Many Dentists are experiencing suppressed cash flow, stunted growth, and stagnation throughout the practice. This study conclusively reveals that there is one underlying major cause for 94% of the practices suffering from this disturbing occurrence. The results were shocking and overwhelming.

Here are a Few Highlights from the Report that the Research Revealed:

There are only three methods proven (and actually backed by research) to grow a dental practice in this economy.

The misguided “practice growth fads” of the last decade that have led to the current stagnation and decline, and how to recoup the thousands of dollars you’ve lost to them.

How to not get caught in the fallacy of “spending more” on marketing, advertising, or expensive equipment — there are faster and smarter ways to make your practice profitable.

How to immunize yourself, your team, and your practice against this risk for the next 2-7 years to come.

And many more findings and key takeaways from the study...

About The Research Study

This 2015 research study spanned over 12,617 dental practices in the United States, Canada, Australia, Ireland, and the United Kingdom. A diverse selection of practices participated in the study — single location practices, multi-location practices, single-doctor practices, multi-doctor practices, rural, small towns, suburban, and urban practices were all surveyed. Research revealed that despite practice size or location, 94% of dental practices were experiencing varying degrees of stagnation or decline due to one major (and very disturbing) misconception present in these practices. Based on the results of the survey, it is highly likely that your practice is unknowingly losing thousands of dollars to this same misconception.

Interested? Circle Product Card No. 01

If your practice is currently producing less than you want, complete the attached card and Return it in the Mail or Fax it to 866-407-0641 for Your Complimentary Report.

Only Available Until: 01/11/16
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Now is Your Last Chance to GET YOUR Complimentary COPY of the #1 MOST DOWNLOADED REPORT of 2015 on DENTALPRODUCTSREPORT.COM

Get Your Complimentary Report >>

45+ MUST SEE PRODUCTS INSIDE

*Source: BPA Publisher Statement, June 2014.
Only Available Until: 01/11/16

FILL OUT THIS FORM

Doctor’s Name _____________________________________________
Address ___________________________________________________
City ______________________________________________________
State __________________ Zip _______________________________
Office Phone # _____________________________________________
Doctor’s Email ____________________________________________

The information you’re going to receive is very important and very confidential, therefore we will be sending you an email upon shipment so you’ll know when to look for your package to arrive. By submitting your information, you are agreeing to have a mystery call of your office included in this package.

Drop this card in the Mail or Fax to 866.407.0641
Shrinking reimbursements and increasingly complex claims processes define today’s dental insurance marketplace. We’ll help you operate more efficiently, while controlling and managing patient write-offs, for a more profitable practice.

For more information visit www.HenryScheinBusinessSolutions.com/Insurance or call 800.372.4346 Prompt #6

Interested? Circle Product Card No. 02
About this issue

The story behind the stories in our year-end issue.

It’s tradition to explain just how we come to the list that makes up our Top 100 each year. Dental Products Report published its first “Trends in Dentistry” issue in December 1984. For almost as long, the magazine has used the December issue to showcase products that received the highest reader response during the course of the year.

Six years ago, as part of the redesign process for DPR, we also “redesigned” the Top 100. We concluded that 100 products written out didn’t necessarily create value; all it created was a list. In an effort to make the Top 100 issue something to savor and not just flip through, we decided 100 was still meaningful, but how we got to that number had to change. Instead of focusing on 100 products overall, this year the list includes specific products, the top patient game-changing products, the articles and videos that captured your attention throughout the year, top how-tos demonstrating products in use and top webinars and e-books. Also, you’ll learn about some of the women and men who helped create the products and transform smiles. Additionally, Dr. John Flucke, DPR’s chief dental editor, shares his top test drives from the year, and the Top 100 also includes some most-viewed online articles from Modern Hygienist and Dental Practice Management to give us a well-rounded list from 2015 for the whole team.

Why those 10 or these 5?
The criteria for each specific list is included as part of the layout, but you need to know this compilation represents feedback from you, our readers and users, the insight of our editorial team and conversations with key opinion leaders we trust. Our hope is that breaking the Top 100 into smaller Top 10 and Top 5 lists creates a more digestible format that allows you to engage more deeply with the content. Any list that includes the phrase “most viewed” or “most popular” is based on reader interest as measured through traffic at dental-productsreport.com and practicemanagement.dentalproductsreport.com and engagement through our social media channels. It’s important to note that the recognition of these products and people isn’t an unqualified endorsement by DPR, and we don’t present it as a completely comprehensive review of products in the industry.

The best in how-to
We monitor our reader interest in various features in two main ways: First, we track the performance of articles on the Web—what is being viewed, liked, commented on and shared? Second, we invest in a readership study conducted by a third-party vendor that asks subscribers what they prioritize and value in DPR’s content mix. The amazing thing is, no matter how we ask or who we ask, our techniques, case studies and how-to pieces are among the top-requested, best-read and most-valued. Knowing that, this issue features the Top 5 how-to pieces from 2015, which include print techniques, Technique Geek and Modern Dental Artistry videos and other web-exclusive content.

Agree or disagree?
This year, our online promotion of the different lists will be not just a platform for sharing the news, but we hope a platform for conversation on what belongs on each list. Who do you think should have been recognized as a top person behind the scenes? What product should have been an editors’ choice? We want to know what you think. Your feedback is the lifeblood of what we do—not just in this special issue, but year-round. We’re proud of what we’ve put together for you this month, and we look forward to the debates over who and what should have been on the list(s). Don’t be shy; chime in!
OUR MISSION
Dental Products Report provides dentists with comprehensive, accurate and unbiased information across the spectrum of specialties. In consultation with forward-looking clinicians and manufacturers, our staff supports dentists as they apply new products and technologies for excellence in patient care and practice development.
Effortless rotation is now within reach

Introducing Cavitron Touch™ with Steri-Mate® 360—a reimagined unit that offers unprecedented comfort and control throughout every procedure, featuring:

- Ergonomic design with lightweight cable and fully rotating Steri-Mate® 360 handpiece allows free flowing movement and access within the oral cavity
- An innovative touchscreen interface for ease of use

Available exclusively with Cavitron Touch™ and Cavitron Integrated Built-In Systems²

Reference: 1. New technology compared to current Cavitron systems
Reference: 2. Steri-Mate® 360 available on G139 Integrated unit only

For more information or to request a demo, call 1.800.989.8826 or visit www.cavitronsystems.com

There’s only one Cavitron®
NEW 660 MPa ZIRCONIA CROWN WITH HIGH TRANSLUCENCY

biocrown tz

$89/Unit

Comes with a biocertificate certifying contents and biocompatibility

Made in the USA with new ultra translucent zirconia

As translucent as pressed all ceramic

Available in all 16 VITA Classical and 3D Shades

Includes 5-year guarantee against breakage

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WITH HIGH TRANSLUCENCY

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Due to its high translucency, Biocrown TZ demonstrates excellent esthetics and is ideally suited for anterior or posterior crowns, inlays, onlays, veneers, or three-unit bridges. With an ultimate strength of 660 MPa, Biocrown TZ also resists chipping and fracturing.

All Biocrown Translucent Zirconia restorations are made in our state-of-the-art lab located in Willow Grove, PA and come with a biocertificate.
The Pola Whitening technology has been providing exceptional results for over 10 years! Make pola your only choice for all your in-office and take-home whitening needs.
**Most-Viewed New Products**

This year, clicks are the criteria for gauging reader/user interest. These products are recognized for having the most views in our product database at dentalproductsreport.com.

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**3M™ ESPE™ Lava™ Plus High Translucency Zirconia**

3M™ ESPE™ Dental has made 3M™ ESPE™ Lava™ Plus High Translucency Zirconia available in a disc format for open-source milling. The new Lava Plus portfolio, which is available to labs milling 98 mm discs, includes both Lava Plus zirconia, as well as its unique shading system. The 98 mm-diameter zirconia discs are available in thicknesses of 14 mm, 18 mm, and 25 mm and formats with and without a step. Lava Plus Discs and Lava Plus Mill Blanks are said to offer the reliability and high performance the Lava brand is known for.

800-634-2249 | 3MESPE.com

CIRCLE RS #10

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**CORE-FLO DC LITE**

BISCO’s CORE-FLO DC LITE, a dual-cured, radiopaque, fluoride-containing core material, was one of many innovative dental materials launched in the past year. CORE-FLO DC LITE is indicated for core build-up, post cementation and as a dentin-replacement material. CORE-FLO DC LITE is a self-leveling, low viscosity material formulated for cases where a band may be required, lower viscosity is desired or initial subgingival margins are present and not visible (e.g. fractured cusp). CORE-FLO DC LITE’s compressive and flexural strength is designed to offer the clinician reliability and durability when fabricating direct restorations.

800-247-3368 | bisco.com

CIRCLE RS #11

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**cubeX² zirconia**

Dental Arts Laboratories, Inc. now offers the cubeX² cubic zirconia. Manufactured by Dental Direkt of Germany, cubeX² cubic zirconia is reportedly a material breakthrough for clinicians who are searching for esthetics combined with material excellence. This highly biocompatible cubic zirconia combines the strength of zirconia (720 MPa) and the translucency of lithium disilicate into a material that is indicated for single-tooth and three-unit bridgework for any position in the arch. The discs will be available in 98.5 mm diameter size.

888-242-1872 | dentalartslab.com

CIRCLE RS #13

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**Feather Lite™**

Brasseler USA expanded its Feather Lite™ line of polishers with a new, versatile intraoral composite polisher, the DiaComp™ Feather Lite™. The DiaComp Feather Lite is a simple, two-step, diamond-infused polishing system that provides consistent and reliable results for polishing the widest variety of composite materials. Described as extremely versatile, the polisher works well on all types of classic restorative composite materials, as well as new hybrid composites.

800-841-4522 | brasselerusa.com

CIRCLE RS #12

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**Dentrix G6**

With the Dentrix G6 update, Dentrix is said to provide customers exceptional new tools, features and functionality. These new updates are directly related to customer feedback Dentrix received from its users. Many of you will probably recognize new features and enhancements as improvements you requested. The G6 update features tools like Profitability Coaching and Practice Advisor, which are not available in other software products. It also gives users the option to bundle electronic services, such as patient reminders, insurance manager and electronic claims, with a customer service plan. The update also features appointment book enhancements, automatic file acquisition with any document scanner and letters and custom lists.

800-336-6749 | dentrix.com

CIRCLE RS #14

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**BISCO, INC.**

**DENTAL ARTS LABORATORIES, INC.**

**HENRY SCHEIN PRACTICE SOLUTIONS**
For effective, reliable pain management, choose Articadent® - the fast-acting, versatile anesthetic backed by the legacy of the DENTSPLY brand.

Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures.

**Important Safety Information**

Articadent® is contraindicated in patients who are hypersensitive to products containing sulfite. Common precautions include aspiration prior to injection to help avoid intravascular injection. Local anesthetic solutions like Articadent® that contain a vasoconstrictor should be used cautiously especially in patients with impaired cardiovascular function or vascular disease. The most common adverse reactions (incidence >2%) are headache and pain. Articadent® should not be used in patients with congenital or idiopathic methemoglobinemia or in patients who are receiving treatment with methemoglobin-inducing agents.

Please see Brief Summary of Prescribing Information on page 71.
[HU-FRIEDY MFG. CO.]

**IMS Infinity Series Cassettes**

Function and fashion combine to create Hu-Friedy’s IMS Infinity Series Cassettes. The innovative hole pattern and rail design significantly increase exposure to instruments during reprocessing, which is said to create an optimal environment for cleaning and sterilization. The cassettes have an ergonomic latch with a positive locking mechanism that is reportedly safe and easy to use, allowing one-handed opening and visual confirmation if the cassette is locked/unlocked. In addition, the high quality, electropolished stainless steel protects against corrosion while providing a professional appearance.

800-HU-FRIEDY | hu-friedy.com

CIRCLE RS #15

[IVOCLAR VIVADENT]

**Fluor Protector S**

Fluar Protector S is a fluoride-containing protective varnish for treatment of dentinal hypersensitivity and exposed cervicals. The innovative formulation is said to ensure immediate availability of fluoride that is safe and suitable for all ages. The 1.5 percent ammonium fluoride formula is designed to allow the varnish to be completely homogenous and maintain excellent flow and wetting properties. It even flows easily into hard-to-reach interproximal areas. The fluoride content is equivalent to 0.77 percent or 7700 ppm at application. The concentration increases nearly four times higher (approximately 30,000 ppm) once the varnish has set after interacting with the saliva.

800-533-6825 | ivoclarvivadent.com

CIRCLE RS #16

[KOMET USA]

**H162ST bone cutter**

The H162ST (“saber tooth”) bone cutter represents a new generation of oral-surgery instruments. Applying the knowledge and experience gained from its successful developments in the medical sector to the needs of dentistry, Komet has incorporated the blade geometry of its renowned cranial-surgery instruments into a new tungsten-carbide rotary instrument specifically designed for oral surgery, producing the new ST configuration for optimal effectiveness. The H162ST’s innovative toothing reportedly provides the exceptional sharpness, ideal cutting behavior and maximal control required for bone cuts during osteotomies, osteoplasty procedures, bone and bone-lid preparations, apicoectomies and hemisections.

