**Implant pioneers gather in N.Y.**

Implantologists look back on their history during Greater New York Dental Meeting.

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**AAcD event registration open**

Washington, D.C., is the site of annual scientific session, May 2-5, 2012.

**NSK boosts U.S./Canada profile**

NSK Dental makes major investments in North American market.

**Implant Tribune**

The World’s Implant Newspaper · U.S. Edition

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**Dental professionals on front line in fight against diabetes**

An interview with Maria Emanuel Ryan, DDS, PhD

*By Robert Selleck, Managing Editor*

An as-yet unstoppable increase in the number of people with diabetes or prediabetes in the United States and across the globe makes it not so much a question of if but when more dental professionals will need to become highly skilled in treating such patients. There are 26 million people with diabetes in the U.S., and 95 percent of them have a form of periodontal disease, compared with 50 percent of the general population. Of those 26 million, more than 7 million are unaware of their diabetes.

Just as significant, 79 million people are estimated to have prediabetes, with as many as half unaware of it.

A growing body of research suggests that the association between oral health and diabetes is bidirectional, placing dental professionals in the position of not just being able to help patients with diabetes control the illness, but perhaps being able to help those with prediabetes avoid full onset.

Recognizing this link between oral health and diabetes, Colgate Total® is donating $100,000 and joining forces with the American Diabetes Association’s campaign to “Stop Diabetes” by encouraging people to learn more about oral health care and “Raise Their Hand to Stop Diabetes.”

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**Survey: Hispanics face oral health care barriers**

The majority of Hispanics in the U.S. believe more information about good oral health habits, access to affordable oral health care, and more Hispanic and Spanish-speaking dentists and dental hygienists in their communities would help them “a lot” in achieving better oral health.

The findings — from a national survey led by the Hispanic Dental Association (HDA) and sponsored by Procter & Gamble (P&G) brands Crest® and Oral-B® — were presented Nov. 3 at the opening ceremony of the HDA Annual Meeting in San Diego.

The survey examined U.S. Hispanics’ perceptions and attitudes about oral health care, barriers toward achieving good oral health and the role of influencers in passing along oral health habits. The survey, “Hispanics Open Up About Oral Health Care,” is part of an initiative by the HDA, Crest and Oral-B to raise the profile of the role of influencers in passing along oral health habits.

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**An attendee of the Live Dentistry Arena takes detailed notes during the morning session, Wednesday, Nov. 30, the final day of the 2011 Greater New York Dental Meeting. (Photo/Robert Selleck, Managing Editor)**

See page 8A

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**GNYDM: New York City does it right, again**

An interview with Maria Emanuel Ryan, DDS, PhD

Dr. Maria Emanuel Ryan is the associate dean for strategic planning and external affairs and a professor of oral biology and pathology at the School of Dental Medicine, Stony Brook University, Stony Brook, N.Y. (Photo/Provided by Colgate Total)

Central to the campaign’s focus are educating people on the importance of dental visits — as well as helping dental professionals, who are seeing growing numbers of patients with diabetes, Colgate’s involvement also stems from its interest in promoting the use of antibacterial toothpastes such as Colgate Total to support gum health.

Also helping with the effort is Maria Emanuel Ryan, DDS, PhD, a periodontist and professor of oral biology and pathology at Stony Brook University, Stony Brook, N.Y. A globally known expert on the link between oral health and diabetes, Ryan recently spoke with Dental Tribune.

What size of a patient base are we talking about in terms of the need for dental professionals on front line in fight against diabetes?
Dental Association and Procter & Gamble) more Spanish-speaking dental care providers. (Chart/Provided by Hispanic

Aside from their dentist, Hispanics rely mostly on their parents and physician for oral health education and information. A recent survey showed a need for more Spanish-speaking dental care providers. (Chart/Provided by Hispanic Dental Association and Procter & Gamble)

state of oral health among Hispanics, the fastest-growing minority group in the country, representing 16 percent of the total U.S. population. The survey was conducted among 1,000 Hispanic adults and 1,000 adults from the general population, age 18 and older, who live in the continental U.S.

“As we can see from the survey findings, there is still a need within the Hispanic community for more Spanish-speaking dental heath professionals,” said Sarita Arteaga, DMD, a dental professional serving as key influencers, it is imperative that we improve the communication between these professionals and patients to ensure that the right teachings are being passed along to future generations.”

Top barriers to better oral health:

The survey found that knowledge gaps (oral health literacy), high cost (access to affordable care and insurance) and language/culture differences (Hispanic/Spanish-speaking dental health professionals) are barriers to many Hispanics in achieving good oral health. Specifically, the results found:

• When asked if cavities will go away on their own if you brush regularly, almost one-third of Hispanics (30 percent) responded that they believe this statement is true or did not know the answer, when in fact the statement is false. About half or more getting a filling

California dentists can now perform Botox and dermal filler procedures for dental esthetic and dental therapeutic uses. Dr. Louis Malcmacher, President of the American Academy of Facial Esthetics (AAFE), was asked to present to the California Dental Board in August of this year on the use of Botox and dermal fillers in dentistry.

The board took the matter up at the November meeting where it heard other perspectives as well as consid-

eralled comments received in a public session from groups such as the California Medical Association, Califor-
nia Dental Association and California Academy of General Dentistry.

“...”

Top barriers to better oral health:

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Hispanics also incorrectly answered true/false statements or were uncertain about the importance of brushing versus flossing, whether bleeding is normal during brushing and if mouthwash provides oral health benefits beyond just freshening breath.

- Close to half (45 percent) of Hispanics lack dental insurance and nearly one in five (18 percent) have not visited the dentist at all in the past two years, compared to 12 percent of the general population.
- Approximately six in 10 Hispanics feel that a higher representation of Spanish-speaking and Hispanic dentists/hygienists in their community would help them “a lot” in achieving and maintaining better oral health.

Other survey findings include:

- While most Hispanics, as well as the general population, rated their overall oral health as excellent or good, Hispanics experience more oral health problems.
- 65 percent of Hispanics said they experienced at least one oral health issue in the past year versus 55 percent of the general population. For more than one-third of Hispanics (56 percent), oral health problems experienced in the past year were severe enough to impact their daily activities, compared with 22 percent of the general population.
- Among Hispanic parents, many of these same knowledge gaps exist, as does the desire for more oral health information. Yet, eight in 10 Hispanic parents (82 percent) consider themselves an excellent or a good source for teaching their children about oral health habits.
- Aide from their dentist, Hispanics rely mostly on their parents and physician for oral health education and information.

“Crest and Oral-B are thrilled to partner with the HDA on this initiative to help shed light on oral health care practices among Hispanics in the U.S. and identify existing challenges,” said Ivan Lugo, DMD, MBA and P&G spokesperson. “This survey uncovered key gaps that can help provide the oral health care community with a concrete starting point from which to turn awareness into action.”

The HDA, Crest and Oral-B are committed to working together to improve the state of oral health among the growing U.S. Hispanic population. As a first step following the survey, the HDA, Crest and Oral-B have collaborated on an informational brochure highlighting key facts and debunking top misperceptions about oral care that will be placed in dental offices and other public areas nationwide.


Survey methodology
GfK Roper Public Affairs & Corporate Communications conducted the survey from July 28 to Aug. 24. GfK Roper surveyed 1,000 Hispanic adults and 1,000 adults from the general population aged 18 and older who live in the continental U.S. Survey results were balanced to ensure that the age, gender, education and region of the participants reflected the Hispanic population and overall population in the U.S. Results of any sample are subject to sampling variation. The chances are 95 in 100 that a survey result does not vary by more than plus or minus three percentage points from the result if interviews had been conducted with all persons in the universe represented by the sample. In other words, the margin of error is +/-3 percentage points at the 95 percent confidence level.

About the HDA
The Hispanic Dental Association is a national, non-profit organization composed of oral health professionals and students dedicated to promoting and improving the oral health of the Hispanic community and providing advocacy for Hispanic oral health professionals across the United States. The association works with a wide spectrum of individuals and organizations to communicate to dental professionals, students and the public.

