High tech tools on display

BIOLASE hands-on showcase includes all-new laser and imaging systems

BIOLASE, a leading dental laser manufacturer and distributor — and distributor of NewTom and 3Shape TRIOS technologies in North America — will showcase its full line of award-winning laser systems, 3-D cone-beam devices and digital intraoral scanning technology at all major and regional 2013 trade events, including the California Dental Association meeting in Anaheim.

The company will feature the products in a new “Total Technology Pavilion,” a large space with functioning equipment to allow hands-on demonstrations and discussions of the full range of applications. The Total Technology Pavilion will also feature an overview presentation of the Total Technology concept, along with brief presentations by practicing dentists who have deployed these technologies in their local practices. BIOLASE will be showcasing its line of dental lasers in booth No. 2518 and its line of NewTom products in booth No. 2519.

“We are proud to present our award-winning systems at the California Dental Association convention and beyond,” said John Bernhard, director of marketing at BIOLASE. “It represents the collective efforts of multiple teams to create an environment where dental professionals can spend time with these groundbreaking technologies to gain an understanding of their applications in the dental clinic.”

EPIC diode lasers packed with category-exclusive features

New to the California Dental Association convention this year is the EPIC Total Diode Solution, the newest laser from BIOLASE. It’s described as being packed with one category-exclusive feature after another, setting a new standard in diode laser performance and value.

A graphical touchscreen gives dentists fingertip access to as many as 20 common soft-tissue procedure presets plus 20-minute full-mouth whitening and FDA-cleared temporary pain relief. Additionally, EPIC can be a financial boon for many practices because of its integrated, FDA-cleared protocols for laser hygiene and perio as an adjunct to scaling and root planning. Plus, a new Comfort Pulse setting reduces pulse length to as little as one tenth of a second to avoid heat build-up at the surgical site — for fast tissue cutting with less patient discomfort.

More laser products

Other products available include WaterLase iPlus, WaterLase MDX and WaterLase MD Turbo, the company’s full range of all-tissue laser devices. WaterLase iPlus represents a pinnacle of 20 years of research to improve cutting speed to match that of a high-speed drill, with a fraction of the discomfort and ancillary challenges a dental drill creates, such as microfractures and smear layers.

The WaterLase MDX and WaterLase MD Turbo are described as being ideal for practices seeking a basic, lower-cost entry point for all-tissue laser dentistry.

3Shape TRIOS digital scanner, full range of WaterLase all-tissue lasers

Another addition is the 3Shape TRIOS digital intraoral scanner system.

The TRIOS digital solution, which includes a hand-held scanner, operator’s control cart and intuitive software, provides faster impression taking, improved accuracy and clinical results, reduced need for retakes and less adjustment and grinding. TRIOS’ unique features include: spray-free scanning; high accuracy optimized for an extensive range of indications; clinical scan validation; online communication with the dental lab; and intuitive Smart-Touch user interfacing.

NewTom compact CBCT technology helps increase treatment-plan acceptance

Finally, BIOLASE will be offering full-sized models of NewTom Cone-Beam-Computed-Tomography (CBCT) technology. The technology is relatively new to dentistry and is a more compact version of standard medical CT imaging that uses a cone-shaped X-ray beam to obtain a multitude of radiographs that construct digital 3-D models of maxillofacial anatomies. The NewTom VGi is reported to have one of the finest image qualities of any CBCT system in dentistry, with a minimal dose of radiation to patients. A small footprint, a full 360-degree scan, a small focal spot, higher resolution and fewer fields of view — everything works to deliver super-sharp images. Dentists using the NewTom CBCT technology report increased treatment-plan acceptance, improved diagnostic capabilities and other advantages.

This year at CDA, BIOLASE will be launching the NewTom VGi, an all-new, full-featured three-in-one imaging system. Panoramic, Cephalometric and 3-D CT scans, all from one, affordable device. These devices in one system for economics in space and cost.

The VGi offers multiple fields of view, a removable 2-D sensor and much more. The VGi also offers patented Safe-beam technology, which gives off the lowest possible dose of radiation to patients. Furthermore, the NewTom VGi will incorporate the new generation of NNT software.

About BIOLASE

BIOLASE is a biomedical company that develops, manufactures and markets dental lasers and distributes and markets dental imaging equipment.

The company’s laser products incorporate approximately 290 patented and patent-pending technologies that provide biological treatment and clinically superior performance with less pain and faster recovery. Its imaging products provide cutting edge technology at competitive prices to deliver the best results for dentists and patients.

BIOLASE’s core products include dental laser systems that perform a broad range of procedures (including cosmetic and complex surgical applications) as well as a full line of dental imaging equipment and CAD/CAM systems. BIOLASE has sold more than 21,000 lasers.

