracting new patients, and doing so at a manageable and affordable cost, has become more complex. Yet it’s also become a more critical problem in this ambiance of a shrinking household income and lower rates of insured patients.

The view from dental-practice management has to conclude that salvation won’t come from government or from any “rising tide” brought about by inflation. So, for the dental practice — just as any other local business — finding that traditional methods of dental-practice advertising can be costly and risky, Display advertising and direct marketing are descending in effectiveness as an increasing number of potential patients are squeezed by economic conditions, stagnant incomes, falling home values and restrictive credit limits.

Yet a successful path has re-emerged from the past that offers better results and stronger return on investment. “Engage with your community. Get them to embrace the practitio-

nor not only as a professional, but as an integrated part of the commun-

uity,” said Helmut Flasch of dental marketing consultant firm Doctor Relation, based in Southern California. “It’s what we help our clients do — create one big family of community referrals.”

Flasch said the key is to make the effort permanent. “Engagement — done systematically — optimizes your practice for success in a community. Everyone wins. We’ve been1

testing this approach for a long time. The good news is that because of Internet marketing, community engagement can be done without the time consuming effort of the past. “The fundamentals of engage- ment, fused with new-age market- ing, is now the only strategy for business success — if not the downright survival for the dental practice.”

Flasch referred to the approach as “un-advertising.” Results show that “un-advertising” — or maximizing the ties that a practice has to its community — is a real path to protecting and adding to the success of a dental practice. It’s a strategy worth considering in today’s economic maze, which may be with us for some time to come.

About Helmut Flasch

Flasch is a dental practice management consultant and author of “Double Your Business and Not Your Troubles.” He is CEO of Doctor Relation/Un-Advertising, based in Canoga Park, Calif. (Source: Doctor Relation/Un-Advertising)

Oral cancer screening device is portable, effective

Which of the following benefits would you most like to see in a new dental device?

- It helps detect oral cancer and other oral disease that you’re now missing.
- Its technology is supported by extensive clinical research.
- The exam takes only two minutes.
- The exam is completely non-invasive and affordable for your patients.
- The device will enhance your image as a caring, state-of-the-art practice.
- It can pay for itself in weeks, and then you earn more than $10,000 per year.
- It might help you save a life every month.
- All of the above.

Believe it or not, there actually is a device for which “all of the above” is the correct answer: the VELscope Vx oral cancer screening system. This portable, affordably priced instrument is the latest generation adjunctive screening device from LED Dental, which pioneered the use of tissue fluorescence visualization technology in the oral cavity. VELscope is the first company to gain Health Canada and FDA clearance to help detect cancerous and pre-cancerous lesions that might be invisible to the naked eye, and to help determine the appropriate surgical margin when excision of the lesion is indicated.

In a recent 620-patient study by the University of Washington, the VELscope helped detect all 28 lesions — including five dysplastic ones — that were missed by the naked eye. The VELscope Vx couldn’t come at a better time, as oral cancer is one of the few types of cancer that is actually experiencing an increase in incidence. The reason is that an increasing number of oral cancer cases are being caused by the sexually transmitted human papilloma virus, particularly the HPV-16 strain. This is also why the disease is striking more young people and more women than ever before.

Early detection is the key to dealing with this growing problem. Tragically, oral cancer is usually detected in late stages, when the five-year survival rate is only around 30 percent. Fortunately, when detected early the survival rate leaps to 80-to-90 percent. And no one is better positioned to detect oral cancer early than the dental professional, the unques tioned master of the oral cavity.

By combining the traditional head and neck exam (featuring visual inspection and palpation) with a one-to-two-minute VELscope Vx exam, the dental practitioner can truly serve as the first line of defense against oral cancer. The result will be healthier patients as well as a healthier practice.

For more information visit www.velscope.com, or call (888) 541-4614, ext. 251. (Source: LED Dental)
When caring for their patients, dental and health-care professionals are constantly exposed to bodily fluids that may carry viruses and other infectious agents. It is therefore critical that the gloves they use provide them with the best possible barrier protection.