888-566-3887 | kometusa.com

CIRCLE RS #18

[KERR CORPORATION]

**SonicFill™ 2**

Kerr Corporation, a member of KaVo Kerr Group, launched SonicFill™ 2 in 2015. Retaining the same patented sonic-activation technology that made the original version successful, SonicFill 2 incorporates a new filler system containing nanoscale zirconium oxide and silica oxide particles. This change is said to deliver excellent gloss, color-matching, wear resistance and strength to make bulk filling even easier and more reliable. In addition, SonicFill 2’s viscosity decreases dramatically during placement to ensure intimate adaption with the cavity surface.

800-KERR-123 | kerrdental.com

CIRCLE RS #17

[ PATTERSON DENTAL ]

**AutoSDS**

Patterson Dental introduced a new e-service called AutoSDS to help dental practices manage safety data and prepare for OSHA’s upcoming Globally-Harmonized System (GHS) deadlines, as well as provide a long-term solution to managing Material Safety Data Sheets (MSDSs). AutoSDS is a subscription-based service that allows users to easily maintain virtual binders made up of the MSDSs that OSHA requires to be readily available and easily accessable. Once a binder has been populated with the customer’s relevant MSDSs, they will then be automatically updated to reflect any changes made by the manufacturer.

440-891-1050 | pattersondental.com

CIRCLE RS #19
KONNECT

In the Center of Dental Strength. We Have the Instruments. You Have the Choice.

A world-wide leader in rotary instruments
888 566 3887
www.kometusa.com
Think Ceramic.

Proper preparation for restorative success.

All-ceramic restorations have long been recognized for their outstanding clinical qualities. The esthetically desirable results attained with these metal-free, all-ceramic restorations have prompted more and more patients to specifically request them. To achieve a successful all-ceramic restoration, however, all necessary clinical parameters must be considered during the preparation stages.

The success of all-ceramic restorations relies heavily on appropriate preparation procedures. Prep kits that add predictability and reliability to the all-ceramic technique include the LD1316, which can be used for modified shoulder preps with rounded internal angles, and the LD1487, which is recommended for distinct chamfer preparations (fig. 1). Tangential, spring-edge, and lip preps are contraindicated with all-ceramic restorations (fig. 2).

Crown contours must be reduced by the proper amounts to ensure an ideal fit of the restoration (fig. 3). The preparation limits must have a width of at least 1 mm (fig. 4).

With a working length of 2 mm, the 843KRA instrument is a versatile depth-guide diamond that is included in the Komet® ceramic-prep kits.

For more information about all-ceramic restorations, please request our Compass brochure.
The Magnificent Seven.

Two kits offer different prep-style options.

The challenging task of all-ceramic crown preparation is best mastered by pairing experience and expertise with proper instrumentation. Whether the prep choice is a chamfer or a modified shoulder, the optimized LD/ZR prep kits make the procedure predictable, quick, and easy.

Both kits contain:
- The 5858 contact breaker for interdental separation
- The egg-shaped S-Diamond® S6379 for occlusal/palatal preparation
- The 843KRA occlusal depth-guide diamond instrument

Each kit also includes four prep and finishing instruments:

**LD1487 Chamfer Prep Kit**
- Two S-Diamonds in shape 856, tapered round
- Two corresponding finishers

**LD1316 Modified Shoulder Prep Kit**
- Two S-Diamonds in shape 847KR, tapered with rounded edges
- Two corresponding finishers

Choose your favorite kit: What’s your prep style?

**Contents of Kit LD1487**

- S5856.FG.016
- S5856.FG.018 S-Diamond for chamfer prep
- 8856.FG.018
- 8856.FG.021*

*The finishers are sized slightly larger to remove any unsupportive enamel or lipping.

**Contents of both kits**

- S5858.FG.014 contact breaker
- S6379.FG.023 S-Diamond for occlusal reduction
- 843KRA.FGSS.018 2 mm occlusal depth guide

**Contents of Kit LD1316**

- S5847KR.FG.016 S-Diamonds for chamfer prep
- 8951KR.FG.017*
- 8951KR.FG.020*
A Bright Finish, For a Diamond-Like Shine.

A perfect finish for composite restorations.

Today, a variety of options are available for finishing and polishing composite restorations. Diamond or carbide? One-, two-, or three-step polishing? Whatever your preference, all options are united in their purpose to create a perfect, glossy finish as quickly and easily as possible.

Komet’s finishing and polishing kits offer solutions for everyone. The 4524A finishing kit contains 14 different diamond finishers — in fine and extra-fine grits — for two-step trimming of composite restorations. Seven different shapes satisfy the requirements for facial and occlusal/palatal surfaces.

The new CompoBrite™ TD2948 polishing system contains six instruments optimized for two-step polishing. Featuring heads with specially bonded, interspersed diamond grit, the polishers are offered in three complementary shapes for the two-step technique. Initial pre-polishing is performed with the light-pink polishers, and high-shine final polishing is accomplished with the light yellow polishers.

The brilliant interplay between the fine diamond grit and the special bonding process enables the polishers to create a glossy finish while exhibiting an impressive, lengthy service life.

No matter the time of day, you can buy online at www.kometusa.com. Our webshop gives you around-the-clock access to product information and an easy way to order our products.

Shop online 24/7.

Your source for the world’s best dental burs.
Here are the products that caught our editors’ eyes and attention throughout the year. These products are deemed “Editor’s Choice” because of their innovation or perceived impact on improving patient care and practice efficiency.

**Margin Elevation Band**

The ReelMatrix™ Margin Elevation Band allows for proper adaptation and seal of deep margins so a composite margin elevation can be performed. The deep margin elevation technique is a useful, nonsurgical approach to treating deep localized margins. With this system, the technique has been improved for a reportedly easier, faster and more predictable application. The new ReelMatrix Margin Elevation Kit comes with the all-new margin elevation matrices that allow proper adaptation and seal of deep margins. The technique involves a ReelMatrix tensioning instrument and a margin elevation matrix that will provide the best gingival adaptation and contour for the deep margin areas.

888-437-0032 | garrisondental.com
CIRCLE RS #23

**Elipar™ DeepCure-S and Paradigm™ DeepCure LED curing lights**

With the new 3M™ ESPE™ Elipar™ DeepCure-S and Paradigm™ DeepCure LED curing lights, dental professionals reportedly can be more confident they have achieved a uniform and deep cure even when they can’t get the light in a perfect position. The new DeepCure LED curing lights feature optimized optics so they deliver a beam that is more uniform with rays that stay more parallel and spread minimally as they travel away from the source. This is designed to create a more even distribution of energy throughout the restoration, resulting in a complete, uniform cure.

800-634-2249 | 3MESPE.com
CIRCLE RS #21

**Tornado**

Swiss medical technologies company Bien-Air Dental S.A. announced the launch of a new, powerful turbine. Thanks to a series of proprietary technologies, the Tornado is designed to deliver an outstanding power output of 30 watts—reportedly the best in the industry. Operating at an unparalleled 55-decibel sound level, the Tornado is designed to skillfully combine performance with user and patient comfort. It also includes features such as a new spray/illumination system and an improved bur-locking mechanism.

800-433-2436 | bienair.com
CIRCLE RS #22

**Centennial 2 cabinetry**

The Centennial 2 cabinetry line from Pelton & Crane features a system of preconfigured modules that can be tailored to the specific functions within the dental professional’s work environment and easily upgraded to suit a growing practice. Centennial dental cabinets provide several variations of rear-delivery treatment centers designed to enable users to select the right dental cabinet for their specific practice. Multiple delivery units are said to complement this collection to reportedly maximize the efficiency and storage capability of these rear cabinets.

800-659-6560 | pelton.net
CIRCLE RS #24

**Tx STUDIO 5.4**

i-CAT, a brand of the KaVo Kerr Group, released its new and enhanced Tx STUDIO 5.4 treatment-planning software this past year. Fully integrated and exclusively for the award-winning family of i-CAT™ cone beam 3D imaging products, Tx STUDIO is said to deliver a host of new and powerful treatment tools for dentists and specialists working with implants, airway, TMD, orthodontics and surgical procedures.

800-205-3570 | icat.com
CIRCLE RS #25
**TOP EDITOR’S CHOICE**

**[TUTTNAUER USA]**

**EZPlus**

Tuttnauer EZPlus fully automatic autoclaves are designed to meet the most current sterilization and safety standards while providing increased capacity and ease of use. EZPlus Series is available in two sizes: a large capacity 11”x 19.8” chamber with five trays (EZ11Plus) and a 9”x 19.8” chamber with three trays (EZ9Plus). Additional features include a newly designed EZGlide door said to have a sleek, modern look; EZView multicolor display for easy reading and real-time cycle information; front or top water-filling options; closed-door drying system with a door that remains closed through the dry cycle to maintain sterility and ensure efficient drying; and a comprehensive, two-year parts and labor warranty.

800-624-5836 | tuttnauerusa.com

CIRCLE RS #27

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**[SURGITEL]**

**Eclipse™ LED**

SurgiTel® announced the world’s first touch-free headlight LED, the Eclipse™ LED. The company developed the headlight with patent-pending Eclipse switching technology, which uses an advanced proximity sensor—the light turns on and off with a simple wave of the hand. This technology is said to eliminate potential cross-contamination by touching battery packs or switches. Comfortably wave the light off when finished with a patient and then wave it on for the next patient. The light is designed to turn off easily and allow you to speak to patients without blinding them. This easy switching also extends battery life and the life of the product.

800-959-0153 | surgitel.com

CIRCLE RS #26

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**[IVOCLAR VIVADENT]**

**Variolink Esthetic**

Ivoclar Vivadent introduces Variolink Esthetic, a new dual-curing adhesive cement formulated to simplify esthetic cementation. Made for the permanent adhesive cementation of demanding ceramic and composite restorations, Variolink Esthetic adhesive luting provides precise shade matching of the restoration to surrounding dentition with the “Effect” shade system, a new approach that includes five different shades to enable color-neutral cementation while providing brightening or darkening of the restoration. Additionally, the reactive and patented Ivocerin® light initiator safeguards the cement’s exceptional shade stability.

800-533-6825 | ivoclarvivadent.us

CIRCLE RS #28

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**[ZEST ANCHORS]**

**CHAIRSIDE Attachment Processing Material**

CHAIRSIDE Attachment Processing Material is designed for ease of use and predictability while processing attachment components into overdentures, including ZEST’S LOCATOR and SATURNO™ denture caps. Clinician input contributed to a formulation that reportedly has sought-after handling characteristics that require no primer and is self-curing.

800-262-2310 | zestanchors.com

CIRCLE RS #30
Deep-discount dental products that appear “too good to be true” are often just that. While low prices are appealing, the risks may outweigh the rewards. Protect your dental patients from potentially unsafe gray market and illegal black market products. Learn more about gray market dental supplies and Patterson’s commitment at DentalSupplyIntegrity.com.

**“Dental Equipment and Supplies Manufacturing in the U.S. and Its International Trade” Supplier Relations US, LLC, Irvine, CA, February, 2014.**

***“Shades of Gray” Mentor, Santa Ana, CA, December, 2013.***

****“Are you using ‘gray-market’ or counterfeit dental products?” Journal of American Dental Association, June, 2010.****
Implant Protect Kit

The Implant Protect Kit is designed to provide reliable and complete implant debridement for the surgical and nonsurgical treatment of peri-implantitis. Manufactured from pure titanium, Implant Protect tips reportedly preserve the implant surface. The mechanical action of titanium is said to avoid the transfer of material on the implant and limits the alteration of the surface, reducing the risk of bacterial recontamination. Implant Protect tips are compatible with the full range of PURE NEWTRON piezoelectric ultrasonic devices from ACTEON North America.

800-289-6367 | acteonusa.com
CIRCLE RS #35

AFFINIS® heavy body BLACK EDITION

COLTÈNE’s newest innovation to its prosthetics product line, AFFINIS® heavy body BLACK EDITION, was featured on the cover of DPR in August. The black tray material AFFINIS® heavy body BLACK EDITION is said to provide excellent readability of impressions when used with gold- or silver-colored AFFINIS® PRECIOUS. The unique color combination is designed to display details even more precisely and supports qualitative assessment of the impression result. AFFINIS® heavy body BLACK EDITION is indicated for one-step impressions, two-step impressions, functional impressions, fixation impressions and all other indications where regular AFFINIS heavy body is used. The unique silver and gold pigmentation drastically reduces the light-scattering effect, thus improving the visual perception of details.