About Procter & Gamble
P&G touches and improves the lives of about 4.4 billion people around the world with its portfolio of trusted, quality brands. With operations in about 80 countries, P&G brands are available in more than 180 countries. Visit www.pg.com for news and information about P&G and its brands.

About Crest
A trusted leader in oral health, Crest was the first oral care brand to secure the American Dental Association Seal of Acceptance for a clinically proven fluoride toothpaste. Since first introducing fluoride toothpaste 54 years ago, it is estimated that Crest has helped prevent more than half a billion cavities in the U.S. Headquartered in Cincinnati, Crest is owned and distributed by Procter & Gamble.

About Oral-B
Oral-B is a worldwide leader in the $5 billion brushing market. Part of Procter & Gamble, the brand includes manual and power tooth brushes, oral irrigators and interdental products such as dental floss. According to Oral-B, its tooth brushes are used by more dentists globally than any other brand. (Sources: Hispanic Dental Association and Procter & Gamble)
for achieving greater awareness?

Some of the talks I have given have been at the Centers for Disease Control and Prevention. They have an interest in this area because to them diabetes is an epidemic. Each year we have 1.9 million new cases diagnosed in people 20 years of age and older. If the population of people with diabetes keeps growing at this rate, in the very near future it will be about one in three, which is a very significant number.

What can dental professionals do to help identify patients who have diabetes or prediabetes but have not been diagnosed?

Certainly we can screen for diabetes. And this is being recommended by the CDC. One way is by risk assessment: knowing a patient’s family history, looking at obesity as a risk factor, looking to determine if the patient is in one of the populations where risk factors may be higher [African Americans, Pacific Islanders, Native Americans, Latinos and Hispanics]; asking about gestational diabetes. Most patients with diabetes are type 2 patients, who tend to be older than 45 years of age.

Risk factors such as hypertension and dyslipidemia are also important to consider. Of course, there are other classic signs and symptoms: thirst, frequent urination, infections, numbness in extremities, leg cramps, vision problems. Unfortunately, with type 2 diabetes, there are many people who are unaware they have it. That’s why the CDC is looking to oral health care professionals for help. If a person has any of the risk factors, signs or symptoms, dental professionals can refer to the physician for additional screening. Those with a random blood glucose level or even a fasting blood glucose would then refer appropriate patients to the physician for diagnosis.

What do dentists need to be aware of with their patients who have diabetes or prediabetes?

If patients are poorly controlled, then you may need to be very cautious in what procedures you might be doing because the patients’ wound healing may be affected. You need to know if they have any other long-term complications of diabetes. You need to work closely with the patients’ physicians and other health care professionals.

Many patients with diabetes, especially those who have a physician working very hard to tightly control their diabetes and whose blood glucose levels tend to run low, may have a higher risk for hypoglycemic events. Ask patients if this is common for them, because the more hypoglycemic events patients have had, the more likely they are to have more — and likely more likely they are to develop hypoglycemia unawareness. That’s when they don’t get any of the classic signs: getting dizzy, feeling like they are going to pass out or get ting confused. Some patients don’t get those signs and symptoms. They can just suddenly become unconscious or have seizures.

What can the dental professional do to confirm whether or not patients with diabetes have their blood sugar in good control prior to treatment?

You can actively take the blood glucose level by doing either a random screening for blood glucose or even a fasting for blood glucose. If the level is greater than 126, the patient can be referred to a physician for further work.

Another way to screen is the hemoglobin A1c test, a long-term marker of control that lets you know how well-controlled someone with diabetes has been over the past two to three months. It used to be that only a centralized laboratory could do this, but now there are point-of-care tests.

The only way you can help predict a hypoglycemic event in your patient is to check blood glucose levels. Patients on insulin are at the highest risk of having a hypoglycemic event at the time of peak activity of the insulin that has been administered, which is not when you want to be treating them. You also need to know what oral medications they may be taking because some may have a higher risk than others of causing hypoglycemia.

Research indicates that serious periodontal disease may affect blood glucose control and contribute to the progression of diabetes. Why is this?

In fact, the impact of periodontal disease may even be evident before someone develops diabetes. Recent research suggests that patients who have untreated periodontal disease, when followed for over 20 years, may be twice as likely to develop diabetes. The way periodontal disease is driven by infection and inflammation; and infection and inflammation can drive insulin resistance. Insulin resistance can lead to development of diabetes and prevent good control of diabetes.

By reducing infection and inflammation, you may actually prevent development of diabetes, and certainly you can make it easier to control diabetes. Some recent papers have suggested that if you don’t treat the periodontal disease, not only is it more difficult to control diabetes, but people with diabetes are then at higher risk for long-term complications such as cardiovascular disease and kidney disease, thereby increasing risk for mortality.

Are people with diabetes and prediabetes at risk for other dental problems?

If patients are not well controlled, they also tend to get more cavities or caries. They have a higher risk of developing oral yeast infections such as candidiasis. They may have enlarged parotid glands, which can lead to dry mouth. And because of the yeast infections in a dry mouth, they could report burning mouth or dry tongue. Dry mouth due to salivary gland dysfunction will drive periodontal disease and caries formation. Poorly controlled patients are also at greater risk for abscess formation.

Gingival crevicular fluid is a serum transudate, so if your blood sugar levels are high, you have more glucose coming out of those pockets around the teeth. Your mouth has more glucose in it, so your teeth are bathing in glucose, increasing the risk for developing cavities.

Working to improve home care with their patients is of great help, because such patients need to keep levels of bacteria as low as possible in the mouth. They can use antibacterial toothpaste or rinses. One of the toothpastes that’s very effective at reducing the levels of bacteria for 12 hours is Colgate Total. I recommend that to a lot of my patients with diabetes.

And, of course, we need to provide adequate care in the office. The treatment of infection and inflammation, providing periodontal therapy whether it’s surgical or nonsurgical, absolutely needs to be provided and should never be considered an optional or elective procedure.

Are insurance organizations responding to the growing evidence of the connection between oral health and diabetes?

Some dental insurance companies are reimbursing dentists for screening, not only for diabetes but also for hypertension by checking blood pressure and for obesity by determining body mass index. Some dental insurance companies are beginning to create expanded plans that begin to better address the oral health care needs of patients with diabetes. This may help with access. Some patients — especially those without dental insurance — complain that if they go to the podiatrist, it’s covered by their medical insurance, but if they’re going to the dentist, it isn’t covered by medical in most cases. This may be changing.

Are there dental professionals specializing in the treatment of people with diabetes? If so, how does one develop such a specialty?

When your comfort level goes up, the only way you can help predict a hypoglycemic event in your patient is to check blood glucose levels. Patients on insulin are at the highest risk of having a hypoglycemic event at the time of peak activity of the insulin that has been administered, which is not when you want to be treating them. You also need to know what oral medications they may be taking because some may have a higher risk than others of causing hypoglycemia.

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Dental Trade Alliance Foundation awards 2011 grants

Since 2002, the Dental Trade Alliance Foundation (DTAF) has granted more than $780,000 to 40 major research projects designed to increase access to oral health care in America. The 2011 grant recipients listed here are making a difference that will be felt for generations.

American Academy of Pediatrics (AAP), $25,000
Dental caries is the most common chronic disease of early childhood, and many young children are not able to access a dentist for early preventative oral health care. To address this gap, the AAP has worked to educate pediatricians and other health professionals about the importance of oral health and how to incorporate oral health screenings, anticipatory guidance, risk assessment, referral to a dental home and fluoride varnish into their practices.

The AAP, with funding from the American Dental Association Foundation, has built a network of 55 trained Chapter Oral Health Advocates (COHAs). A COHA is a pediatrician representing an AAP state chapter who has been trained in oral health and incorporating oral health services into the medical home. Through funding from the DTAF, the AAP will provide training grants and oral health kits to COHAs to support their efforts to train practices about oral health services.