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural-rubber latex gloves have long been acknowledged for their effective barrier properties, while numerous studies have shown non-latex gloves, such as vinyl (PVC), to be inferior in barrier capability. Other synthetic gloves, such as nitrile and polyisoprene, perform much better than vinyl, but are more costly, especially polyisoprene gloves. Using gloves with inferior barrier capability could expose both patients and users to undesirable/harmful infections.

Malaysia is the world’s largest medical gloves exporter (latex and nitrile). Both quality and user safety are of top priority to the nation’s glove industry. To this end, a quality certification program (the Standard Malaysian Gloves or the SMG) has been formulated for latex examination gloves.

All SMG-certified gloves must comply with stringent technical specifications to ensure the gloves are high in barrier effectiveness and low in protein/low-allergy risks. Additional criteria are excellent comfort, fit and durability — qualities that manufacturers of many synthetic gloves are attempting to replicate. Furthermore, latex gloves are green products, derived from a natural and sustainable resource, making them environment-friendly.

For more information, please visit www.smg-online.biz and www.latexglove.info.

The use of low-protein, powder-free gloves has been demonstrated by many independent hospital studies to vastly reduce the incidence of latex sensitization and allergic reactions in workplaces. More importantly, latex-allergic individuals donning non-latex gloves can now work alongside coworkers who are wearing the improved low-protein latex gloves — without any heightened allergy concern. However, for latex-allergic individuals, it is important that they use appropriate non-latex gloves that provide effective barrier protection, such as quality nitrile and polyisoprene gloves.

Selecting the right gloves should be an educated consideration to enhance safety of both patients and users. For decades, gloves made in Malaysia have been synonymous with quality and excellence; and they are widely available in an extensive array of brands, features and prices. They can be sourced either factory-direct (www.mrepc.com/trade, manufacturers’ directory) or from established U.S. dental product distributors.

(Source: Malaysian Rubber Export Promotion Council)
ANNUAL DENTAL TRIBUNE STUDY CLUB
SYMPOSIA AT THE GNYDM
NOVEMBER 27TH – 30TH, 2011, STARTING AT 10:00 AM DAILY
brought to you by NSK

For the fourth year in a row, Dental Tribune Study Club hosts its annual C.E. Symposia at the GNYDM, offering four days of focused lectures in various areas of dentistry. Find us on the exhibition floor in aisle 6000!

Each day will feature a variety of presentations on topics, which will be led by experts in that field. Participants will earn CE credits for each lecture they attend. DTSC is the official online education partner of GNYDM.

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ATTENDEES MUST PRE-REGISTER AS GNYDM VISITORS FOR FREE.