330-916-8800 | coltene.com
CIRCLE RS #36

Planmeca FIT

Planmeca announced new branding this year for its complete chairside CAD/CAM system. The Planmeca FIT is composed of the PlanScan scanner, PlanCAD software and the PlanMill 40 mill as a fully integrated open CAD/CAM system for same-day dentistry. The FIT system is said to provide a digital workflow that combines exceptional patient experience and convenience, as well as high quality restorations with the perfect fit.

630-529-2300 | planmecacadcam.com
CIRCLE RS #38

Calibra Universal®

Dentists can now benefit from the swiftness of tack curing without the stress of overcuring. New Calibra® Universal from DENTSPLY Caulk offers a wide tack cure window of up to 10 seconds and an extended 45-second gel phase, which is said to provide dentists the ability for a more thorough and effective cleanup. The material also is formulated to deliver optimal strength and esthetics.

800-532-2855 | dentsply.com
CIRCLE RS #37

Embrace Varnish

Pulpdent Corporation’s Embrace Varnish, 5 percent sodium fluoride with CXP, is now available in economical 12 mL tubes. By incorporating xylitol-coated calcium and phosphate in a permeable resin matrix that does not separate and requires no mixing, Pulpdent developed a sustained, time-release bioactive varnish with predictable, uniform dosage that reportedly delivers 10 times more fluoride than the leading varnish brand in four hours. The xylitol coating prevents the calcium and phosphate salts from reacting until they come in contact with saliva. Then the calcium and phosphate ions react continuously in saliva with fluoride ions to form protective fluorapatite on the teeth that fills superficial, noncavious enamel lesions (white spots).

800-343-4342 | pulpdent.com
CIRCLE RS #39
YOU WON’T BELIEVE IT.
(UNTIL YOU SEE IT)

SCHICK 33—CHANGING THE DEFINITION OF DIGITAL DIAGNOSTICS.

When it comes to Schick 33’s image quality, seeing is believing. And as soon as clinicians see the incredible, crisp images this system delivers on a daily basis, the advantage becomes perfectly clear. With its industry-leading 33 line pairs/mm theoretical resolution, dynamic image enhancement control, and clinical-specific image mapping capabilities, Schick 33 gives you a diagnostic advantage that even your patients will see.

To request a Schick 33 demo, visit godigital.schickbysirona.com

SCHICK 33 offers a range of specialty presets allowing you to see and save images based on diagnostic need.

Dynamic Image Enhancement allows you to maximize Schick 33’s true diagnostic potential.

Our Partner in Providing You Unparalleled Service + Support.

800-873-7683

Interested? Circle Product Card No. 08
These 5 helped bring us new innovation

Meet the people behind some of the year’s best new dental products. [by Stan Goff and Kevin Henry]

When Henry Schein Practice Solutions (HSPS) decided to start building Dentrix G6, there was no doubt in Brad Royer’s mind what would serve as the centerpiece of the new version of the popular practice management software: the customer.

Royer, a Utah-based product manager with HSPS, watched as Dentrix G6 launched this year and has seen the feedback from users around the country. Proudly, he says the company’s goal of having the software be customer-centered has been achieved.

“We tried to utilize customer feedback to a greater extent than we’ve ever done in the past,” Royer said. “We looked on our User Voice (a product HSPS has used since 2009 to gather feedback) to see what were the most highly requested features our customers wanted. We went back to those groups when we implemented the new features to see if they were truly what they wanted and then listened some more.”

Going back and forth with customers and testing and retesting extended the prelaunch period for Dentrix G6 but proved valuable in the end.

“It was honestly an extraordinarily long beta feedback period,” Royer recalled. “We ended up having items in the program that weren’t there when we originally started the testing. More than anything, we wanted to know that, when we released it, Dentrix G6 would be what our customers truly wanted and functioned in the way our customers wanted.”

While the beta testing period was different for HSPS than in years past, it was not the only thing that changed with Dentrix G6.

“Dentrix G6 was a downloadable full release, and that’s something we had never done in the past,” Royer said. “There was a lot of transparency involved with that, and that was great. We would far rather eat crow and get something wrong and fix it than hear about something and not be able to fix it.”

To help practices further automate daily tasks, such as scheduling, charting, treatment planning, billing and reporting, Dentrix G6 features upgrades to its financial analytics and accounting and billing tools that make it easier to manage patient information. In addition, Dentrix G6 offers new functionality through the eDex service, which allows easier access to patient information by enabling business and personal contacts to be merged and accessible on a single platform. Dentrix G6 also features a new “click-to-chat” button in the help menu so customers can receive real-time answers to their questions from the Dentrix support team.

Another new button on the Dentrix G6 toolbar gives one-click access to the Dentrix Marketplace, an online store that offers products and services that work with Dentrix, including Dentrix-connected apps that integrate directly into the Dentrix system to eliminate duplicate data entry and speed up the practice workflow.

From most accounts, Dentrix G6 hit the mark. Royer said the feedback he and HSPS have received has been tremendous and proves the wait for the new release was well worth the time invested.

“The feedback has been fantastic,” Royer said. “We’ve been told by customers time and time again that G6 is the best Dentrix release in years and that this was the release they’ve been waiting for. We’ve also been told that customers who were waiting to switch to Dentrix until G6 was launched so that’s been outstanding as well. It’s slimmer. It’s faster. It’s more efficient. It’s what the customers wanted.”

As the end of the year approaches, Royer can look back and see that the planning, hard work and anticipation has paid off for HSPS.

“The best way to ensure you’re going to do something right is to get as much feedback as you can before it begins,” Royer said. “We did that. We gathered as many points of feedback as we possibly could. The ideas our customers gave to us were implemented, and our customers can see that. That has generated a lot of excitement in and of itself.”

by Kevin Henry

Photo courtesy of Henry Schein Practice Solutions
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**SurgiTel Systems**

**B.J. Chang**

**Eclipse LED Headlight**

B.J. Chang, PhD, is president and chief scientist of SurgiTel Systems, a division of General Scientific Corp., in Ann Arbor, Mich. From the late 1970s to late 1980s, Dr. Chang led the development of advanced head-up display systems for fighter jets such as the F15E, A10 and F4. For more than 20 years, he has extended the ergonomic principles used for military display systems designs to clinical vision systems. This has led to SurgiTel’s family of ergonomic loupes and illumination systems, which prevent chronic neck and back pains. Here, he tells us about SurgiTel’s history, as well as the Eclipse LED Headlight launched in 2014.

**Q: When did SurgiTel start, and what is your team’s mission?**

A: I started SurgiTel in 1992 as a division of General Scientific Corporation. SurgiTel’s founding goal is to help clinicians work better without work-related injuries. Our motto, “Vision and Ergonomics,” has kept us focused on that goal throughout our history.

**Q: How did the idea for the sensor-activated Eclipse LED Headlight get started?**

A: Some of our customers pointed out touching knobs and switches can create cross-contamination. At this time, several companies introduced push buttons on batteries, which were touted to solve the problem. But, many times, these lights would accidently turn on and off when they came into contact with seating and other objects. Plus, there was still physical contact so patients were still being put at risk.

**Q: Then you never released a touch-button battery?**

A: No. Even though our customers requested this, it was only a half-way solution. We could have sold a lot of touch-button lights just then, but we needed to focus our efforts on finding something better. At SurgiTel, we keep the long-term view in mind. We have seen time and time again a real solution later is better than a half-way solution right away. It is just better for everyone.

**Q: So how long was the development process?**

A: It was a long time. We conceived the IR sensor concept about five years ago. We had the idea but had to wait on the technology. Then engineering and development took about two years. Not only did the Eclipse need to be easy to use and accurate but also lightweight. All of SurgiTel’s designs, from our oculars to our frames to our lights, were developed with weight reduction in mind. A comfortable loupe starts with being lightweight. It took several iterations to develop from a much bigger prototype down to the miniaturized size it is now. Finally, after everything was in place, we introduced the original Eclipse in 2014.

**Q: What has been the response from clinicians?**

A: Great! Recently, AGD Impact published a review by Dr. Howard Glazer where he describes the “aseptic advantage” provided by the Eclipse. (The entire article is available to view on our website.) Dr. Glazer also describes the quality of our light beam produced by our patented achromatic technology, which is another of our innovations. Also, we have heard from a large number of clinicians about beneficial side effects of the Eclipse’s primary function.

**Q: What sort of “side-effect” benefits?**

A: One: Battery life is increased because clinicians are no longer leaving the light on when they don’t need it. Two: The light is easier to turn off during short patient consolations so patients are less likely to get blinded by a stray light beam. I have even heard of clinicians, when using lights with switches, asking their assistants turn off/on their lights for them to avoid cross-contamination risk. Three: When the dentist uses the Eclipse, the assistant is freed to work on patient needs.

**Q: Where can people go to get more information?**

A: For the Eclipse, contact your local SurgiTel representative (surgitel.com/myrep). They can demonstrate the Eclipse in the clinician’s office. It is best to experience hands-on (or “hands-off” in this case!). For more information on vision and ergonomics, we continually share new white papers, product reviews and links to clinical research in our newsletter and at our website (surgitel.com/news).

by Stan Goff

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**DEXIS**

**Adam Palermo**

**DEXcam 4**

Senior Product Manager Adam Palermo has been with the KaVo Kerr Group of companies for more than eight years. Starting in 2007, he began as a project manager overseeing software and hardware development for the i-CAT platform for three years. Then, building off of his mechanical engineering background, he spent two years as the manager of the mechanical engineering team for some of the group’s imaging equipment brands, and, ultimately, Palermo ended up in product management, where he has been for more than three years. Currently he manages the intraoral sensor, camera and caries detection product strategy and roadmap for KaVo Kerr Group, including DEXIS Platinum™, DEXcam™ 4 and CariVu™.

Here, he answers some questions about the development and launch of the DEXcam 4, one of the top new products launched this past year.

**Q: How did the idea for DEXcam 4 get started?**

A: Since discontinuing our premium models a few years ago, our presence in the camera market has been the lower-priced DEXcam 3. It was clear after soliciting input from our owners, dealer partners and sales team that there was an unmet need in our portfolio for a higher end camera with improvements in a few key areas of usability. As such, let us out to launch a camera with better image quality, best-in-class ergonomics and enhanced portability.

**Q: How long was the development process?**

A: From conception through development and on to product launch, the process was less than nine months. We could have gone to market sooner but instead opted for a significant amount of testing. The camera was subjected to extreme environmental exposure, accelerated lifetime testing and, ultimately, real clinical-use cases.

**Q: What type of clinician feedback was involved, and what has been the response of practices now using the product?**

A: Prior to launch, we enlisted the help of three DEXIS owners. With a detailed request of specific images and feedback criteria, these dentists and their teams put the camera through its paces. The reviews were outstanding. The clinicians reported excellent usability, and they were impressed with both usability and image quality.

**Q: Why should practices consider using the DEXIS?**

A: Communication and education are critical to gaining patient acceptance — whether it be for buy-in on a particular diagnosis or to highlight the results of treatment. DEXcam 4 was designed with the goal of providing a solution to this customer need as elegantly and simply as possible. It is a valuable product alongside the DEXIS CariVu carries detection device and the DEXIS Platinum intraoral sensor for any clinician wanting the full spectrum of diagnostic and communication tools.

by Stan Goff

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Photos courtesy of SurgiTel Systems (top) and DEXIS (bottom)
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In early 2015, Nobel Biocare expanded its product line to include the complete posterior solution that comprises new wide-platform implants that support an optimized emergence profile at large molar sites plus new PEEK healing and temporary abutments that are anatomically designed to match molar contours. For the final restoration, the NobelProcera FCZ (full-contour zirconia) implant crown is said to have the strength to handle high occlusal forces. With an angulated screw channel, it offers restorative flexibility without cement.

DPR asked Sofie Maltha Biehle, global marketing manager, implant systems and digital dentistry, to tell us about this innovative launch and how this product plays a key role in the evolving field of implant dentistry.

Q: How long have you been with Nobel Biocare and/or tell us a little about your background.
A: I’ve been with Nobel Biocare since December 2010 so almost five years. I’m Danish and did my master in international marketing at the Copenhagen Business School. I moved to Switzerland in 2008 and started in a digital communication agency where I worked for about two years with various large B2C and B2B brands before changing to Nobel Biocare. At Nobel Biocare, I’m in charge of product marketing, heading a small team. We focus on all product-related marketing activities from global positioning to communication strategy and production of marketing materials. We primarily support our global product launches and help our markets roll out communication tactics locally.

Q: How did the idea for this complete posterior solution get started?
A: At Nobel Biocare, we’ve always developed innovative products that work together as a complete solution. Extensive evidence is available on the importance of using original products together as a solution to secure a successful outcome. However, we still see systems being mixed and matched, which can lead to serious complications if not designed to fit with each other. With the complete posterior solution, we wanted to emphasize the importance of the “system” and bring together some of our latest innovations to solve common challenges for the single-tooth replacement in the
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Posterior region. To get this message out, we looked for innovative communication tactics that would do justice to the true innovation of our solution. We found this in “virtual reality,” which is normally used in the gaming industry. We came up with the idea to bring our visitors “virtually” into the operating room of an implant treatment using the complete posterior solution. Using a customized filming technique (filming 360° at all times), the visitor would get a unique feeling of being in the operating room by looking through the eyes of the surgeon. This is a completely new way of watching a clinical video, which could potentially be used in the future for training and education purposes.