(Source: BIOLASE)
3 reasons your website should be optimized for mobile device users

Deliver the experience that smartphone users expect

By Diana P. Friedman, MA, MBA

According to Pew Internet, 45 percent of American adults owned a smartphone as of December 2012.1 As these powerful devices increasingly make their way into the pockets and purses of your existing and potential patients, it’s a business imperative that your website deliver the experience these users expect.

A strong mobile presence helps you get in front of prospective patients at the moment they’re looking for your business, and capture their attention once you have it. On the other hand, if your site doesn’t look good or function properly on a smartphone, it won’t take long for patients to move on to one that does.

Not sure if mobile is important to your practice? Here are three reasons you could be missing the boat — and missing easy opportunities to attract new patients to your practice.

Mobile is where your patients are

Many of your patients probably use the mobile Web; if they don’t, it’s likely just a matter of time until they do.87 percent of smartphone users access the internet using their phones,2 and U.S. smartphone users spend an average of 13 billion minutes a month on the mobile Web.3 Mobile Web usage has exploded over the past few years and shows no signs of slowing: it’s currently the fastest-growing source of internet traffic,4 and many industry experts project that mobile internet usage will exceed desktop internet usage by 2014.5

For many smartphone users, mobile has also become their preferred way to use the Web: 31 percent of current mobile Web users mostly go online using their phones.6 A sesame Communications research case study found that a mobile website drove an average of 19 calls per month to the practice.7

With so many of your patients “going mobile” these days, it’s important to make sure they can quickly and easily access your site on their devices.

Mobile is how patients research — and make — buying decisions

More and more people are using the mobile Web to research and buy goods and services. In 2011, more than $106 billion in online purchases were made on mobile devices, and this number is expected to grow at least 42 percent every year through 2015.8

Even people who don’t buy anything on their mobile devices often use them to research products before making a purchase.9

Optimizing your website for mobile will help you best capitalize on the mobile Web as a tool for building relationships with patients.

Photo/Provided by Sesame Communications

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Photo/Provided by Sesame Communications

Your practice in the palm of their hand

Sesame Mobile

Mobile is the fastest-growing source of traffic on the Internet. These are your patients, looking up your practice on the go, and it is crucial that your website properly displays on their mobile device. A mobile optimized website from Sesame ensures that you, not your competitors, convert a visitor into a new patient.

Reach on-the-go patients today!

866-489-7778

solutions@sesamecommunications.com

www.sesamecommunications.com

See MOBILE, page A15
Expert Dental CE creates two restorative, esthetic modules

Courses designed to address single biggest reason for rejected insurance claims: poor, marginal fit

Dr. Dennis Tarnow on “Periodontal Treatment: A Powerful Tool for Healthier Gums” and Better Crowns.”

Dr. Graz Giglio on “A Review of Smile Design Parameters” and “Achieving Aesthetic Laminate Veneers.”

Dr. Mariano Polack on “Understanding Current All-Ceramic Systems.”

Dr. Dean Vafadis on “Computerized Dentistry for Private Practice: Abutments, Ceramics and Occlusion.”

Module Two carries Expert Dental CE’s agenda forward by combining four outstanding lectures into a cohesive group that explores the up-to-date theories in smile design, performing laminate veneers and understanding the differences in ceramics and the cements they require for the best performance and esthetics. Also covered in detail is the latest information available on current knowledge for chairside CAD/CAM technologies for single units and implants.

For more information, contact Expert Dental CE at info@xpapce.com or visit: www.expertdentalce.com

Reflecting a new name, www.expertdentalce.com points to www.xpapce.com. Visitors to the website will find a full online community for dental professionals, with C.E. courses, new products and expert speakers such as those pictured below.

Diana P. Friedman, MA, MBA, is president and chief executive officer of Sesame Communications. She has a 20-year success track record in leading dental innovation and marketing. She has served as a recognized practice management consultant, author and speaker. She holds an MA in sociology and an MBA from Arizona State University.

Dr. Dr. Dennis Tarnow

Dr. Jim Fine

Dr. Graz Giglio

Dr. Mariano Polack

Dr. Dean Vafadis

In keeping with its mission to provide high-level online CE courses, Expert Dental CE (www.expertdentalce.com) has launched its first two modular programs in Restorative and Aesthetic Advances.

Both modules are CERP approved. “Our mission,” said Expert Dental CE Co-Founder Dr. Frank Murphy, “is to move dentistry that modules that give the learner more than a superficial introduction to a technique, while at the same time offering material that is useful and practical.

Learn the latest techniques for everyday procedures

Module One ($299 and worth six C.E. credits) consists of the following scholars and topics:

• Dr. Charles Goodacre on “How to Achieve Excellent Marginal Fit & Cervical Contour with Crowns.”

• Dr. Burney Croll on “Emergence Profiles in Natural Tooth Contour.”

• Dr. Thomas Crowe on “Crowns: A Powerful Tool for Healthier Gums” and Better Crowns.”