The Children's Dental Health Project (CDHP), $25,000
The CDHP was instrumental in crafting and ensuring the inclusion of 18 significant oral health provisions in the recently passed health reform legislation, the Patient Protection and Affordable Care Act (ACA).

Among changes the ACA will bring is increased access to dental services as millions more children will receive dental coverage in the coming years from both public and private coverage.

State policymakers and regulators play a significant role in the implementation of these oral health improvements, including their integration with existing public programs. However, federal regulatory guidance is necessary for states to move forward.

More than a decade of experience by CDHP provides a base for this historic opportunity to work with Congress and state advocates to advance access to care through ACA, but the effort is in jeopardy due to federal and state budgets.

DTAF funds will help CDHP educate regulators about the need to expand access to dental care and implement cost effective strategies to improve oral health.

Metropolitan State University, $25,000
Metropolitan State University has initiated a program to increase dental care in Minnesota by preparing Advanced Dental Therapists (ADTs) to provide community-based care for underserved populations.

Based upon Minnesota statute 150A.91, individuals prepared for this unique scope of practice focus on treating and preventing dental disease in settings not reached by existing dental care teams, such as nursing homes, homeless shelters and schools.

To prepare ADTs for this role and provide clinical experience in diverse communities, Metropolitan State University is building an educational dental clinic that simultaneously prepares this new workforce and provides care to the diverse community.

Metropolitan secured the necessary funds to build and equip the clinic. DTAF funds will be used to introduce the dental therapy role to the community, build awareness about clinic services and develop patient educational resources in multiple languages.

Oral Health America (OHA), $25,000
The OHA Wisdom Tooth Project seeks to improve the oral health of vulnerable older adults through five strategies, including development of a web portal for use by decision-makers in older adults’ oral health care.

The portal will provide national and regional content and information. DTAF funds will be used for web portal research, specifically, to investigate the opportunities and resources available in one community that the portal could promote and link to. These findings will enable OHA to create a model for other regionally-focused portions of the future WTP site. This effort builds on OHA’s strategic planning for WTP in 2010, and in depth stakeholder research under way at the national level.

Dr. Ruth Goldblatt, in Connecticut, has agreed to serve as consultant by hosting a series of conversations with colleagues, advocates, caregivers and others statewide who are actively addressing barriers to care for geriatric patients. OHA’s proposed outcome: A framework for community engagement and a vision for the long-term sustainability of a web portal with meaningful regional content.

University of Maryland, College Park, $12,500
In this pre-pilot project, which DTAF funds will help, the University of Maryland, College Park, is partnering with educators and school nurses in the city of Seat Pleasant, Md., to educate at least 20 teens about their oral health and that of their child.

The emphasis of the project is the importance of the mother’s oral health during pregnancy; how and where to get dental care; how to maintain oral health during and after pregnancy; fluoride regimes appropriate for them and their infants; how to prevent transmission of caries-causing bacteria to their infant; how to promote good oral health in their children.

Key health messages are reinforced through monthly meetings and weekly communications (text messages/e-mail/regular mail). Participants will be followed until the infant is two years of age.

University of Pittsburgh, Division of General Academic Pediatrics, $12,500
With early detection of the risk factors for caries and effective counseling on oral hygiene and dental care, many cases of early childhood caries can be prevented.

Because children typically receive most medical care from primary care providers, this study, which DTAF will help fund, explores the role of pediatricians in assessing caries risk factors in children and examines potential interventions to promote improved oral hygiene. Goals are:

1) Determine if pediatricians can accurately identify visible plaque on the teeth of young children, as the American Academy of Pediatric Dentistry (AAPD) recommends in assessing the risk for early childhood caries.

The outcomes of this study could lead to an enhanced use of primary care providers in evaluating children at risk for early childhood caries and, ultimately, in prevention of the disease.

Congratulations to all of DTAF’s grant recipients and thanks to all of the foundation’s donors who make these grants possible.

(Source: Dental Trade Alliance Foundation)

About the interviewee

Maria Emanuel Ryan, DDS, PhD, is a tenured full professor in the Department of Oral Biology and Pathology at the Stony Brook University School of Dental Medicine and a member of the medical staff at University Hospital at Stony Brook University Medical Center. She has published more than 75 scholarly works and speaks frequently on emerging therapeutic connections between oral and systemic health and the need for early detection of periodontal disease and oral cancer.
Understand legal issues when using CBCT scans

By Stuart J. Oberman, Esq.

As cone-beam computed tomography (CBCT) becomes more prevalent in the dental field, various legal issues are coming to light. When CBCT scans are justified, they can provide the dentist with an enhanced diagnostic tool that offers significant patient benefits when compared to existing technologies. However, there are several key concerns that dentists should keep in mind when using CBCT technology.

Dentists’ standard of care

Medical professionals who are liable for non-diagnosis of any abnormality on the CBCT scan, and likely any other professional who uses the CBCT for diagnosis or treatment planning. Dentists must practice to the requisite standard of care when diagnosing and treating patients. This standard is normally stated as the level of knowledge, skill and care of a reasonable, careful and prudent professional.

To meet this standard when using CBCT, dentists should use CBCT’s full capabilities to obtain maximum diagnostic accuracy. The standard of care must be met whether or not the dentist received specialized training on CBCT imaging because dentists are required to stay current in the areas in which they actively practice by enrolling in continuing education courses. There is even argument that dentists who use CBCT should be held to the higher standard of a board-certified oral and maxillofacial radiologist.

For dental implant placement patients, cross-sectional imaging, which can include CBCT scans, is recommended for all implants before they are placed. However, there is some argument as to whether a CBCT scan itself, as opposed to a CT, is required for every implant placement. And, a dentist may not have access to a CBCT for various reasons. Thus, reasonable, practicing, and responsible dentists may differ in their opinion regarding the necessity of CBCT scan for implant placements, which makes the standard of care in implant placement situations more difficult to define. A CBCT scan, however, should be used in all cases where the general rule is: if a CBCT does not align with this standard because delay of diagnosis leads to delay of treatment. This is not in the best interest of the patient because it can lead to an inferior prognosis. Also, not every patient requests a CBCT scan; therefore, it is the dentist’s responsibility to determine whether a CBCT scan is necessary by using reasonable, careful judgment in light of the patient’s medical and dental history and thorough examination. The dentist should do a cost-benefit analysis before requesting a CBCT scan. When doing so, the dentist should consider whether the likely benefit to the patient exceeds the ionizing radiation risk and the financial cost.

Dentists’ scope of legal responsibility to diagnose

When using CBCT, as with other diagnostic tools, the dentist’s responsibility is not limited to the area of interest being diagnosed or treated. The treating dentist is legally responsible for diagnosing and treating any disease that falls within the scope of the dentist’s license, which is normally broad in scope, encompassing all diseases and lesions of the orofacial complex. As for a dentist’s responsibility for diagnosing a disease that falls outside the scope of the dentist’s license, the answer is not clear. Thus, it is always a good idea to be cautious and assume the responsibility to recognize any abnormality that appears anywhere on the CBCT scan. If a dentist is unsure of the scan results, he or she should consult with specialists in the field or refer the patient to a specialist.

When a dentist practicing under a medical license is legally responsible to recognize a lesion that appears on the CBCT scan but is not in the orofacial complex is another question up for debate. It is more likely than not that his/her responsibility would stretch to these situations because treating these structures falls within the scope of his/her medical license. Thus, dentists with medical licenses should review the entire CBCT scan, not just the intended area of diagnosis, for any abnormalities and refer the patient to a specialist if any are noted. Keep in mind that a misdiagnosis could still occur even if the CBCT scan is referred to a radiologist specialist for interpretation. In this case, the radiologist would be primarily responsible for the misdiagnosis, which greatly reduces his/her liability. However, this is not to say that the referring dentist would be free of any responsibility in this situation. So, again, it is always better to err on the side of caution when reviewing a CBCT scan, even if that scan will be referred to a radiologist specialist for further review.