The communication campaign “Bringing innovation back” was developed in cooperation with our agency “Sitrus” (formerly known as Citat).

Q: How long was the development process?
A: The campaign took about six months in total to develop with two additional months for localization. The products, of course, took a lot longer – over a year.

Q: What type of clinician feedback was involved, and what has been the response of practices/patients now using the product(s)?
A: The solution was one of the biggest requests from our customer group, especially in the U.S. market, as they found a need to have a wider platform to build a nicer emergence profile for the large molar crown. They also requested to have a solution where they could load the implant immediately because more and more patients expect to leave the surgery with (provisional) teeth.

Q: Why should practices consider using these implants?
A: It’s important to note it is not about the implants only; it’s about the solution including implants, temporary abutments, final implant crown and tooling. Together, the solution can help make the clinician’s life a lot easier for single-tooth replacement of (pre)molars. One key phrase for this solution is “shorter time-to-teeth,” which means the treatment steps are as short and efficient as possible to provide the patient with fixed teeth as fast as possible. That saves time for the clinician and benefits the patient, which in turn helps increase patient satisfaction. This is possible due to our implants, which are designed for high primary stability, as well as our temporary abutments. Another key phrase for us is “100 percent cement-free.” Here, we refer to the critical tissue complications that can come from the excess use of cement with a final crown. It is especially difficult to remove all excess cement in the back of the mouth where visibility is limited. Therefore, the NobelProcera FCZ implant crown was developed as 100 percent cement-free, meaning even the metal adapter is mechanically retained.

The third key phrase is “ease-of-use,” which refers to solving the challenge of accessing a site in the back of the mouth. A patient can only open his or her mouth so far so it is especially important to have state-of-the-art tooling as screws can be easy to lose, which can be potentially dangerous for the patient. This is overcome with our omnigrip tooling, which grips the screw in a unique way so it’s almost impossible to lose. Also, the implant crown can be accessed and screwed in from an angle, which is highly beneficial in this area of the mouth where space is limited.

“With the complete posterior solution, we wanted to emphasize the importance of the ‘system’ and bring together some of our latest innovations to solve common challenges for the single-tooth replacement in the posterior region ...”

by Stan Goff
At Pelton & Crane, we understand that deciding to move forward with a new office design project can be stressful, and that it is a decision that most dental professionals make only once or twice in their careers. Fortunately, taking the first step toward realizing your dream office has never been easier and more rewarding thanks to Pelton & Crane. We have partnered with select dealer partners to bring you new on-demand education, in-person dental office design courses, and exclusive office design planning tools!

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Joe Oxman has been working with dental materials research and curing light technology for almost his entire career. The 3M corporate scientist has been with the company for 33 years and has been involved in developing numerous dental and non-dental technologies and materials.

This past year, the new 3M™ ESPE™ Elipar™ DeepCure-S and Paradigm™ LED curing lights were launched and featured on the cover of DPR in July. Here, Oxman, who has a PhD in organic photochemistry from Northwestern University, tells us how these breakthrough lights were developed.

“There’s actually a great story behind the DeepCure,” said Oxman, a global expert in photcurable systems, nanotechnology and composites. “I’ve had the opportunity to work closely and collaboratively with an array of great people within 3M, as well as numerous academicians and opinion leaders within and outside the dental communities.”

Oxman says the inspiration for the idea of the new DeepCure curing lights came out of a session at the International Association of Dental Research (IADR) meeting in Seattle in March of 2013. At that time, he served as a cochair along with Prof. Richard Price from Dalhousie University in Halifax, Canada. At the meeting, Price gave a lecture about the light curing effects on the physical properties of polymer-based dental materials while Oxman conducted a session that addressed areas such as newer bulk-fill materials and why increasing light intensity doesn’t allow one to necessarily cure for a shorter amount of time.

“My lecture focused on several concurrent trends in the world of light curing,” he said. “For example, the recent introduction of several low shrinkage-stress bulk-curing materials that typically report 4-plus mm of cure depth. The desire to restore teeth with fewer composite increments has been articulated for decades. Another noticeable trend has been the recent introduction of ultra high intensity curing lights by some manufacturers. Some of those manufacturers suggest that if you dramatically increase the light intensity you then can reduce the time of light exposure by an inversely proportional amount.”

One of Oxman’s take-home messages was that the time of the light exposure is more important than the intensity of the curing light. That is, if a clinician uses a high intensity light, he or she still has to make sure to cure it long enough. He recommends clinicians cure the restorative materials according to the instructions of the composite manufacturer and not the light manufacturers. The implication of insufficient curing is more than just poor clinical performance.

During that same IADR meeting, Price gave a key and seminal lecture on the importance of the attributes of the lights themselves. Oxman refers to one critical attribute as “light beam homogeneity.” What's the impact of a light without uniform light distribution?

Price elegantly demonstrated that there are many different dental curing lights all with unique light distribution profiles that exit the light tip. He then demonstrated that if you have a lack of homogeneity, something you can’t discern with the naked eye, there are regions where you have more light intensity and some where you have less intensity.

“As a consequence, there might be cases where it’s so uneven that the net result of this light inhomogeneity at the light guide tip could actually result in a lack of homogeneous composite curing under the light as demonstrated by Price,” Oxman said. Independent, sound scientific work by Price and also my colleagues at 3M examined the numerous dental curing lights and found that most of them didn’t actually provide uniform light output.”

If you want a good clinical outcome, you clearly need the material under the light to be cured well and uniformly. It was the research and lectures by Price and Oxman that paved the way for the new lights.

“So, basically, this raised new fundamental awareness and knowledge on the understanding of light homogeneity,” Oxman explained. “Coupled with our understanding of what is required to achieve a well-light cured material, it was the seed or the basis for designing a new light that would provide adequate light intensity and uniform beam homogeneity to provide uniform curing at top as well as the bottom of the restoration.”
With this new knowledge, Oxman came back from IADR and met with an eclectic and collaborative team of 3M scientists that design curing lights with a mission and goal to provide products that provide robust, simple, easy and uniform performance in clinical settings.

“That was how it originated. Upon returning, I engaged our technical team that has expertise in lights, optics, material optical properties and articulation that this could really have a significant positive impact on improving clinical outcomes of light curable dental materials,” he said. “Light homogeneity will become even more important as we continue to evolve towards bulk-curing materials.”

The 3M team recognized the importance of the product and clinical opportunity. Oxman says the approximate time frame from the idea to the actual product launch was only about a year and a half.

“It was extremely fast for such a significant product advancement,” he said. “Being able to define the opportunity and need and assembling an outstanding team of scientists from our labs in Germany and St. Paul that could then translate that into a solution … it was pretty amazing and rewarding. They understood what the needs were, and they were able to explore a variety of technical options that led to a creative solution and implement it very quickly.”

The clinical feedback has been great.

“The clinical feedback has been great. “One of the things we do extremely well at 3M is engaging clinicians and opinion leaders when we’re incubating and developing products,” Oxman said. “In this case we identified and recognized the opportunity, created a concept, demonstrated feasibility, then developed and evaluated several prototypes with customers and then launched the product. Response in the market has been very favorable. We’ve received very positive feedback from opinion leaders and other light curing experts that have collectively said we really hit this one right on target. When you get that kind of unsolicited feedback, it’s quite satisfying.”

The lights are intended for curing any and all light curable dental materials independent of the restorative. The DeepCure lights work with all dental composites whether it’s a bulk fill or incrementally placed, he said.

“When we designed the light, the team wanted to ensure it could be used by all practitioners for all materials and all indications,” he said. “The DeepCure is somewhat unique compared to most of the lights available due to its focused beam profile and homogeneity. We’re pretty proud of that.”

Following the IADR meeting, many of the same researchers came together at an international symposium at Dalhousie University with an objective to establish successful clinical strategies for light curing in today’s world. One of the key takeaways was a consensus statement listing nine simple actionable items clinicians can do to provide a better clinical outcome. The list includes choosing a high quality light, ensuring the light has adequate light output, cleaning the light guide periodically, calibrating the light for optimized output, wearing eye protection, watching and stabilizing the light to make sure it is actually placed close to and over the material, curing the composite for the recommended time based on the composite manufacturer, when dealing with darker, more opaque shades, being aware that it may take longer and, finally, not undercuring.

In his long career, Oxman is proud of his many collaborative accomplishments and helping to develop customer desired solutions that help clinicians provide better clinical outcomes.
Products changing the way patients see dentistry

**Picasso+ & Perio Lite+ from AMD LASERS**

**The product:** AMD LASERS unveiled its newest addition to the line of Picasso dental lasers – Picasso Plus Series. With the vision of making laser dentistry affordable for every dentist and hygienist and placing a laser in every operatory in every office around the world, the Picasso+ Series lasers are an affordable total laser solution to perform surgery, implant recovery and periodontal disease for the general practitioner. The laser introduces features designed to make periodontal treatment, surgery and even teeth whitening a breeze with easy-to-understand icons and treatment timers.

*From the patient:* “I was so happy with my smile and so comfortable after my dentists used the Picasso to give me a Hollywood smile. I loved it.” – Pamela J.

**EPIC™ X diode laser from BIOLASE**

**The product:** BIOLASE, Inc. introduced the EPIC™ X diode laser, what the company calls its most premier and complete diode laser for the whole dental team. EPIC X features upgrades and improvements to ensure the best dental experience possible for dentists, staff members and patients. Additionally, EPIC X is said to enhance nearly every system component to optimize treatment speed and efficiency. EPIC X offers faster procedures for three treatment modes—surgery, whitening and pain relief—all of which are said to generate a strong return on investment.

*From the patient:* “When I learned the EPIC X laser could perform my treatment faster, more comfortably and with a quicker healing time, I decided I would only go to a dental office with an EPIC X.” – Traci F., Lebanon, Ore.

**Swish™ Implant System from Implant Direct**

**The product:** Part of Implant Direct’s expansive portfolio of industry-compatible solutions with enhanced features, the Swish™ Implant System is said to offer the simplicity of one surgical tray and one price at any level. Swish implants offer surgical compatibility with Straumann drills and deliver the industry’s original All-in-1 Packaging with a transfer/carrier, cover screw and healing collar. The new bone-level SwishActive implant features platform shifting and a conical hex connection. The hex is designed to provide six indexing positions for precise prosthetic placement.

**Sovereign® from Planmeca**

**The product:** Planmeca Sovereign® is said to be a combination of sophisticated engineering and the latest technology wrapped up in award-winning design. It has been built with the future in mind, easily upgradeable to the latest features and innovations in dentistry. Motorized movements reportedly open a new world of possibilities to organize your clinic based on the different clinical treatment needs. Daily work at the dental practice is said to be made straightforward, pleasant and efficient without compromises.

**Posterior solution from Nobel Biocare**

**The product:** Nobel Biocare unveiled a new complete, cement-free treatment concept developed to address the most common challenges faced when restoring molar teeth. The solution features a choice of new wide-platform implants and restorative options designed specifically for the posterior region. Nobel Biocare’s new complete posterior solution incorporates new Ø 5.5 mm wide-platform (WP) implant options.
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From 1 to 50, the best and worst states to work in a dental practice

For many of us, we’re pretty partial to where we live and work. But is where you are right now a great place to work in a dental practice? Have you ever thought about that?

We did, and we used a set of 10 “measuring sticks” to help us build our inaugural list of the best and worst states to work in for dentists, dental hygienists, dental assistants and dental front-office team members. See how your state stacks up.

Go to ➤ bit.ly/1Mmv9U5

The latest hourly and annual salary numbers for dentists, dental hygienists and dental assistants

We take an in-depth look at the Bureau of Labor Statistics’ numbers for all 50 states and the District of Columbia to see what dentists, hygienists and assistants are making across the nation.

Go to ➤ bit.ly/20MDxWp

The 9 craziest ways people have pulled teeth

Losing a tooth is a right of passage of sorts, and some parents are ensuring that it is a memorable one for their loose-toothed children. We gathered up the nine most creative, bizarre and downright insane ways that people have pulled teeth—and boy, are they impressive.

Go to ➤ bit.ly/1NLgBBR

10 things at IDS 2015 that blew us away

DPR and DLP sent editors to the International Dental Show in Cologne, Germany, to check out the latest product launches and industry news. Here are 10 of the coolest products they saw.

Go to ➤ bit.ly/1b66060
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Introducing the file system that’s compatible with both reciprocation and rotary
5 famous Americans you didn’t know were dentists
by Laura Dorr

America: Home to revolutionaries, heroes, Wild West gunslingers, Olympic legends and artistic geniuses. What do all these country-shaping patriots have in common? Many of them were also dentists.