• Dr. Dennis Tarnow on “Periodontal and Prosthetic Management of Furrat-ed Teeth: Parts I, II, III.”

“We created this module, in part, because one of the single biggest reasons insurance claims are rejected by carriers is poor marginal fit.” said Expert Dental CE’s other co-founder, Dr. Alan Winter. “But that’s not the only reason.” Winter also said that as dentists gain more clinical experiences through the years, they can become more removed from their dental school education, and there is a great benefit to gain from brushing up on the latest techniques for everyday procedures. “As a practicing periodontist,” he says, “I see greater value in learning how to reduce the incidence of periodontal disease and save dentitions than in taking a course that requires four surgeries and expensive biologicals to grow a papilla or 1 millimeter of bone.”

Newest theories in smile design

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(See Expert Dental CE)
Implant position in esthetic zone

Since the advent of modern root form osseointegrated implant dentistry in 1982, clinicians have strived for improvements in implant positioning in the esthetic zone to achieve predictable restorative and esthetic results. Years of clinical experience in conjunction with controlled clinical studies have helped establish parameters as a guide for these results. Establishing a treatment plan and clinical protocol prior to implant placement is paramount.

Treatment planning traditionally begins with comprehensive medical and dental evaluations, articulated diagnostic casts, radiographs, cone-beam computed tomography (CBCT) scans and a diagnostic wax-up. Patient demands must be taken into consideration prior to surgery, and presurgical mockups may be necessary to convey the information to the patient.

The advancement of CBCT technology has led dentistry into a new realm of dimensional accuracy. In combination with the use of a surgical or guided stent, proper 3-D positioning of an implant has led to more accurate clinical results. The importance of the implant position can be manifested in the four dimensionally sensitive positioning criteria: mesiodistal, labiolingual and apico-coronal location, as well as implant angulation. The ultimate goal is not only to avoid sensitive structures, but to respect the established biological principles to achieve esthetic results.

Mesiodistal criteria
Correct implant position in a mesiodistal orientation allows the clinician to avoid damaging adjacent critical structures. A minimum distance of 15 mm between implant and existing dentition prevents damage to the adjacent teeth and provides proper osseointegration and gingival contours (Fig. 1a). Distances of less than 3 mm between two adjacent implants leads to increased bone loss and can reduce the height of the inter-implant bone crest. A distance of more than 3 mm between two adjacent implants preserves the bone, giving a better chance of proper interproximal papillary height (Fig. 1b).

Labiolingual criteria
An implant placed too far labially can cause bone dehiscence and gingival recession, while an implant placed too far lingually can cause prosthetic difficulties. A thickness of 1.8 mm of labial bone may give prosthetic advantages, but can lead to crestal bone loss. The ideal solution would be the placement of an implant equatorially or subcrestal to the ridge. However, the existing microgap at the implant abutment junction leads to bone resorption due to peri-implant inflammation.6 It is suggested that an implant collar be located 2 mm apical to the CEJ of an adjacent tooth if no gingival recession is present (Fig. 3).

Implant angulation
Implant angulation is particularly important in treatment planning for screw-retained restorations. Implants angled too far labially compromise the placement of the restorative screw while implants angled too far lingually can result in unfavorable and unesthetic prosthetic design. For every millimeter of lingual inclination, the implant should be placed an additional millimeter apically to create an optimal emergence profile. In general, implant angulation should mimic angulation of adjacent teeth (Fig. 4). Furthermore, maxillary anterior regions require a subtle palatal angulation to increase labial soft tissue bulk.11

Inclusive tooth replacement
The Inclusive® Tooth Replacement Solution was developed by Glidewell Laboratories as a complete, prosthetically driven method of restoring missing dentition. The solution comprises treatment planning, implant placement, patient-specific temporization and the definitive restoration (Figs. 5a–5f). When utilizing the comprehensive range of Inclusive delivery.

References
Odds are your practice is suffering because of a blind spot that I guarantee you’re not aware of. A blind spot that is costing you $5,000 to $54,000 a month (maybe even more). A blind spot that, if removed, could boost your new patients by 20–50 percent, maybe even as much as 100 percent.

‘Sandwich boards’ not enough

It all started about 15 years ago. I was vice president of marketing for a large practice in Georgia. My sole responsibility was generating new patients — screening for health fairs, referral programs, contests, magazine ads, newspaper and yellow page ads — just to name a few. I think I even wore a sandwich board and waved to drivers passing by at one point. It was never a question of whether or not my efforts were successful. They generated hundreds of calls every month, but the hard-earned calls just weren’t translating into new patients.

As you can imagine, this was a beast that had to be tackled. So I rolled up my sleeves and started thinking my way into it, trying to figure out how to close the huge gap that was eating away at the marketing dollars spent and costing the practice thousands of dollars a day. I was able to use our practice as a learning lab. I worked day in and day out to discover the blind spot and figure out how to get rid of it. I knew I had cracked the code when the calls started transm...