A dentist is also responsible to identify the exact location of vital structures within the CBCT scan for use in diagnosis and treatment planning. Because a dental lab technician is not legally allowed to diagnose, a dentist must take further action to identify the anatomical course of the IANC on a CBCT scan if a lab provides a tracing or images with the outline of the IANC. The dentist’s responsibility is to either confirm or reconfigure the drawn IANC image. To assist with this task, the dentist should ask the lab to provide an estimate of the IANC course as drawn and also the same image absent the lab’s drawing.

Required action after an abnormality is diagnosed

Once the dentist recognizes there is an abnormality on the scan, whether or not it is in the diagnostic area for which the scan was taken, the dentist is legally required to take further action. If the dentist is able, he or she should diagnose the dental disease or abnormality and treat it. If the dentist cannot diagnose an abnormality but cannot diagnose the exact cause, he or she should consult with a specialist or refer the patient to a specialist in order to obtain a final, accurate diagnosis. If the dentist refers the patient to a specialist for a suspicious abnormality seen on a CBCT scan and the patient refuses the referral, the dentist is normally required to inform the patient of the consequences of his/her refusal. In some circumstances, if the patient is not able to afford the proper diagnosis, it may be a good idea for the dentist to pay the specialist’s consultation fee in order to avoid all liability. In addition, it is a wise idea to chart the patient’s refusal of the referral and to have the patient sign an informed refusal form. Once the patient refuses a referral for proper diagnosis, the dentist may and should refuse to treat the patient. However, there would be an exception if the dentist is in the process of treatment and discontinuing this treatment would cause abandonment of the dentist/patient relationship.

Solutions to avoid liability

Due to the high standard of care legally required, a dentist should refrain from using CBCT scans unless and until he or she has received proper training. Without training, a dentist simply cannot meet the requisite legal standard of care due to the lack of adequate learning and skill that the standard necessitates. Also, once charged with dental negligence, the dentist can prove that he or she made a reasonable judgment error in diagnosing or reading the CBCT scan. However, the dentist will not be able to invoke this defense if he or she failed to stay current with the CBCT technology or obtain proper training, in the form of educational classes, and readings and hands-on experience. It is even a good idea to obtain a certificate of training completion, which could later be used to show a jury that the dentist obtained the requisite competence to use the CBCT technology and to read a CBCT scan.

It is also a wise decision to use the smallest field of view of a CBCT available that includes all areas of diagnostic interest. By doing so, fewer anatomical structures will be shown on the CBCT scan, which will minimize the dentist’s legal responsibility to detect abnormalities in structures outside the area of diagnostic concern.

Finally, keep in mind that using a CBCT scan solely for screening purposes should be avoided because unnecessary use and overuse can create conflicts of interest between the dentist and the patient. As such, the patient should also be informed of all available option for diagnosis and the pros and cons of each of those options.

About the author

Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental M&As, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning, and other business transactions that a dentist will face during his or her career.

For questions or comments regarding this article, visit www.gudennalaw.com.
Life-changing surgery boosts selfless patient’s quality of life

Life-saving treatment includes complete maxillary and mandibular dentures

By Lisa Marie Samaha, DDS

The patient
Michael Boyd, a 55-year-old male, lived a life of many challenges. By age 52, Michael had a diabetic medical emergency and upon recovery was relieved of his job. At that point his diabetes had already caused him to lose one foot and a portion of his other foot. Getting around was a challenge, but it didn’t stop him from helping others. While assisting an elderly woman in getting her social security check cashed during an ice storm, Michael fell and injured his leg, further complicating his health. Additionally, Michael struggles with high blood pressure, lupus erythematosus, failingship replacements, arthritic knees and a variety of other medical challenges.

In spite of his own disabilities, Michael makes a point of visiting patients at the Veterans Affairs Hospital, almost daily. Although not a veteran, he wants to show his appreciation to our soldiers, and word has it that he never fails to succeed in bringing them comfort and laughter each time he visits. He knows that many of them have no other visitors except him, a thought he can’t bear.

Michael also extends a daily helping hand to his elderly and/or disabled neighbors by cooking for them or taking them on errands to fill their prescriptions, purchase groceries or go to the bank. Sometimes he just spends quality time visiting with them. Every day, a visit to his mom is first on his list.

His disease
Although always interested in bringing a smile to others, Michael remained self-conscious about his own smile. He was frequently in pain, and relied on over-the-counter medications for his severely decayed teeth and aggressive periodontal disease. His oral disease was most certainly complicating his systemic disease, especially as it related to his diabetes, joint issues and propensity to heart attack or stroke. Sadly, none of his physicians had established concern over the severity of his dental disease. It was his sister who encouraged him to come see us. She had learned of the life-enhancing care we provide by reading stories about how we had helped others with similar health complications.

The diagnosis of severe, generalized periodontal disease with spontaneous purulence and bleeding combined with severely carious and abscessed teeth, left us no option but to remove all of Michael’s teeth in short order. He accepted treatment and we scheduled him within days for his full-mouth surgery.

The treatment
We performed the surgery, uneventfully, with only local anesthesia. Michael remained relaxed, comfortable and enjoyably conversational during the entire experience. All teeth, including root tips, were removed, sockets thoroughly debrided and granulation tissue excised. Biopsies, laser ablation, bone grafting and guided tissue regeneration were performed. We placed Michael on antibiotics and a targeted, periodontal nutritional regimen immediately.

Postoperative
Throughout his healing period, Michael was comfortable and healed uneventfully, needing only one 800-mg dose of Motrin for pain on the day of treatment. When Michael returned for suture removal one week later, we saw a much healthier man in every way. In spite of his diabetic history, he healed remarkably well.

We delivered his complete maxillary and mandibular dentures and he received them with tears in his eyes — and a big, bright smile on his face.

He said they felt just like he had had them all his life. Remarkably, the first words out of his mouth were spoken as though they had been his all along! Michael looked and felt exceptionally well.

Summary
This life-saving makeover provided Michael with a healthier and happier life with fewer complications from his diabetes and other systemic health challenges.

Not surprisingly, his mom was the first one he wanted to share his new smile with the day he received his dentures. As soon as that visit was over, Michael returned to spend time and spread some cheer with the soldiers at the VA and then, escort his neighbors on their errands.

His new smile was met with disbelief by all! [Image]

About the author
Lisa Marie Samaha, DDS, FAGD, graduated from the Medical College of Virginia School of Dentistry, Virginia Commonwealth University, and has been in the private practice of general dentistry in Newport News since 1982. Samaha is the founder and director of the Perio Arts Institute, which is nationally recognized for teaching and research. The institute’s mission is sharing diagnostic and treatment protocols for the betterment of oral/systemic health. She can be reached at samahadds@pwdentalarts.com.

Clinical
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DENTAL TRIBUNE | DECEMBER 2011

About the author

Figs. 1–4: Patient Michael Boyd on the day of the surgery. Fig 3: All teeth, including root tips, were removed, sockets thoroughly debrided and granulation tissue excised. Biopsies, laser ablation, bone grafting and guided tissue regeneration were performed. Fig. 6: One week later the patient received complete maxillary and mandibular dentures. (Photos/Provided by Dr. Lisa Marie Samaha)

Remarkably, the first words out of his mouth were spoken as though they had been his all along! Michael looked and felt exceptionally well.

We delivered his complete maxillary and mandibular dentures and he received them with tears in his eyes — and a big, bright smile on his face.

He said they felt just like he had had them all his life. Remarkably, the first words out of his mouth were spoken as though they had been his all along! Michael looked and felt exceptionally well.

Summary
This life-saving makeover provided Michael with a healthier and happier life with fewer complications from his diabetes and other systemic health challenges.

Not surprisingly, his mom was the first one he wanted to share his new smile with the day he received his dentures. As soon as that visit was over, Michael returned to spend time and spread some cheer with the soldiers at the VA and then, escort his neighbors on their errands.