Go to bit.ly/1MXcGTx

The top 50 craziest dental crimes in the United States
by Laura Dorr

Sometimes, people make mistakes. Sometimes, people get caught and arrested for those mistakes. And sometimes, those people are dentists. We searched the country for the weirdest, most hilarious, unbelievable and absurd stories of dental and tooth-related crimes. The results will make you cringe, laugh and leave you dumbfounded.

Go to bit.ly/1HzH04d

Is your dental practice completely HIPAA compliant?
by Dr. Lorne Lavine

While many practices have taken some of the steps necessary to become HIPAA compliant, such as having written policies and procedures, I have yet to find a dental practice that is even close to being totally compliant (not that 100 percent compliance is even possible). Is your practice as close to completely compliant as possible? Here are the five biggest mistakes that dentists make when it comes to HIPAA.

Go to bit.ly/1yyf7zD

10 of the CRAZIEST impressions you’ve ever seen
compiled by Ryan Hamm

We asked our readers for stories of the craziest dental impressions they’ve ever seen. The results were some of the strangest, most confusing and just plain bad impressions ever.

Go to bit.ly/1ktP7c

Let’s talk about money: The 2014 dental fee survey, brought to you by Sikka Software and DPR
Introduction by Kevin Henry; article compiled by Sikka Software and the DPR editorial team

A look at the last four years of fees for 20 of the most-used codes at more than 12,000 dental practices around the country ... and what you need to know to plan for the future.

Go to bit.ly/1xlX03W

Announcing Dental Products Report’s Top 25 Women in Dentistry for 2015
by Laura Dorr

Now in its sixth year of recognizing exceptional women in the dental industry, Dental Products Report is thrilled to announce the Top 25 Women in Dentistry for 2015. Each of the extraordinary honorees was also featured in the October issue of Dental Products Report.

Go to bit.ly/1SEt4ph

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Top 5 test drives of 2015

Dr. Flucke takes a look back at the top new products he got to try throughout the past year.

[ Dr. John Flucke ]

It’s that time of year again: Time to list the top five products I’ve gotten to test and try this year.

The products are not ranked in preference order (they’re too good to rank!) but are listed alphabetically.

Now, let’s dig in and see what products we have for this year.

[ LASER]

BIOLASE EPIC X Diode Laser

Diode lasers are great devices, and the BIOLASE EPIC X is another great addition to your options.

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  - Gingivectomy
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  - Excision for biopsy
  - Implant recovery

biolase.com

[ COMPOSITE]

COLTENE Fill-Up!

We are all looking for the Holy Grail of composites, which is the bulk-fill system that exhibits all of the properties we look for. While there has been great progress in this area the last three or four years, we are still looking for that solution.

Into this category comes Fill-Up! from COLTENE. It is a combination self-cure and light-cure composite. The material is automixed and delivered via a syringe. It handles well with no sensitivity in my hands.

If you are looking for this type of material, give this one a try.

coltene.com

[ HANDPIECE]

Kavo MASTERmatic Electric Handpiece System

In the last few years, I’ve really gotten away from air-driven handpiece systems and instead have started to use electrics almost exclusively.

- The torque provided by electrics allows for quicker treatment and better finishing of margins.

- The Kavo MASTERmatic system features a triple-gear system that allows for a great amount of torque, as well as less vibration. The product line also features a smaller head size that allows for greater visibility of the field.

- The handpieces are coated with a Plasmatec coating that provides a nice grip while also helping prevent debris buildup on the handpiece.

- The device is easy to install by simply connecting to one of your existing air lines, and the controller box allows the operator to select exactly the speed desired to complete a clinical task.

I was honored to be the first dentist to clinically use the system. Trust me when I say it did not disappoint.

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TOP TEST DRIVES

[ BULK-FILL COMPOSITE ]
SonicFill 2
Kerr rocked the dental world with its SonicFill bulk-fill composite a couple of years ago, and things have only gotten better. They’ve upgraded things with SonicFill 2, which offers:
• Excellent adaptation and handling
• High depth of cure
• Lasting marginal integrity
• Improved esthetics, durability and working time

I’ve been using SonicFill since before it was commercially available (I was a beta tester), and SonicFill 2 just raises the bar. This is definitely something to check out.

kerrdental.com

[ ENDO SYSTEM ]
Ultradent Genius Endo System
One of the newest ideas in endo is the combination of reciprocation and rotary files in the same procedure. This has been around for a short while and rapidly gained ground with doctors due to less file breakage.

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• Perfect for both treatment and retreatment

I have been very impressed with my experience with it and recommend it highly!

ultradent.com

ABOUT THE AUTHOR
John Flucke, DDS, is chief dental editor and technology editor for Dental Products Report and dentistry’s “technology evangelist.” He practices in Lee’s Summit, Mo., and has followed his passions for both dentistry and technology to become a respected speaker and clinical tester of the latest in dental technology with a focus on things that provide better care and better experiences for patients. He blogs about technology and life at blog.denticle.com.
What if?

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Crest PRO-HEALTH [HD]

Crest has announced a reportedly breakthrough daily two-step system, Crest PRO-HEALTH [HD], that is designed to be as effective as chlorhexidine on gingival tissues. The daily, two-step toothpaste and gel system is said to deliver gingival health and noticeable whitening benefits. Step 1 includes a stannous fluoride antibacterial toothpaste said to be uniquely formulated to help inhibit growth of plaque bacteria associated with gingivitis. It should be used for one minute. Step 2 is a hydrogen peroxide whitening gel that removes surface stains and should also be used for one minute.

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Philips Sonicare For Kids

The new Philips Sonicare For Kids toothbrush with connected app is said to be the perfect way to get kids motivated to brush independently and build healthy oral care habits for life. Kids navigate the Bluetooth-enabled, real-time app with the help of their oral care training partner, Sparkly, who teaches proper brushing techniques through fun, educational games. The KidTime and KidPacer are designed to help kids lead up to the dentist-recommended two-minute brush time. The toothbrush also comes with eight fun stickers so children can customize their toothbrush.

Paroex® Chlorhexidine Gluconate USP 0.12% Oral Rinse

With the launch of a new 4 oz. size of GUM® Paroex® Chlorhexidine Gluconate USP, 0.12% Oral Rinse, Sunstar Americas reminded dental professionals it has the only FDA-approved alcohol-free chlorhexidine rinse, which makes it possible for its entire patient base to have access to the same standard of care for the treatment of gingivitis. Paroex® is designed to be used as part of a professional program to treat gingivitis, leading to better gum health. According to the company, other chlorhexidine rinses contain 11.6 percent alcohol as an inactive ingredient yet they are no more therapeutically effective than alcohol-free Paroex®.
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KaVo’s MASTERmatic Series premium electric handpieces are said to combine a triple-gear system and patented angle combination to provide dental professionals with the confidence they’ve come to expect from KaVo electrics. The MASTERmatic collection now offers a 20 percent smaller head size reportedly with the same exceptional power and low vibration operation. Combined with the head angle of 100° and the knee angle of 19°, similar to the MASTERtorque M8900 L dental highspeed handpiece, clinicians can experience better access with optimum space and freedom of work. New to KaVo’s electric attachment portfolio is the MASTERmatic M05 L Mini highspeed handpiece, featuring a 43 percent smaller head for standard length and short shank burs. As an added benefit, online training modules are available.

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Stratasys Ltd., a leading global provider of 3D printing and additive manufacturing solutions, introduced the Objet260 Dental Selection 3D Printer. The versatile new 3D printer is designed to help mid- to large-sized dental and orthodontic labs grow their businesses by producing realistic models with true-to-life look and feel as part of their end-to-end digital dentistry workflow, including intraoral scanners. Its ability to build diverse models with multiple materials on one tray and in one print job is said to increase productivity, which can further improve profitability.

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The 10 worst ways dentists try to save money
by Robert Elsenpeter

Benjamin Franklin famously opined, “A penny saved is a penny earned.” And while that chestnut of wisdom is certainly true as a guiding philosophy for success in life, it can be taken too literally. What may seem like smart cost-saving measures can take a more deleterious toll on the doctor’s practice than doing it the right way in the first place.

Go to http://bit.ly/1SGqOzf

The 12 weirdest things a coworker has ever done inside a dental practice
by Kevin Henry

We’ve all had that one job where that one person worked with us … and we wondered what was wrong with him or her. Some people called it quirky. Some people called it odd. Some people called it just plain creepy. Those same quirky, odd and creepy folks work in dental practices around the country, as well, it seems. We recently asked you to tell us what the weirdest thing you ever saw a coworker do in the dental practice was. We had lots of submissions, and we went through and picked out the 12 best (or creepiest, depending on how you look at it) that you submitted to us.

Go to http://bit.ly/1RM0J1b

The 13 scariest dental horror stories you told us
by Kevin Henry

There are things that happen in a dental practice that would make “The Walking Dead” seem like a walk in the park. We asked dental team members to tell us the stories that still make them shake their head and cringe … and plenty of them answered. We went back and picked out the 13 that made us do a double-take. We asked each team member to leave all names out of their story and give us the state where they worked. Some are funny. Some are strange. Some are downright disgusting. Here’s what they told us …

Go to http://bit.ly/1P62xo2

How should I pay my RDH?
by Practice Prudence

Owner dentists regularly ask me about the different types of payment arrangements for RDHs commonly in place across the United States. More specifically, they want an opinion on the best option—the prudent option. If only it were that simple.

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*Results may vary
Beware! 7 traps that are destroying your hygiene schedule
by Andrea Greer, RDH
I work with dental teams across the country. Team members share concerns with me about the number of broken appointments and openings in the schedule. Sometimes the response is very reactive: “Let’s charge them a no-show fee!” I hope to help them approach this in a more proactive manner: “Let’s build value for what we do so the patient would not dream of canceling in the first place!” To develop new habits that build value for the hygiene appointment, I find it helpful to identify the traps that devalue these appointments. Many times, I find teams have fallen into at least one of these traps and not realized the effect they have.

Go to ➤ http://bit.ly/1lfPl2O

5 reasons your patients are looking for a new dental practice
by Sally McKenzie
You take pride in delivering the best patient care possible. You invest in the latest technology and have top-notch dental skills and a team that boasts years of experience. While that’s great, and important to the success of any dental practice, none of it really matters if you don’t have any patients.

Go to ➤ http://bit.ly/1knvyyD

The top 5 things dental assistants do wrong … and how to change that
by Tija Hunter, CDA, EFDA, CDIA, FADAA
Working in a dental office is one of the greatest joys in my life. I sincerely love everything about it. Through the years, I have found some common mistakes dental assistants make, including myself. I have found that changing the way dental assistants do things (even just a little) will help you have low stress and a more enjoyable work environment.

Go to ➤ http://bit.ly/1MUWK8h

How to effectively deal with a lazy employee
by Hollie Bryant
If you are a manager in your company, or if you run a company, you may be aware that you have to be prepared to deal with all kinds of people. You will have constant communication with employees, clients and customers with varying temperaments, personalities and working styles. You will have to figure out a way to deal with each of these effectively and get your work done.

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**In this webinar, Dr. Kaveh Ghaboussi discusses dental implant planning with the power of 3D technology and the benefits it brings to your dental practice.** (bit.ly/1Myq1B)

### Medical Billing and Its Relationship with 3D Scanning Technology

**In this webinar sponsored by i-CAT, Christine Taxin uses her medical billing experience to tell you how to use CT scans in different modalities and what medical billing codes should accompany those scans.** Taxin’s presentations and webinars on practice management are packed full of concepts and systems that can be applied immediately in your business. Her seminars address the doctor and the entire team with positive and fun solutions for a productive and successful practice in today’s changing economy. (bit.ly/1aN4eVy)

### Modern Dental Office Design: 6 Questions to Lead You to the Practice of Your Dreams

**With help from dental office design expert Dr. Mark Tholen, we won’t tell you what type of office you should have. We will simply help you ask the right questions to discover the practice you WANT to have, then we will point you to the best resources for achieving your goal.** (bit.ly/1HYSKYX)

### How to Incorporate Pediatric Lasers to Your Dental Practice

**In this free on-demand webinar, Dr. Linda Murzyn-Dantzer shows you everything you need to know about the positive effects of laser integration in the dental practice. We discuss how to identify common soft-tissue procedures in laser pediatric dentistry, explain how the YSGG wavelength can be used for hard-tissue cavity preps with a reduced need for local anesthesia and more.** (bit.ly/1QgzRbX)

### Dr. John Flucke Explains How DEXIS Carivu Changed His Practice for the Better

**In this webinar sponsored by DEXIS, Dr. John Flucke sat down with DPR’s own Kevin Henry, to explain how and why Carivu changed his dental practice for the better. Dr. Flucke is in private practice in Lee’s Summit, Mo., where he still practices four days per week. He also serves as Chief Dental Editor & Technology Editor for Dental Products Report magazine where he writes, edits and functions as team lead for the Editorial Advisory Board.** (bit.ly/1QgzRbX)
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15 tweets about dental hygienists you have to see
compiled by DPR editorial team

Being a dental hygienist can sometimes be a thankless job. You’re doing your best to improve your patients’ oral health ... but they don’t always see it that way. They see you as the person with the sharp pointy thing who makes their gums bleed. Sigh. It’s a tough gig.