SUNDAY, NOVEMBER 27

10:00 - 11:00 DR. HOWARD GLAZER // COURSE NO. 3780
GIOMERS: NEW GIANTS OF MI DENTISTRY

11:15 - 12:15 DR. SHAMSHUDIN KHERANI // COURSE NO. 3790
COMPREHENSIVE DENTISTRY USING DIGITAL IMPRESSION TECHNOLOGY

12:45 - 1:45 DR. RON KAMINER // COURSE NO. 3800
MINIMALLY INVASIVE DENTISTRY: TIPS AND TRICKS TO MAXIMIZE SUCCESS

2:00 - 3:00 DR. LOUIS MALCMACHER // COURSE NO. 3810
THE HOTTEST TOPICS IN DENTISTRY

3:15 - 4:15 DR. BRIAN NOVY // COURSE NO. 3820
TECHNOLOGY TO IMPROVE YOUR CARIES MANAGEMENT

4:30 - 5:30 DR. GEORGE FREEDMAN // COURSE NO. 3830
EVOLVING CONSERVATIVE RESTORATIONS

TUESDAY, NOVEMBER 29

10:00 - 11:00 DR. GREGORI KURTZMAN // COURSE NO. 5690
CORE BUILDUPS, POST & CORES AND UNDERSTANDING FERRUL

11:15 - 12:15 DR. PAUL GOODMAN // COURSE NO. 5700
CAPITALIZE ON THE HIDDEN IMPLANT PRODUCTION IN YOUR PRACTICE

12:45 - 1:45 DR. GEORGE FREEDMAN AND DR. FAY GOLDSPE // COURSE NO. 5710
THE DIODE LASER: THE ESSENTIAL SOFT TISSUE HANDPIECE

2:00 - 3:00 DR. SELMA CAMPAGNO // COURSE NO. 5720
LASERS IN ENDODONTICS: CLINICAL APPLICATION FOCUS ON DIFFICULT CASES

3:15 - 4:15 DR. STANLEY MALAMED AND DR. MIC FALK // COURSE NO. 5730
LOCAL ANESTHETIC PERFORMANCE: FICTION, FACT AND ADVANCEMENTS (PRECISION BUFFERING)

4:30 - 5:30 DR. ENRICO DIVITO // COURSE NO. 5730
MINIMALLY INVASIVE ENDODONTICS USING PHOTON INDUCED PHOTOCUSTIC STREAMING (PIPS)

*THIS PROGRAM IS SUBJECT TO CHANGE

MONDAY, NOVEMBER 28

10:00 - 11:00 DR. FAY GOLDSPE // COURSE NO. 4670
WHAT PATIENTS WANT... WHAT DENTISTS WANT: EASY, HEALTHY DENTISTRY!

11:15 - 12:15 DR. DAMIEN MULVANY // COURSE NO. 4680
WHY VIEW YOUR 3D PATIENTS WITH 2D IMAGES? A COMMON SENSE APPROACH TO 3D IMAGING IN THE GENERAL PRACTICE

12:45 - 1:45 DR. LARRY EMMOTT // COURSE NO. 4690
REMEMBER WHEN "E" WAS JUST A LETTER? USE E-SERVICES TO IMPROVE PATIENT CARE AND INCREASE PROFITABILITY

2:00 - 3:00 DR. GEORGE FREEDMAN AND DR. FAY GOLDSPE // COURSE NO. 4700
DIODE LASERS AND RESTORATIVE DENTISTRY

3:15 - 4:15 DR. SHAMSHUDIN KHERANI // COURSE NO. 4710
LASER DENTISTRY OVERVIEW WITH AN UPDATE ON CLOSSED FLAP OSSUES

4:30 - 5:30 DR. MARTY JABLOW // COURSE NO. 4720
UNDERSTANDING THE ADVANCES IN SELF-ADHESIVE TECHNOLOGY AND HOW TO INCORPORATE THEM INTO YOUR RESTORATIVE PRACTICE

WEDNESDAY, NOVEMBER 30

10:00 - 11:00 DR. IRA LAMSTER // COURSE NO. 6600
MANAGEMENT OF THE PATIENT WITH DIABETES MELLITUS: CONSIDERATIONS FOR DENTAL PRACTICE

11:15 - 12:15 DR. GEORGE FREEDMAN AND DR. MARC GOTTLEB // COURSE NO. 6610
ABC'S OF BONDING CERAMIC CROWNS AND CERAMIC REPAIR

12:30 - 5:00 THE 2ND ANNUAL OSSEO UNIVERSITY SUMMIT: IN COMBINATION WITH THE LASER DENTISTRY SUMMIT // COURSE NO. 6620
12:45 - 1:45 DR. RON KAMINER AND DR. ARVIN NEDJAT
MINIMALLY INVASIVE IMPLANT DENTISTRY FOR THE GENERAL PRACTITIONER

1:30 - 2:30 DR. DAVID HODEXTER
PLUS MORE PREMIUM LASER DENTISTRY LECTURES

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