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By Robert Selleck, Managing Editor

North America’s biggest dental meeting lived up to its reputation for innovation and broad scope, Nov. 27–30 in New York City, with high attendance and a diverse, nonstop offering of programs and activities.

The Greater New York Dental Meeting featured challenging, live dental procedures; a massive, international exhibitor hall; hands-on learning opportunities; and limitless networking against the backdrop of one of the world’s most dynamic and entertaining metropolitan areas.

Attendees were able to choose from more than 300 full- and half-day seminars, essays and hands-on workshops in general dentistry, orthodontics, endodontics, cosmetic dentistry, pediatric dentistry and implant dentistry.

The meeting’s education hall offered attendees sessions in the Live Dentistry Arena and ADA CERP-accredited C.E. credits available at the Dental Tribune Study Club (DTSC) Symposia.

Enjoying a test drive of the Oral-B Cross Action Pro Health on Nov. 29 are New York City dental hygienists Irene Arbuiso, from left, Harvinder Pawar and Janice Brown. Answering their questions in the Crest Oral-B booth at the Greater New York Dental Meeting was Ohannes Megerdichia. (Photos/Robert Selleck, Managing Editor)

Hooman Zarrinkelk, DDS, in the Live Dentistry Arena on the morning of Nov. 30 presents ‘Immediate Full Arch Prosthetic Rehabilitation Utilizing the All-on-4 Concept: Live Surgery and Prosthetic Treatment’ with equipment and supplies courtesy of Nobel BioCare and the GNYDM.

At the Dental Tribune Awards ceremony on Nov. 28 are SHOFU GmbH Managing Director Wolfgang Van Hall, from left, Latin American Dental Federation President Dr. Adolfo Rodriguez, Dental Tribune International Publisher Torsten Oemus and AMD LASERS President Alan Miller.

A-Dec representative Ron Buonocore goes over the A-Dec 500 dental chair system with Jerry Rosenfeld, DDS, of Avon, Conn.

Kenneth Zoll displays Zoll-Dental’s Z-Soft.

New York City in its holiday finest.
Esthetics dentistry annual meeting attracts international participants

By David L. Hoexter, DMD, FACD, FICD
Editor in Chief

“The sunshine of your smile” lyrics from Stevie Wonder aptly describe the 55th annual meeting of the American Society of Dental Aesthetics (ASDA). The group met in Amelia Beach, Fla., Oct. 19–22, celebrating its 55th anniversary with an array of talented and informative participants and presenters from Canada, China, England, France, Korea, Japan, the Philippians and the United States.

The exhibitor booths were informative, and time was put aside in the overall schedule to ensure exposure of the booths, making the meeting both insightful and profitable.

Speaker presentations were wide ranging, covering a broad spectrum, yet they were highly detailed as well.

The ASDA continued to stress practicality with breakout, hands-on reinforcement sessions.

Practice management lecturer Lisa Philp gave a timely presentation on understanding the personalities of today’s patients. George Freedman, DDS, presented an analysis of dental products and their uses. Howard Glazer, DDS, delved into the honesty of current dental product advertisements, while Dan Ward, DDS, Paul Belvedere, DDS, and Marvin Fier, DDS, showed successful dental techniques made practical. I presented on the use of cosmetic periodontal surgery to improve health, color and root recession coverage to enhance the background of the smile, thus enhancing the overall smile.

Irwin Smigel, DDS, presented the ASDA’s fellowships and honors in one of the meeting’s many festivities. There was truly much to celebrate on the ASDA’s 55th anniversary.

About the ASDA

Formed in 1976, the ASDA was the first dental society dedicated to dental aesthetics. Irwin Smigel, DDS, the founding father of the ASDA, is considered the grandfather of esthetic dentistry.

Initially the society had three founding fathers: Stan Bierman, Len Linkow and Smigel. However, Smigel forged the path for acceptance of cosmetics in the dental field, leading to the development and enhancement of new materials and products to achieve esthetics, durability and functionality in the oral cavity. He is truly the “Super Smile” of esthetic dentistry.

The American Society for Dental Aesthetics is dedicated to the advancement of esthetics in all phases of dental practice. To accomplish such goals, membership is limited to qualifying dentists who are nominated by members of the society.

A requirement for continued membership is attendance of at least one meeting every other year.
Yankee Dental Congress features hands-on ‘High-Tech Playground’

Preregistration now required for no-charge courses


Standing-room-only sessions are nothing new at the YDC, but don’t expect to slip into the back at the hottest sessions this year. Even the no-charge courses at the meeting now require preregistration. The only exceptions are the High-Tech Playground, student lecture and student table clinics. Your seat will be reserved for 10 minutes after the start of the course. When the room is filled, no additional people will be admitted, and no standing is allowed by order of the fire marshal.

Something for everybody

YDC provides education for the entire dental team. Specialties represented include endodontics, forensics, oral pathology, oral surgery, orthodontics, pediatric dentistry, periodontics and periodontics. Innovative technology, products and services are introduced on the exhibit floor by many of the more than 450 exhibitors. Exhibit hall highlights include a free luncheon and a beer-and-wine reception on Friday.

Special events at YDC include: The Fab Four, a Beatles tribute band; Yankee’s Fat Thursday Carnival; and cocktails with Clinton Kelly of TLC’s top-rated show, “What Not to Wear.” Other highlights include: Dental Office Design Pavilion (tour state-of-the-art operatories and view new and upgraded dental offices from across North America; meet with contractors, architects, designers, financial planners and equipment specialists); live dentistry (watch top clinicians perform live procedures); C.E. on the exhibit floor (participate in innovative, high-quality, hands-on courses and lectures at a significantly reduced rate); High-Tech Playground (try out tools and gadgets, ask questions and view C.E. presentations); children’s conference care (use on-site care for children ages 6 months to 12 years).

(Principal photo provided by Greater Boston Convention & Visitors Bureau)

Registration is now open for the American Academy of Cosmetic Dentistry (AAD) 28th Annual Scientific Session in Washington, D.C., May 2–5.

Building on the success of last year’s session, the event will feature many heavy-hitting educators, social events and networking opportunities. Appropriately themed, “Learn Outside the Lines,” the conference will challenge attendees with an interdisciplinary approach to education, including a mix of lectures and hands-on workshops. Dental teams will return from D.C. with a renewed perspective on the field of cosmetic dentistry after having spent several days honing their skills and learning about new techniques and materials.

The session will be hosted at the Gaylord National Resort & Conference Center in National Harbor, Md., giving attendees the opportunity to engage in a world-class cosmetic dental education, but also experience the dynamic city of Washington, D.C.

Educators scheduled to appear include:
• David Garber, DMD
• Christian Coachman, DDS, CDT
• Eric VanDooren, DDS
• Pete Dawson, DDS
• John Cranham, DDS
• Scott Finlay, DDS
• Carl Misch, DDS, MSD
• Gordon Christianson DDS, MSD, PhD
• Paul Child, DMD, CDT

Among Boston’s many popular tourist attractions, Boston Harbor ferries offer quick trips or multihour cruises, day and night. (Photo/Provided by Greater Boston Convention & Visitors Bureau)

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(Principal photo provided by Greater Boston Convention & Visitors Bureau)
Québec event adds new C.E. symposia

**Partners with Dental Tribune Study Club**

The Ordre des dentistes du Québec (ODQ) will hold its 42nd Annual Meeting, the Journées dentaires internationales du Québec (JDIQ), from May 25 to May 29 at the Palais des congrès in Montréal, Québec.

Last year’s meeting attracted 12,314 participants from around the world, ranking it among the top 10 dental conferences in North America.

The event features Canada’s largest exhibition floor and ample opportunity for all dental professionals to earn C.E. credits. Members of the entire dental team are well represented through their professional dental organizations, including hygienists, assistants, office personnel and dental technicians.

For the first time, JDIQ and Dental Tribune International will host a Dental Tribune Study Club (DTSC) C.E. Symposia right in the center of the exhibit floor. On both days of the meeting, a leading panel of specialists will offer ADA CERP-accredited C.E. lectures covering various dental specialties. Lectures will be offered in either English or French.