We went out and looked for some tweets that were sent out by patients after visiting their dental office and seeing the hygienist. Some were funny, and some made us shake our head.

Read on to see what 15 dental patients said about their visit with their hygienist ... and see if any of these patients might be yours. Then check out these other things we found from patients on social media.

Go to http://bit.ly/1MKNKId

Exposing one of dentistry’s dirty little secrets
by Judy Carroll, RDH

Warning: What you are about to read will not be candy-coated to be politically correct or apologetic about exposing the truth about a dirty little secret that is so widely accepted in the dental profession that it has become an accepted and even comfortable inconvenient truth. The purpose of this article is to shed some light on a defective methodology so pervasive and unchallenged in dentistry that it is the gold standard ... and yet is not even common sense.

It’s time to raise the bar by raising awareness about this dirty little secret.

The biggest dirty little secret most widely accepted in daily clinical practice is working blindly in one of the most filthy, biofilm-infested areas of the human body ... the periodontal pocket. In hygiene and dental schools, we are taught to perform blind root planing, which is an impossible task with no definitive end point (other than the clock on the wall). We are taught to grope around under the gums with various instruments to determine how well we removed calculus. Sometimes it even helps to close your eyes to enhance tactile sensitivity ... or so we think. And yet the insanity of this time-honored tradition is that burnished subgingival calculus cannot be detected ... even with the most sensitive of instruments.

Go to http://bit.ly/1HzQhJE

The truth about alternating codes D4910 and D1110
by Patti DiGangi, RDH, BS, and Shirley Gutkowski, RDH, BSDH

Since 1991, people have had questions about alternating codes D4910 with D1110 for follow-up of periodontal care. Even those who think they know the answers don’t quite understand the why. It all comes down to dental-medical necessity. Not sure what that is? Patti DiGangi has written the DentalCodeology series of books to help professionals understand the process and use critical thinking, which is more important than knowing a bunch of code numbers.

The challenge in understanding alternate coding is based on past thinking confusing current choices. Dentistry has so long been accustomed to thinking directly about the treatment and often skipping over documenting risk assessment and diagnosis. When those steps are routinely documented, coding is much simpler. Fraud is no joke to anyone holding a license. Taking the time to understand coding leads to success.

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TiMax Z900L

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As dental professionals, spending your day working in a small oral cavity plays a major role in ergonomics and how your body feels at the end of the day. The dental field offers three basic types of optical aids that will magnify your small workspace: procedure scopes, surgical operating microscopes and loupes.

Currently, loupes are the most popular type of magnification used by dental professionals. Modern Hygienist wanted to see your thoughts on the topic of dental loupes and provide some insight from the loupe company most used by our surveyed readers.

I recently spoke to James Onderak, director of R&D/marketing for Orascoptic, to get Orascoptic’s input on why dental professionals should use loupes when providing care.

Here are the results of our Modern Hygienist’s survey, interview exclusives from Orascoptic and information on the connection between loupes and improved ergonomics.

Go to http://bit.ly/1HIpKol

Breaking the law, dental hygiene style

by Patti DiGangi, RDH, BS, and Shirley Gutkowski, RDH, BSDH

Dental hygienists are arguably an officious bunch. They love their rules; they trot them out like prize ponies, showing everyone they know the score and were taught well. But U.S. dental hygienists have a secret. They are thugs, and they don’t even know it.

Whenever a new product advertisement comes out featuring a dental hygienist, the Internet groups are all abuzz commenting on the model’s hair length, mask placement, patient goggles, open or closed collar on the lab jacket, earrings, makeup, nails, infection control protocol breaks and who knows what all else! They break their arms patting themselves on the back for noticing that the faucet still has knobs in the background of the picture. Chairside, they continue to charge out the prophyl code in patients who they are obviously treating for a periodontal condition. Who’s it hurting? Everyone.

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REPAIR, NOT REPLACE, PORCELAIN RESTORATIONS

Using composite resin, this case illustrates an efficient, reliable intraoral repair of fractured porcelain.

[by Shannon Pace, CDA, CDD]

In the past, the problem has been how to provide an adequate adhesive bond between the existing porcelain and the new composite. The preferred method of creating this bond is micromechanically (e.g., sandblasting with 5 mm aluminum dioxide), micromechanically (e.g., acid etching the porcelain with 9% hydrofluoric acid), and applying coupling agents and resins for better chemical retention that clinically translates into a more predictable porcelain bonding system.

Silanating porcelain restorations prior to adhesively bonding composite materials is extremely important because of the nature of the bond it creates between the porcelain and the composite repair material. This bond is both mechanical and chemical. Silane coupling agents function partly by forming “chemical bridges” between two materials (i.e., composite and porcelain), and partly by altering the surface of porcelain with the formation of microporosities. Microporosities allow bonding agents to infiltrate the internal structure of porcelain restorations to provide maximal adhesion. The longevity and strength of the bonds created depends on the silane coupling agent applied, and the method of application.

Clinical case
A 20-year-old female patient presented with eight porcelain restorations that had been placed two years prior. The incisal edge of the veneer on the central fractured during an accident (She was trying to fix the time on her watch). This created an immediate dilemma for the patient, as she was in college far away and didn’t have time to travel back and forth for a replacement. Because of the age of the patient and restorations, the patient decided to do a composite repair to the fractured veneer intraorally.

Procedure
The pre-operative full retracted view of the patient’s fractured restoration (Fig. 1).

STEP 1 The fractured porcelain veneer is air-abraded using aluminum oxide to increase micromechanical retention with the abrasion unit. Restoration was rinsed and dried (Figs. 2 and 3a).

STEP 2 A nine percent hydrofluoric acid porcelain etchant (Ultradent Porcelain Etch) is applied to the porcelain veneer (Fig. 3b). After 90 seconds, the porcelain etchant is rinsed off with a simultaneous mixture of air and water, which is directed toward the porcelain in an incisal direction, away from the tooth and gingival margin. Porcelain Etch is designed for intraoral or extraoral porcelain etching. Use it to etch porcelain or old macro-filled composites prior to bonding and repair.
Ultradent’s Silane is placed on the restoration and allowed to dry (Figs. 4-4a).

Bonding resin is placed on the restoration iBond (Heraeus), lightly air dried and cured (Fig. 5). Venus Diamond composite B1 body shade from Heraeus was used.

Composite material is manipulated with Ultradent’s Wetting Resin (Fig. 6). Composite Wetting Resin may be placed on the composite surface if it has become dry while contouring the composite. Use Composite Wetting Resin on an instrument or brush to enhance glide. This greatly facilitates adaptation of the composite restoration and preparation.

The final layer of composite Venus Diamond Clear from Heraeus is added to incisal edge repair (Fig. 7).

The completed restoration was polished with Ultradent’s Jiffy polishing system (Figs. 8a-c).

Final polish with Jiffy composite polishing brushes (Fig. 9). Fig. 10 shows the patient’s final smile after repair.

Conclusion
As the number of all-porcelain restorations increases, so too will the need for efficient, reliable intraoral repairs of fractured porcelain. Every time a restoration is removed more tooth structure is sacrificed. This restoration was repaired three years ago and still looks like it was placed yesterday.

REFERENCES

ABOUT THE AUTHOR
Shannon Pace Brinker, CDA, CDD, is a national and international speaker and published author. Shannon and her husband, Erik, are the owners of a new publication, Contemporary Product Solutions. Shannon is a past faculty member at the Dawson Academy and Spear Education. She is an active member of the AACD. Shannon is the first auxiliary to sit on the AACD Board of Directors. She was named one of Today’s Top 100 Clinicians of 2009, 2010, 2011 and 2012. She was also selected as one of Dental Products Report’s 25 most influential women in dentistry and Dr. Bicuspid’s Dental Assistant Educator of the year for 2012. For information please contact her at shannon@cpsmagazine.com.
Dental assistants create the foundation for a variety of dental treatments, including orthodontic treatment planning for Align Technology’s Invisalign cases. Among their many roles, dental assistants and dental team members are responsible for facilitating the various tasks associated with record taking.

Photographic and impression records are essential to the success of these endeavors. Therefore, education and practice are necessary to consistently produce accurate and detailed information. With ongoing education, implementing new techniques and procedures can ensure proper protocols are followed, while practice develops ample experience and the ability to adjust to each unique patient.
By combining education and practice with technique tips from experienced dental assistants, the highest likelihood for obtaining accurate records can be realized.

**Treatment planning for Invisalign**

Invisalign treatment planning, in particular, involves assembling patient alignment information, eight photographs, and upper/lower impressions. Invisalign uses these records to create aligners that are unique to each patient and are essential to the orthodontic treatment’s success. Dental assistants are generally responsible for the majority of Invisalign record taking. The process begins with an evaluation that includes several questions regarding the patient’s current tooth alignment and the anticipated final results.

Accurate dental photography in the orthodontic treatment planning process requires proper equipment, correct camera settings, and experience for optimum results. The eight photographs needed for Invisalign treatment represent the patient both extraorally and intraorally and include full-face and retracted images. Impressions also require proper materials, as well as an ability to ensure patient comfort, because impressions can cause distress and gagging that can result in compromised intraoral details.

Dental assistants are responsible for taking, organizing and submitting all of this information to facilitate proper fitting orthodontic appliances. Inaccurate records can lead to retakes, extra time, costly materi-

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**AT A GLANCE**

1. Using Heraeus Flextime Putty, knead and fold the catalyst and base. Load the putty around the tray making sure you have a good even amount of material.

2. Make indentations where the teeth should be with your finger before tray placement.

3. Add the Correct Flow wash right on top of the putty and seat into the patient’s mouth.

4. Seat the tray into the mouth. When the time is complete, remove the impression.

5. Left buccal photos for Invisalign records.

6. Lower full-arch mirror photo.

7. Retracted biting together photos.

8. Right buccal photos for Invisalign records.

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als, unhappy patients, and ill-fitting aligners that result in poor treatment outcomes.

**Technique tips**

Obtaining accurate photographs is more involved than using a “point and shoot” camera. The recommended equipment includes a digital single lens reflex (DSLR) camera, neutral background, and flash. While a DSLR camera is an investment, it is important for capturing clear images. However, understanding the camera and its settings plays a larger role in photographic accuracy. By learning about exposure, specifically aperture, shutter speed, and film speed, the camera can be set correctly for each particular photograph. Additionally, the histogram feature can be used for instant exposure verification to ensure the image is clear and accurate.

Besides mastering the camera and its settings, dental assistants can be responsible for taking the actual photographs. After selecting an appropriate background, choosing the most effective retractors for photographic purposes is also helpful. The eight required images are all different, but they are all important for creating a successful Invisalign aligner. To capture them accurately, it is essential to know the optimal way to take each photograph.

To capture the correct patient features, it is necessary to look at the frame, aim, and focus. For full-face smile and rest pictures, the frame includes the top of the head to below the chin. The aim focuses on the nose and is perpendicular to the face. The patient’s right side profile also is framed in the same way as full-face pictures and is the final extraoral image. The anterior picture includes the second molar to the second molar. The aim is perpendicular to the face and focused on the centrals. The right and left lateral frames should maximize the exposure of the right or left region, which can be accomplished by pulling the retractor toward the respective ear. The aim is perpendicular to the buccal segment and focuses on the molar and cuspid relationship.

The final two photos are of the maxillary occlusal and mandibular occlusal frame. The main emphasis of these shots is to not leave any teeth out of the photo. Focusing the camera in the center of the plate and keeping the nose out of the frame completes these images.

When taking impressions for Invisalign treatment planning and record taking, the goal is to accurately record the intraoral structures. The greatest interference dental assistants experience while taking impressions is patient discomfort. This can present itself in several forms, including fear, distress and gagging. By avoiding patient discomfort, dental assistants can create predictable and accurate results on the first attempt. Invisalign training materials focus on using a one-step technique to create the impressions. This technique, in combination with a VPS impression material, allows for maximum patient comfort and the most efficient impression-taking procedure.

**Clinical record-taking technique**

**STEP 01** After the patient was determined to be a suitable candidate for Invisalign treatment, proper assessment of the patient and his alignment needs was completed, and an Invisalign case was selected.

**STEP 02** Photographic records were obtained by setting up a neutral and plain background. The dental assistant used a DSLR camera and ideal photography retractors.

**STEP 03** Eight photographs were taken, including: (1) full face at rest, (2) full face smiling, (3) right side profile, (4) retracted anterior frontal, (5) buccal right, (6) buccal left, (7) maxillary occlusal and (8) mandibular occlusal. The images were then uploaded to the Invisalign website and patient profile, along with additional patient information.