Visit the exhibit floor to earn credits. There also will be a chance to win prizes.

**New ODQ president elected**

Barry Dolman, DMD, in private practice in Montreal since 1975, has been elected ODQ president. He holds a doctor in dental medicine degree from the Université de Montréal and a Bachelor of Science from McGill University. He is a director of the ODQ, chairman of the Canadian Section of the Pierre Fauchard Academy, an advisor to the Académie dentaire du Québec and an expert for the ODQ Fonds d’assurance-responsabilité professionnelle.

Dorman is also a fellow of the Académie dentaire du Québec, the Pierre Fauchard Academy and the American College of Dentists, an honorary member of the Canadian Dental Association, a lifetime member of the Québec Dental Surgeons Association and past president of the Canadian Dental Association.

Dolman took office Nov. 4 for a four-year term. He succeeds Dr. Diane Legault, who served as president of the ODQ from 2006 to 2011.

**ODQ’s mission**

The mission of the Ordre des dentistes du Québec is to serve and support the highest quality of oral care being provided to residents of Québec. Since 1974, it has worked with professionals to ensure the quality of dental services, the high standards of practice and ethics, and to promote oral health in the population of Québec. (Source: Ordre des dentistes du Québec)
Global handpiece manufacturer boosts North American presence

NSK Dental invests in support, service and distribution to serve more practices

By Robert Selleck, Managing Editor

For years, NSK dental handpieces have had a strong base of devoted users in the United States and Canada who are attracted to the company’s reliable, user-friendly performance and reputation for quality. A word-of-mouth advertising strategy combined with highly targeted customer relationships has worked well for the organization. But the strategy has also meant that there are many dental professionals who still aren’t sure about what makes NSK so different in the handpiece market.

That’s about to change.

The dental equipment manufacturer, founded in 1930 in Japan, is raising its U.S. and Canadian profile in a big way, perhaps most tangibly to date by the May 2011 opening of its newly constructed North American headquarters in Illinois. The facility includes a showroom, training facility, expanded warehouse space and a larger parts and service center.

“The company made the decision last year to increase its investment in North America in 2011,” said NSK Dental Marketing Manager Rob Gochoel. “We’ve also added office and technical-service staff, and an internal team of representatives who will be able to work directly with a greater number of dental practices.”

The company is also expanding its distributor relationships. As a whole, the efforts should enable NSK to provide information about its unique business model to most of the dental practices in North America.

The company’s efforts also include an expanded dental convention presence, which began with the 2011 Greater New York Dental Meeting, so practitioners are more easily able to hold an NSK handpiece and experience firsthand what has enabled the company to become one of the top handpiece manufacturers in the world.

“We’re making the investment in an opportunity to connect with more customers,” Gochoel said. “Not only will we be able to handle customer questions and inquiries much faster, but we also will be able to further develop a sense of loyalty by developing even more personal relationships with doctors.”

Innovation based on input

Close relationships with its customers are critical to the company, because that is what has driven its global growth for more than eight decades. “Everybody is pretty excited,” said NSK Dental President Mirco Stiehle. “We have very good feedback from the market so far. I am looking for-ward to working with dental professionals and learning more about what they want from us because that’s where we’re coming from. We need to understand what we need to be doing to be successful in the U.S. And that means providing products that fit to the customer demand.”

NSK is able to respond quickly and specifically to localized needs because it maintains complete in-house control of the manufacturing process. An example of how such a philosophy translates into real products is the NSK S-Max Pico, which has the smallest head and neck size of any handpiece on the market. NSK built it in response to requests from practitioners in Asian markets with higher numbers of patients with smaller-than-average mouths. Interestingly, a bonus realized by the company’s willingness to address this need is that the S-Max Pico has gone on to also receive high interest from pediatric practitioners throughout the world.

“We know there are other needs out there that aren’t being met,” Gochoel said. “We want to provide options based on what customers are asking for. We love to solicit feedback through our office at (888) 675-1875 and through our microsite at www.nskdental.us.”

Key to the company’s ability to develop equipment in direct response to customer need is its commitment to controlling the entire manufacturing process. Nearly 90 percent of the 17,000-plus parts that go into the creation of its handpieces are manufactured in house.
Focus on quality starts at the top

In addition to supporting its market responsiveness, NSK’s keep-it-in-house philosophy enables it to relentlessly control quality at every step of the development, testing and manufacturing process. “Quality is really the top priority for us,” Stiehle said, “especially for Eiichi Nakanishi [NSK president and CEO].”

Nakanishi, confirmed that statement: “Since the founding of the company,” he said, “we have adhered to very strict quality controls to make sure our products earn dentists’ satisfaction. We have strong policies on manufacturing almost all components in-house. Currently about 90 percent of the mechanical components, including electric micromotors and high-speed ball bearings, are manufactured in-house. No other competitors can make ball bearings and micromotors in-house like we do. This is one of our biggest strengths and competitive advantages.”

Based in Japan, but frequently traveling the world, Nakanishi described his core role at NSK as being to ensure the global organization has a strong, motivated team in place with a clear understanding of what it takes to delight customers.

“We have the engineering excellence needed to enable dental professionals to make their dream products real,” Nakanishi said. “We want to listen to the voices of dentists in order to develop very useful and wonderful products.”

Stiehle said that responding to specific customer demand isn’t limited to a product’s purpose and function. “It’s not just that we offer a product in every category of dentistry from a clinical point of view,” Stiehle said. “It also means offering a range of price points.”

Cost sensitivity also drives the company’s focus on providing one of the largest selections of coupler adapters available to make it easier for practitioners to test-drive and purchase an NSK handpiece. “Our intent is to make it as easy as possible to integrate an NSK handpiece into the practice,” Gochoel said. “By being compatible with virtually all competitor coupler systems, we eliminate the need to buy a lot of additional couplers or incur the expense of retrofitting all the operatories. It’s just one more example of a smart, customer-centric focus.”

Rounding out the commitment to quality assurance, pricing options and responsiveness is awareness that the ultimate customer is the patient. “I am a strong believer in the need to be aware that we are a medical device company, and that with that comes a huge responsibility, not just in terms of quality, but also comfort and safety of the patient,” Stiehle said. “When I am sitting in the dentist chair, I want to make sure that I am worked on with the best product out there. That’s what is most important to us: the safety and comfort of the patient.”

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(Source: NSK Dental)
Nordic masters of dentistry
In its 40th year, Planmeca closes in on a fully integrated workflow

By Daniel Zimmermann
Dental Tribune International

Being a socially responsible company with a clear vision is one thing. Being at the top of the trade for more than 40 years is another. The Finnish dental manufacturer Planmeca is both.

Established in the early 1970s, when computer technology promised to open a new world in industrial design, the company was the first to incorporate microprocessors in its dental units. Since then, this idea has spawned a new age for dental technology equipment and has set the standard for a whole industry for decades to come.

Owing to this fact, one might reduce Planmeca’s expertise only to dental units, such as the slick and ergonomic Compact i or their flagship product, Sovereign. But over the years the company has also regularly launched a number of sophisticated dental X-ray devices and imaging software onto the market that have become household names not only in dental practices worldwide, but also in rather unlikely places such as United States military bases. Overall, the Planmeca Group with its six affiliates generates a turnover of €700 million worldwide (according to its own estimates), a number that puts Planmeca easily on par with other dental industry giants such as Sirona Dental Systems or KaVo.

It may seem unusual that all this success happened to be and is still generated from a rather unremarkable site in Herttoniemi, an old industrial district six miles east of Helsinki’s city center. There, the company recently completed the expansion of its premises by more than one-third to almost 558,000 square feet, an area so large that it could now accommodate more than seven soccer fields. Besides administrative offices, the new shiny glass façade that reflects the Nordic blue sky on sunny days hides buzzing production facilities and a fully automated warehouse with robotic forklifts on the ground level.

“Planning the building started on April last year, and despite the extremely rough winter conditions, construction stayed on schedule,” said Heikki Kyöstila, president of Digital Imaging Helianna Puhlin-Nurminen, the system not only reduces radiation exposure to patients, but also assures enhanced clinical and esthetic outcomes.

In addition, intra-oral surface data can now be integrated into dental units with the new Planmeca PlanScan scanner, available as a cart delivery system and with open connectivity, which was designed to enable dentists to capture the complete intra-oral situation of a patient and save it as a 3-D model for immediate design without the need for fabricating a physical model.

This new automated warehouse is both a representative of the company and a shining example of the Romexis software, which has recently been expanded with a stand-alone application for iPhone and iPad devices for clinicians to access and share 2-D and 3-D images via mobile networks worldwide. With the iRomexis application, the first time dentists also have a free native application with true 3-D surface rendering in the palm of their hands, a representative of the company said.

For Kyöstila, however, this is only the beginning of a new age in dentistry. According to him, it all comes down to his company’s solution-oriented thinking and passion to achieve a perfect workflow for dental surgeons.

“We believe the best way to design cutting-edge products that really meet the needs of our customers is to listen to them closely,” he concluded. “Observing and learning from their workflow helps us to understand the significance of the smallest details that can make a world of difference to the user.”

Planmeca president Heikki Kyöstila demonstrating a panel that controls the new automated warehouse. (Photos/ Daniel Zimmermann, Dental Tribune International)
Fast, reliable bite registration every time

*R-SI-LINE METAL-BITE* A-silicone delivers high precision, speed, stability and strength

For more than a decade, R-dental has offered METAL-BITE®, the universal registration material. The dark grey A-silicone guarantees excellent universal registrations. According to the German opinion leader Prof. Dr. Gutowski, METAL-BITE is also usable for the biteplate of the facebow registration system and for dynamic registrations (FGP-technique).

METAL-BITE shows perfect physical properties: It is extremely fast and hard, thixotropic and high standable. The snap-set guarantees the highest precision. Once cured, METAL-BITE is inflexible and not crumbly, with a sufficiently long working time (25 seconds). A high Shore D-hardness (40) and high dimension stability are convincing advantages of the reliable registration material.

The universal registration material is available in 50-ml cartridges, and there are also accessories available. For more information, please contact the manufacturer.

R-dental Dentalerzeugnisse GmbH Winterhuder Weg 88 22085 Hamburg, Germany Tel: +49 40-22757017 info@r-dental.com www.r-dental.com

### Lab network’s rebate program helps cover cost of your in-practice digital impression system

Sirona Dental Systems has announced that Dental Services Group™ (DSG), a network of 25 North American laboratories, is now providing CEREC® and CEREC® AC Connect users with an attractive rebate and placement program.

Both new and existing CEREC AC Connect users who choose to use Dental Services Group for any laboratory needs will earn a generous rebate to help cover the cost of their CEREC AC Connect digital impression system. Rebates are issued in the form of laboratory credits and are applied to the user’s DSG lab invoice. Rebates range in size based on monthly DSG lab bills and can cover all financing costs, service contrats, and provide savings on restorations at the highest level.

The program is based on increments of business done with DSG. In addition, DSG created a Placement Program for dental professionals interested in having a CEREC Connect placed in their practice with no up-front costs. Interested parties simply commit to a certain amount of incremental annual lab work with DSG and DSG will cover the cost of the scanner.

“The goal at DSG is to provide services that help make our lab customers successful,” said Buddy Pickle, Dental Services Group CEO. “Providing CEREC milling capabilities and including the CEREC AC Connect in our rebate and placement programs are services we offer to help achieve that goal.”

“We are very excited about DSG’s digital impression program for CEREC and CEREC AC Connect users,” said Norbert Ulmer, director of Laboratory CAD/CAM for Sirona. “We consider DSG to be an active player in driving the usage of digital impression technology. By providing these attractive incentives, DSG is striving to elevate dental care and introduce efficiencies to the entire restorative process. The programs are substantial steps toward making digital impressions a reality for all and, in turn, will benefit patients, dentists, and ultimately the entire dental community.”

For more information, please contact your DSG representative, call Sirona at (855) 463-2248, or visit www.inlab.com.

### About Sirona Dental Systems

Recognized as a leading global manufacturer of technologically advanced, high-quality dental equipment, Sirona has served equipment dealers and dentists worldwide for more than 125 years.

Sirona develops, manufactures and markets a complete line of dental products, including CAD/CAM restoration equipment (CEREC and inLab®); digital and film-based restoration equipment (CEREC); and the entire dental community.

For more information, please call Sirona at (855) 465-2248, or visit www.sirona.com

(Source: Sirona Dental Systems)

### Bottle filters nasties, leaves in fluoride

The Gottawatta bottle removes chemicals from treated water without removing fluoride, and it also can filter bacteria from untreated water. (Photo/Provided by Gottawatta)

It's a truly unique, reusable filtered water bottle that provides consumers with a convenient and affordable, environmentally-friendly way to enjoy clean, healthy drinking water from virtually any source. The Gottawatta filtered water bottle is an ideal solution for those seeking an affordable, environmentally friendly way to enjoy clean drinking water at home or on the go — whether or not there is access to a municipal source of drinking water.

While there are a number of filtered water bottles available that make it possible for consumers to quickly and easily remove chemicals from treated tap water, the Gottawatta bottle goes a step further, and that’s one of the features that makes this particular filtered water bottle truly unique. In addition to removing chemicals from drinking water, the Gottawatta filtered water bottle also safely filters bacteria out of untreated water. The fact that the Gottawatta bottle can convert lake or stream water to safe drinking water quickly and easily makes the product an ideal choice for those who enjoy camping, canoeing, fishing, sports and other outdoor activities. It’s also an ideal addition to any disaster preparation kit.

Using a Gottawatta filtered water bottle offers many additional benefits. For example, using this BPA-free refillable bottle is much less costly than purchasing pre-filled disposable water bottles and it’s also better for the environment. It can also have a positive impact on dental health if you use it instead of purchasing bottled water. That’s because bottled water doesn’t contain fluoride.

When you filter treated water with a Gottawatta bottle, the potentially harmful chemicals come out, but the fluoride stays in.

The Gottawatta filtered water bottle retails for $19.99; this includes bottle, filter and a carabiner. Replacement filters are $14.99. Filters can be expected to last for 500 tap water uses or 160 uses with untreated water. Discounts are available on multi-pack purchases. The bottle is available at www.gottawatta.com.

(Source: Gottawatta)
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Easy as one, two, three

Shofu’s BeautiBond seventh-generation bonding agent is simple to use and offers quality result

By Fred Michmershuijzen, Online Editor

BeautiBond™ is a seventh-generation bonding agent developed by Shofu. This new product contains unique dual adhesive monomers that work independently to produce equal bond strengths for dentin and enamel.

Available in convenient unit doses, BeautiBond offers easy, one-step, one-coat applications. Just ask Howard S. Glazer, DDS, a general practitioner who has been using the new product for some time now at his practice in Fort Lee, N.J. “I have been a seventh-generation user from the day they were introduced and have used every one on the market, and I am telling you — this one is hot, and it is getting hotter,” Glazer told Dental Tribune.

BeautiBond’s enhanced bond strength rivals that of leading sixth-generation adhesives, but with the convenience of a seventh-generation material. “It will definitely get people who have been hesitating to switch. In fact, it makes ‘the leap’ so much easier, and ‘the leap’ is in quotes because there is no leap really,” he said.

Glazer said he likes BeautiBond because it incorporates two separate chemistries that bond to both the dentin and the enamel. He also likes that it works with a very low micrometer thickness, leaving no gap of potential porosity for his patients. The light-cure, self-etching adhesive has a film thickness of less than 5 micrometers for better adaptation of restorative materials and is ideal for highly esthetic and minimally invasive restorations.