**STEP 04** VPS impressions, both upper and lower, were taken using VPS/IPS material. After the allotted time, the impressions were set, disinfected, and packaged for shipment.

**STEP 05** The treatment plan was reviewed and submitted, and the impressions were shipped for fabrication of the customized Invisalign aligners.

**The foundation for case planning**

Invisalign treatment planning ensures the correct fit and function of the customized aligners for the patient. It is essential to the final result and successful nature of the treatment and is predicated on accurate photographs and impressions to aid in the development of the orthodontic appliances. Dental assistants and team members perform these record-taking and treatment planning tasks, creating the foundation for case planning. To produce the requisite photographs accurately, the proper camera is required. Beyond that, knowledge of the ideal camera settings and the best way to capture the specific necessary images is essential. The materials, as well as the dental assistant’s ability to avoid patient discomfort, strongly influence the accuracy of impressions.

**REFERENCES**


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INSPECT WHAT YOU EXPECT

An interdisciplinary approach to retreating a poorly executed cosmetic case.

[ by Nelson Rego, CDT, AAACD, and Christopher Ramsey, DDS, AACD ]

TAKING A COMPREHENSIVE APPROACH
to diagnosing esthetic cases is the first step in comprehensive treatment planning.1,2 Applying the skills to evaluate the biological, structural, functional and esthetic factors that influence the smile and oral health is also important to ensure long-term predictability.3,4 Most significant, however, is coordinating communication among all members of the interdisciplinary team to determine treatment and ensure the selection and use of the most appropriate materials and restorative designs.

Case study
The female patient, in her mid-30s, endured poorly planned and executed cosmetic dentistry.

When the patient decided to pursue “true” comprehensive cosmetic treatment (Fig. 1), she had already been prepared and provisionalized (Fig. 2) for a treatment from a different dentist. That treatment used crowns and a conventional porcelain-fused-to-metal (PFM) bridge to split all teeth on tooth Nos. 9 through 14. When she went for try-in and delivery of her final restoration, she was distraught by the sight of the unpleasant cosmetic result and sought alternative treatment.

During the initial visit and subsequent comprehensive examination, the patient explained her chief complaints were her underproportioned teeth and misalignment (Fig. 3). By evaluating her preoperative photographs, radiographs and examination findings, the treatment plan would involve a multidisciplinary approach that coordinated orthodontic, implant and restorative care. A laboratory-fabricated diagnostic wax-up was a common communication denominator.

TREATMENT PROGRESSION
STEP 1: It was agreed that treatment would be phased to focus primarily on the maxillary arch but establishing a functionally stable mandibular foundation for future treatment. Because tooth Nos. 6 and 11 were primary teeth in soft tissue only, they were extracted. Tooth Nos. 9 through 14 were individually provisionalized. The patient was then immediately placed in orthodontic brackets with bracketed denture teeth at tooth Nos. 6 and 11.

STEP 2: Following 16 months of orthodontic treatment (Fig. 4), the lab created a surgical stent based on the wax-up and required incisal edge position for use in guided implant placement (Fig. 5). The periodontist then placed two 4.1 mm x 11 mm implants at Nos. 6 and 11. Minor crown lengthening was also performed on tooth Nos. 7 through 10.

STEP 3: The patient wore an Essix retainer (DENTSPLY International) during the six-month healing period to fill and shape the pontic areas (Fig. 6).

STEP 4: After six months, impressions were taken and sent to the lab for creating a new diagnostic wax-up. This was transferred to the mouth via bisacryl provisional restorations. To achieve functional esthetics and compensate for the underproportioned tooth size, the right side was prepared for full-coverage restorations similar to the previously prepared left side.

STEP 5: Temporary cylinders helped create screw-retained temporaries on Nos. 6 and 11 to begin correctly shaping tissue contours (Fig. 7), and screw-retained provisionals were attached to the integrated implants (Fig. 8). The patient wore the temporaries for eight weeks to evaluate esthetics and function and enable healing around the screw-retained implant provisionals.

RESTORATION FABRICATION
STEP 6: After eight weeks, the provisionals were removed, and a master impression was taken to enable the lab to design and fabricate the crown and screw-retained implant-supported restorations. At the lab, a scanner (3Shape) was used to create a digital, full-contour wax-up of the provisionals (Fig. 9). After creating the digital wax-up and preparation model, the technician split the digital file to allow the software to differentiate between the coping design and fit of the wax-up units.

STEP 7: Several factors contributed to material selection in this case, including the patient’s under-proportioned teeth and the need to combine full-coverage crowns with screw-retained implant restorations. Functional, strength and esthetic considerations dictated material selection. Zirconia demonstrates the properties demanded for this case.5,6 The selected zirconia system is Zenostar, Ivoclar Vivadent.

STEP 8: The zirconia material was designed into copings and restorations, milled, sintered and then pressed over using a lithium disilicate-compatible fluorapatite glass-ceramic (IPS e.max ZirPress, Ivoclar Vivadent). This allowed the ceramist to perform an esthetic cutback and layering technique by applying ceramics to achieve the appropriate contour, shade and esthetics.7

STEP 9: To fabricate the restorations, a Translucent Pure shade of zirconia copings (Zenostar, Wieland Dental) and the modeling wax units (Zenotec wax, Wieland Dental)
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were designed and milled (Fig. 10). To maximize efficiency, the copings were sintered while the wax was milling and then fit to the working model. The ceramist applied a zirconia liner (IPS e.max Ceram ZirLiner) to provide the white zirconia oxide frameworks with shaded character and enhanced bond.

**STEP 9** The wax was seated over the zirconia copings, marginated and pressed with a high translucency lithium disilicate-compatible fluorapatite glass-ceramic in shade BL4 (IPS e.max Zirpress, Ivoclar Vivadent). After pressing, the restorations were divested, the sprues cut off and the contacts adjusted.

**STEP 10** The ceramist cut back the restorations to allow 1 mm of subtle diffused layering. Multiple layers of a highly esthetic lithium disilicate layering ceramic (IPS e.max Ceram, Ivoclar Vivadent) were applied (Fig. 11). To evaluate the contours on a level color/shade gradient, the ceramist used silver colorant because differentiating contours on white ceramics can be difficult. The restorations were glazed once, then hand polished with polishing paste (Diashine, VH Technologies) to prevent an overglazed appearance (Fig. 12). The restorations were then sent to the restorative dentist for evaluation (Fig. 13), try-in and placement.

**Conclusion**

With laboratory-fabricated diagnostic wax-ups as a foundation for planning and establishing long-term functional stability, the digitally designed and fabricated restorations achieved the patient’s esthetic objectives (Fig. 14).
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LINERS ARE FREQUENTLY USED beneath dental restorations to reduce the potential for post-operative sensitivity, but take on a much greater role long-term in serving as pulpal protectants. Several qualities of a liner are necessary for effective pulpal protection: 1) establish a tight seal to prevent bacterial invasion; 2) stimulate mineralization; and 3) maintain an antibacterial alkaline-related biological environment.

Post-operative sensitivity is partially related to the remaining dentin thickness following cavity preparation and the presence of bacteria. There’s no material better to protect the pulp than dentin itself. The remaining dentin thickness between the base of the cavity preparation and the pulp is one of the most important factors in protecting the pulp from toxins. A 0.5 mm thickness reduces the effect of toxins by 75 percent. A 1.0 mm thickness reduces the effect of toxins by 90 percent. A 2.0 mm remaining dentin thickness or more results in little or no pulpal reaction. It is at this 0.5 mm region that liners become most important. Clearly, decreasing the remaining dentin thickness of cavity restorations can compromise odontoblast survival and influence repair in the pulp-dentine complex after injury.

Calcium hydroxide
Calcium hydroxide has been used as a lining material since the 1920s. Because of the basic pH of about 11, calcium hydroxide is both antibacterial and can neutralize the acidic bacterial byproducts. The high pH creates an environment conducive to formation of reparative dentin. In addition, calcium hydroxide has the capacity to mobilize growth factors from the dentin matrix, causing the formation of new dentin. Calcium hydroxide is an ideal lining material for the very deep cavity preparation and also continues to represent an option for a direct pulp cap.

Adhesive resins
Adhesive resins contain acidic monomers that cause pulpal irritation. Many dentin bonding agents and resin reinforced glass ionomers are actually detrimental when placed on the pulpal tissues. In contrast, calcium hydroxide has been shown to provide a significantly improved potential for pulpal repair compared to adhesive resins.

Self-setting calcium hydroxide
Unfortunately the self-setting formulations of calcium hydroxide are highly soluble and subject to dissolution over time. Traditional calcium hydroxide liners are easily lost during acid etching. Dentin bonding agents that contain water, acetone or alcohol can also detrimentally affect the properties of calcium hydroxide. Therefore when a restoration of composite resin is planned, resin modified glass ionomer liners are required as a separate step to line the cavity preparation sealing over the calcium hydroxide material.

Mineral trioxide aggregate
In recent years, mineral trioxide aggregate (MTA) preparations have been introduced. MTA materials are considered calcium containing silicate cements. The primary reaction

**AT A GLANCE**

1. X-ray of patient’s mandibular premolar.
2. The mandibular premolar had a large distal carious lesion.
3. A deep preparation was necessary, especially on the axial wall.
4. A thin layer of TheraCal LC was placed on the dentin.
5. Excess liner was removed.
6. The preparation was etched, rinsed and coated with adhesive.
7. The preparation was matrixed.
8. Composite resin was syringed into the preparation.

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[ by Robert E. Rada, DDS, clinical associate professor, UIC ]

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Most-viewed How-Tos

How to solve four problems with one workflow

How Nobel Biocare’s cement-free posterior solution can make implant work easier and better.

Restoring single molars is a common indication for most clinicians placing implants, but that doesn’t mean it’s straightforward. Here we look at how to overcome four challenges frequently encountered in the posterior region.

For the full how-to, go to http://bit.ly/1Y7fm2W

of MTA calcium silicates with water is calcium hydroxide. These calcium silicate containing materials are also antibacterial, biocompatible, have a high pH, and aid in the release of bioactive dentin matrix proteins. Significant disadvantages of self-cure MTA for the restorative dentist include the slow-setting times from several minutes to hours and high cost per use. As a result, two-step procedures are frequently necessary requiring interim restorations. Recent evidence indicates that an indirect pulp cap can be performed in a single treatment appointment.

The solution

The most recent product to be introduced to the restorative dentist is Bisco’s TheraCal™ LC. This material is a light-cured, resin-modified calcium silicate lining material. In simplistic chemical terms, TheraCal LC offers the pulpal/dentin benefits of both calcium hydroxide and resin-modified glass ionomers in one product. The material demonstrates strong physical properties with low water solubility and can be light cured up to a thickness of 1.0 mm. The material is FDA cleared as an apatite stimulating liner with the ability to induce apatite crystal formation similar to commercially available self-cure MTA products. Dentinal fluid absorbed by TheraCal LC results in sustaining release of calcium and hydroxide ions. Calcium is necessary for rapid apatite stimulation and hydroxide ions are required for providing an “alkalinizing effect” for wound healing propagation. TheraCal LC is intended for use as an internally placed pulpal protectant liner over both occlusal and axial dentin. When performing a direct pulp cap, use of a rubber dam to reduce bacterial contamination, apex development and control of pulpal hemorrhage are among the essential factors for success.

Case presentation

The following case demonstrates the use of TheraCal LC as a lining material.

The patient presents with a mandibular premolar with a large distal carious lesion (Figs. 1 and 2).

The caries were carefully excavated resulting in a deep preparation, especially on the axial wall (Fig. 3).

A thin layer of TheraCal LC was placed on the dentin over the deepest portions of the preparation using the convenient syringe delivery system and then light cured for 20 seconds (Fig. 4).

Excess liner was removed using hand instruments and the cavity preparation was etched, rinsed and coated with adhesive, which was air-thinned and light cured (Figs. 5 and 6).

The cavity preparation was matrixed (Fig. 7) and composite resin then syringed into the cavity preparation (Fig. 8).

References


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with seven easy tips that can help extend the life of your dental handpiece. Following the basic recommendations can help prevent costly repairs.

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Anticardia® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For most routine dental procedures, Anticardia® with epinephrine 1:100,000 is preferred during operative or surgical procedures when improved visualization of the surgical field is desirable.

CONTRAINDICATIONS
Anticardia® should be used with caution in patients with a known history of hypersensitivity to local anesthetics of any type, or in patients with known hypersensitivity to sodium metabisulfite.

WARNINGS
Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiovascular depression and coma, possibly resulting in fatalities. In addition, myocardial contractility, or drowsiness may be early warning signs of central nervous system toxicity.

Ventricular arrhythmias, and cardiac arrest, possibly resulting in fatalities. Intravascular injection should be avoided. To avoid intravascular injection, aspiration should be performed before Anticardia® is injected. The needle must be repositioned until no return of blood can be elicited by aspiration. Note, however, that the absence of blood in the syringe does not guarantee that intravenous injection has been avoided.