And another huge plus, Glazer said, is the ease of use the product offers. BeautiBond requires very few steps and the unit dose delivery is stable, for excellent chairside handling. “There is no fumbling, no mixing, no shaking,” Glazer said. “Just look at the steps card — it is as easy as one, two, three.” A single application of BeautiBond requires just 30 seconds for a durable, reliable bond. High bond strengths are achieved due to BeautiBond’s HEMA-free composition, resulting in virtually no gingival blanching, which is normally caused by the combination of HEMA and the acid monomer.

With excellent biocompatibility and bonding durability, BeautiBond is an all-in-one adhesive that enables etching, priming and bonding in one simple step for a wide range of applications. BeautiBond can be used with any composite resin on the market, and is ideal for use with Shofu’s Beautifil II composite restorative material.

Beautifil II, designed for any application, is wear-resistant with low shrinkage and has a “chameleon-like” quality that allows for a harmonious blend of shades with natural tooth color, yielding ideal fluorescence and optical characteristics that mimic natural teeth,” according to a recent review by Glazer.

A curious practitioner who is always looking for increased efficiency, Glazer typically tests half a dozen or so new products every month. “I want things that are faster, easier and better, not only for me, the doctor, but also for the ultimate end user — the patient,” he said. “After all, we’re in the smile business, so we like to keep everybody smiling.”

Free audio CD: Examine, diagnose your practice’s financial systems

CareCredit is offering a free educational audio CD, Examine and Diagnose Your Financial Systems, featuring Lisa Philp, president, of Transitions Group, an exclusive partner of Benco Dental. Philp is a certified management consultant and has personally coached over 20 million patients. CareCredit is pleased to share with dental practices and has been used by more than 20 million patients.

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(Source: CareCredit)

In the audio program, certified management consultant Lisa Philp discusses how, among the 44 systems at work within a dental practice, the financial system is arguably the most important. (Photo/Provided by CareCredit)

and explains how dental teams can diagnose and fix inefficiencies within the system — starting with the practice’s written financial policy. She also provides techniques that make discussing money with patients easier, proven case-acceptance techniques and key benchmarks that indicate failure in the financial system.

Practices that currently offer CareCredit can request a copy of this free audio CD by contacting their Practice Development Team at (800) 859-9075, option 1, then 6.

Practices that have yet to add CareCredit as a payment option can call (800) 300-3046, ext. 4519 to request their complimentary copy.
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)
Universal self-etch bonding agent doesn’t need a separate activator

Oxford Scientific Dental Products introduces Oxford Bond SE, a simple-to-use, self-etching bonding agent. Oxford Bond SE is designed for use in both direct and indirect techniques. The agent provides strong, reliable bonding of composites, compomers and resin-reinforced glass ionomer materials to dentin and enamel.

Unlike most self-etching bonding systems, Oxford Bond SE can be used for indirect procedures without adding a separate adhesive or dual-cure activator. This simplifies the procedure and makes it more reliable by eliminating any variability in mixing by various staff members, ensuring a tenacious bond with every procedure.

Proven to be superior
Oxford Bond SE provides all the benefits of a cutting-edge self-etch adhesive: less patient sensitivity, ease of use and fewer application steps. It exhibits superior bond strengths to both dentin and enamel. In a laboratory study (data available upon request), Oxford Bond SE showed bond strengths superior to six of the leading self-etch adhesives on the market.

Oxford Bond SE received a ++++ rating from The Dental Advisor. More than 50 percent of the evaluators stated they would switch from their current self-etch bonding agent to Oxford Bond SE.

Oxford Bond SE is very simple to use. Application requires only three steps with a total time of 45 to 50 seconds. Light curing is achieved in 20 seconds and self-curing is achieved in five minutes.

Oxford Bond is supplied in 5 ml bottles or in 0.15 ml single doses. The single-dose delivery system is highly reliable. Gravity feeds the fluid in the upper chamber into the lower chamber, insuring a complete and homogenous mixing of the components.

Each single-dose container has enough to bond to at least three units. This single-dose system provides enough material for a standard procedure without wasting an inordinate amount of bonding agent in the mixing well. It also promotes good infection control.

About Oxford Scientific Dental Products
Although the Oxford Scientific brand name may be new to North American dental professionals, the company has been manufacturing dental consumables for a number of U.S. companies for nearly 20 years. Oxford Scientific Dental Products are manufactured to the highest standards. The facility is FDA registered and the products are CE certified.

The company’s mission is to provide the dental consumer with the finest quality materials based upon state-of-the-art manufacturing and the pride of a dedicated workforce.

The company’s portfolio currently contains: a core build-up material, Oxford Zircore Nano, a dual-cure, nano zirconia filler reinforced resin core build-up material that was rated “Excellent-Good” by an “independent, non-profit dental education and product testing institute” in its January 2011 newsletter; a complete line of temporary crown and bridge materials, such as Oxford Temp, a temporary C&B material, Oxford Temp Cem, a temporary cement and Oxford Correct, a flowable composite repair material for the temporary C&B material.

Oxford Correct was selected by the “independent, non-profit dental education and product testing institute” for its 2010 Buying Guide, published in its December 2010 newsletter.

The Oxford Scientific Dental Product portfolio will constantly expand to fulfill the needs of every practice for high-quality restorative materials at a competitive price, while maintaining a commitment to satisfaction.

New pick-up method cuts time, eliminates accidental locking of dentures to implant

VOCO is introducing with Quick Up an innovative and complete implant pick-up system that virtually eliminates the risk of interlocking and cuts chairside time in half.

Designed specifically for bonding attachments, such as ball, Locator® and telescopic attachments as well as other attachments in acrylic-based dentures, Quick Up can also be used for reattaching secondary elements in a denture such as bar retainers. With everything in one system, Quick Up improves workflow and chairside efficiency — saving time and money.

The system includes Quick Up self-curing composite in the Quick-Mix syringe. Easy to use, Quick Up SC demonstrates exceptionally high strength. Other components of the System include: Fit Test C&B, used to check whether the openings in the denture base provide enough space to receive the attachments and for blocking out undercuts in the overdenture; Quick Up adhesive, a strong adhesive material that is applied to the underside of the denture to improve composite retention; and Quick Up LC, a light-cure composite used to correct minor surface defects in the denture.

In the new Quick Up technique, the recess holes will be filled only two-thirds with the self-cured Quick Up SC and after intraoral setting, finished with the light-cured Quick Up fill LC. This procedure does not require vent hole preparation and excess material removal; polishing time is significantly reduced. Overall procedure time is cut in half compared with classic methods.

Office management software links to drug, clinical data

Carestream Dental, a subsidiary of Carestream Health and the exclusive manufacturer of KODAK Dental Systems has entered into a comprehensive data-sharing agreement with Lexicomp, a global provider of drug information and drug data solutions for health care professionals.

Through this venture, Lexicomp’s vast, subscription-based database of comprehensive drug information and clinical reference content will be made accessible through Carestream Dental’s SoftDent, PracticeWorks, Windent and WinOMS CS software. Release date will vary for each software platform.

“As with many of our products and services, our goal for this partnership is to maximize oral health professionals’ ability to further streamline office management and spend quality time on patient care,” said Carestream Dental President and CEO Patrik Eriksson.

“By giving practice professionals the ability to access Lexicomp data and pull it directly into patient records with their existing practice management software, we can improve decision support to ensure patient safety and eliminate several steps in an otherwise lengthy data entry process,” Eriksson said. “This reduces the chance of errors and saves practices valuable time as they check on drug interactions.”

Lexicomp maintains an in-house clinical team made up of advanced-degree pharmacists with significant clinical and academic experience. This team performs daily surveillance of announcements by the U.S. Food and Drug Administration and pharmaceutical manufacturers. This critical information is compiled and made available to health care systems. Information covered includes drug availability, new dosage forms, revisions to contraindications, warnings and other changes.

For more information about Carestream Dental, call (800) 944-6565 or visit www.carestreamdental.com.

(Source: Carestream Dental)
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