Anticardia® contains epinephrine that can cause local tissue necrosis or systemic toxicity. Usual precautions for administered epinephrine should be used.

Anticardia® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. Cross-sensitivity among sulfites is common. Therefore, a reaction to Anticardia® may indicate an increased likelihood of rash, urticaria, or bronchospasm with sulfites.

Anticardia®, along with other local anesthetics, is capable of producing methemoglobinemia in certain susceptible individuals. Methemoglobin is a blue pigment produced by the oxidation of hemoglobin. Its formation is usually reversed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use.

The American Heart Association has made the following recommendation regarding the use of local anesthetics with vasoconstrictors. The recommended dosage of epinephrine for use with local anesthetics should be used in local anesthesia solutions during dental practice only when it is clear that the procedure will be short or the anaesthesis rendered more profound. When a vasoconstrictor is indicated, extreme care should be taken to avoid intravascular injection. If intravenous injection occurs, it should be used.” (Kaplan, EL, editor: Cardiovascular disease in dental practice, Dallas, 1986, American Heart Association.)

PRECAUTIONS

General: Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use (see WARNINGS/ADVERSE REACTIONS). Intramuscular dosage of vasoconstrictor may cause severe hypertension and cause vasoconstriction; high plasma levels and serious adverse effects. Repeated doses of Anticardia® may cause significant increases in blood pressure and heart rate, up to 500% of possible predicted levels of the drug or its metabolites. Tolerance to elevated blood levels varies with the status of the patient. Debilitated patients, elderly patients, acutely ill patients and pediatric patients should be given reduced doses commensurate with their age and physical condition.

Anticardia® should be used with caution in patients with heart block.

Local anesthetic solutions, such as Anticardia®, containing a vasoconstrictor should be used cautiously. Patients with peripheral vascular disease should be advised to report any unusual pain or paresthesia during dental treatment. Local anesthetic solutions containing epinephrine may cause methemoglobinemia. Its formation is usually prevented by the inclusion of sodium metabisulfite in the vasoconstrictor solution, but the possibility of its occurrence is unknown. Sulfite sensitivity is seen more frequently in asthmatic than in non-asthmatic people.

Anticardia®, along with other local anesthetics, is capable of producing methemoglobinemia in certain susceptible individuals. Methemoglobin is a blue pigment produced by the oxidation of hemoglobin. Its formation is usually reversed in patients after the usual dosage. Prolonged numbness can result in soft tissue injuries such as that of the lips and tongue in infants. In addition, myocardial contractility is depressed and peripheral vasoconstriction occurs, leading to decreased cardiac output and arterial blood pressure.

Careful and constant monitoring of cardiovascular and respiratory (adequacy of ventilation) vital signs and the state of shock, as determined by local anesthetic injection. If an agent should be used, it should be kept in mind at all times that restlessness, anxiety, tinnitus, dizziness, blured vision, tremors, depresion, or drowsiness may be early warning signs of central nervous system toxicity.

In vitro studies and preliminary clinical experience have suggested that human liver micromsomal P450 isoenzyme system. However, because no studies have been performed in patients with liver dysfunction and no drug interactions have been reported in patients, no drug interactions should be anticipated. However, patients with hepatic disease may be less able to compensate for functional changes associated with the prolongation of A-V conduction. Therefore, intravenous injection should be performed carefully.

The patient should be informed in advance of the possibility of temporary loss of sensation and motor function of the lips, tongue and weak.

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, and death. These post-marketing events have been reported rarely and occur primarily in the immediate postoperative period. Drug-induced cardiovascular collapse may be reversible. Prolonged numbness can result in soft tissue injuries such as that of the lips and tongue in infants. In addition, myocardial contractility is depressed and peripheral vasoconstriction occurs, leading to decreased cardiac output and arterial blood pressure.

Skin and Appendages: pruritus, skin disorder.

Special Senses: ear pain, taste perversion.

OTC:治无系统．生理耗：正常．新生儿、儿童的使用不存在问题。成人和老年人的使用无需调整剂量。剂量应根据临床经验确定。病情严重者应在医生的指导下进行。

Drug Interactions: Cardiovascular: epinephrine may reduce or reverse the pressor effect of epinephrine. Concurrent use of these agents should be avoided. In situations when concurrent therapy is necessary, careful patient monitoring is required.

Pregnancy: Teratogenic Effects-Pregnancy Category C.

In developmental studies, no embryotoxic or teratogenic effects were observed when Anticardia® with epinephrine 1:200,000 was administered subcutaneously through organogenesis at doses up to 10 mg/kg in rabbits and 80 mg/kg in rats (approximately 2 times the maximum recommended human dose on a mg/m2 basis). In rabbits, fetal malformations were observed in one of three litters at a maternal dose of 10 mg/kg (approximately 2 times the maximum recommended human dose on a mg/m2 basis) did not cause fetal death and increase fetal skeletal variations, but these effects may be attributable to the fetal maturation of the rat. In rats, daily maternal doses of 100 mg/kg (approximately 2 times the maximum recommended human dose on a mg/m2 basis) did not produce these effects. A similar study using Anticardia® with epinephrine 1:100,000 did not reveal any teratogenic effects. There are no adequate and well-controlled studies in pregnant women. Animal reproduction studies are not predictive of human response because of the differences in the metabolism and excretion of drugs between the species.

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<th>Page No.</th>
<th>Product Card Circle No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3Shape</td>
<td>3shapedental.com</td>
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<td>Acteon North America</td>
<td>acteonusa.com</td>
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<td>bienair-ioptima.com</td>
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<td>BISCO, Inc.</td>
<td>bisco.com</td>
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<td>Chicago Dental Society</td>
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<td>Cory Laboratories</td>
<td>conylaboratories.com</td>
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<td>dentalartslab.com</td>
<td>Outsert</td>
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<td>Dental Planet</td>
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<td>dexis.com/carivu</td>
<td>19</td>
<td>50</td>
</tr>
<tr>
<td>Diadent Group International</td>
<td>diadent.com</td>
<td>63</td>
<td>78</td>
</tr>
<tr>
<td>Dr. Fresh</td>
<td>drfreshdental.com</td>
<td>65</td>
<td>80</td>
</tr>
<tr>
<td>Enzyme Industries, Inc.</td>
<td>enzymeindustries.com</td>
<td>20</td>
<td>51</td>
</tr>
<tr>
<td>Genoray America Inc.</td>
<td>genorayamerica.com</td>
<td>61</td>
<td>76</td>
</tr>
<tr>
<td>Ghost Manufacturing</td>
<td>massiumuction.com</td>
<td>59</td>
<td>75</td>
</tr>
<tr>
<td>Henry Schein Inc.</td>
<td>hennyscheindental.com</td>
<td>CV2, 45</td>
<td>2, 67</td>
</tr>
<tr>
<td>Instrumentarium Dental, Inc.</td>
<td>op300.com</td>
<td>47</td>
<td>68</td>
</tr>
<tr>
<td>JP Solutions/Johnson Promident</td>
<td>johnsonpromident.com</td>
<td>69</td>
<td>81</td>
</tr>
<tr>
<td>KaVo America</td>
<td>trykavo.com</td>
<td>23</td>
<td>54</td>
</tr>
<tr>
<td>Keller Laboratories</td>
<td>kellerlab.com</td>
<td>62</td>
<td>77</td>
</tr>
<tr>
<td>Kerr</td>
<td>kerrdental.com</td>
<td>35</td>
<td>61</td>
</tr>
<tr>
<td>Kerr Corp.</td>
<td>pentron.com</td>
<td>41</td>
<td>64</td>
</tr>
<tr>
<td>Komet</td>
<td>kometusa.com</td>
<td>10A-D</td>
<td>83</td>
</tr>
<tr>
<td>Local Search for Dentists</td>
<td>patientreviewsecrets.com</td>
<td>Outsert</td>
<td></td>
</tr>
<tr>
<td>MacPractice, Inc.</td>
<td>macpractice.com</td>
<td>43</td>
<td>66</td>
</tr>
<tr>
<td>Majestic Drug Co.</td>
<td>majesticdrug.com</td>
<td>57</td>
<td>74</td>
</tr>
<tr>
<td>NSK America Corp.</td>
<td>nskdental.us</td>
<td>51</td>
<td>70</td>
</tr>
<tr>
<td>Patterson Dental</td>
<td>pattersondental.com</td>
<td>CV3, 13</td>
<td>82, 7</td>
</tr>
<tr>
<td>Pinkband Dental Solutions</td>
<td>pinkband.com</td>
<td>56</td>
<td>72</td>
</tr>
<tr>
<td>Practicon Dental</td>
<td>practicon.com</td>
<td>24</td>
<td>55</td>
</tr>
<tr>
<td>Premier Dental Products Co.</td>
<td>premusa.com</td>
<td>34</td>
<td>60</td>
</tr>
<tr>
<td>Recigno Labs, Inc.</td>
<td>recigno.com</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Scheduling Institute</td>
<td>schedulinginstitute.com</td>
<td>F1, F2, F2 A-B</td>
<td>1</td>
</tr>
<tr>
<td>SDI, Inc.</td>
<td>sdi.com/au</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Sirona Dental Systems</td>
<td>godigital.schicklaysirona.com</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Straumann</td>
<td>straumann.com</td>
<td>42</td>
<td>65</td>
</tr>
<tr>
<td>Suni Medical Imaging</td>
<td>suni.com</td>
<td>Outsert</td>
<td></td>
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<td>superiordds.com</td>
<td>56</td>
<td>73</td>
</tr>
<tr>
<td>Tokuyama America, Inc.</td>
<td>tokuyama-us.com</td>
<td>37</td>
<td>62</td>
</tr>
<tr>
<td>Ultradent</td>
<td>ultradent.com</td>
<td>29</td>
<td>57</td>
</tr>
<tr>
<td>ZEST Anchors, Inc.</td>
<td>zestlocator.com/2</td>
<td>38-39</td>
<td>63</td>
</tr>
</tbody>
</table>
For many professionals working in industries across the board, having a mentor was vital in helping them get from where they were to where they wanted to be. For Dee Dee Meevasin, DMD, that person was her childhood dentist, Dr. James Saycich. During high school, Dr. Meevasin worked as an assistant to Dr. Saycich, whom she credits with encouraging her to become a dentist.

“He was just so passionate about dentistry. He was fun and enthusiastic,” Dr. Meevasin said. “I loved seeing him interact with patients. He inspired me to become a dentist.”

Dr. Meevasin credits her mentor not only for encouraging her to pursue dentistry but also for teaching her how to run a practice. While working as an assistant to Dr. Saycich for five years after graduating from dental school, she was responsible for doing her own insurance billing, managing her assistant, running the front desk and overseeing payroll.

“In addition, if I had a technical question, Dr. Saycich would look at the X-rays and go through all of the steps with me,” she said.

By 2011, Dr. Meevasin was ready to branch out on her own, which led her and her husband (who is also her office manager) to open Dee for Dentist in Las Vegas.

Studies have shown a mentor can make a significant impact on a person’s career. The results of a 2014 Gallup poll show “graduates who had a professor or professors who care about them as a person or had a mentor who encouraged their goals and dreams and/or had an internship where they applied what they were learning were twice as likely to be engaged with their work and thriving in their overall well-being.”

The results were based on feedback from close to 1 million Americans of varying ages and with different educational backgrounds.

Finding a mentor can be challenging, but the payoff can be great. A mentor can help you with practice management, interpersonal skills and real-world experience that is not normally taught in dental school. He or she can help motivate and inspire you to keep going when times are tough and can help you to see the “big picture.” A mentor can help you discover the easiest, best way of doing things and can help you to avoid having to learn more lessons the hard way.

When seeking a mentor, it’s important to look for someone who has a good reputation among his or her peers and in the community. It also helps if he or she has a higher level of involvement in organized dentistry. Because you might face many new problems and challenges as a new dentist, it’s important to feel like you can contact your mentor at any time, which is why it helps if the mentor has the time and availability to work with you. For some, this means regular face-to-face meetings. For others, communication via email and few face-to-face interactions is more realistic.

If you’re seeking a mentor, there are a variety of resources to consider. You can start by talking to a dentist in your community or contacting your state dental association. By joining a professional organization, you’re more likely to be introduced to professionals who may be available to mentor you or know someone who could serve as a mentor. Visit ADA.org for career mentoring web resources, and don’t forget to be open to new possibilities and meeting new people. A wise and trusted counselor could be waiting to help you get from where you are to where you want to be.
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- Bite Block
- Set-up for Try-In
- Implant Verification
- Finish

Shade ______ Make & Mold ______

Doctor Name __________________________________________________________

Address ______________________________________________________________

City __________________________ State __________ Zip __________

Phone __________________________ Fax ________________________________

Email Address ________________________________________________________

Patient Name __________________________ Age ______ □ M □ F

Today’s Date _____/_____/_______ Return Date _____/_____/_______

Signature __________________________ License # _______________________

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