Learn the stories behind the brands and people moving the dental industry forward and building lasting legacies.

Dreamers & Doers

BIG DATA

Big Data in Small Places

Dental practices collect large sets of data about their patients, their operations, and even how equipment and technology is used. When analyzed and put to work, that data can be a light to guide a practice to new levels of success.

CELLERANT BEST OF CLASS TECHNOLOGY AWARD WINNERS PART II

How CBCT benefits both you and your patients

Improving patient communication with VOIP

CELLERANT BEST OF CLASS TECHNOLOGY AWARD WINNERS PART II

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BIG DATA

Big Data in Small Places

Dental practices collect large sets of data about their patients, their operations, and even how equipment and technology is used. When analyzed and put to work, that data can be a light to guide a practice to new levels of success.
BUY 1 DENTAPEN ELECTRONIC SYRINGE, GET 10 BOXES
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To order or request a demo, contact your Henry Schein Sales Consultant or call:
1-800-372-4346 8:00am-8:30pm (et)
NiTiN™ Sectional Matrix System

Featuring rings fabricated with drawn-wire Nitinol for reportedly unmatched spring qualities, the NiTiN Sectional Matrix System is well suited for Class II posterior composite restorations. The Nitinol material is said to offer “like new” separating forces, even after hundreds of uses. The rings feature backers and tips fabricated from PEEK®, a highly durable plastic, so every element is designed for a long lifespan. The matrix system also features bands with significant, pronounced curvature for easier and more predictable tooth shape replication. The kit includes color-coded wedges as well as forceps for ring placement, band placement and removal.

Dental Products Report editors explain why this matrix system stands out:

Using advanced materials to fabricate the rings allows this matrix system to offer reliable, repeatable performance over a lengthy lifespan. Nitinol is used for a range of medical devices and in orthodontics, while PEEK is used in multiple dental applications. Both are advanced materials putting this matrix system at the forefront of dental applications. Both are advanced materials putting this matrix system at the forefront of dental applications.

Garrison Dental Solutions
888-437-0032
garrison Dental Solutions
CIRCLE RS #2

Pelident

Designed to help dental practices optimize performance and profit potential, Pelident is analytics and planning software suite reportedly well suited for both solo practices and group practice operations. Software options range from a free data package to an artificial intelligence-aided profit planning solution. The software integrates with leading dental and business software applications, including QuickBooks, Excel, Eaglesoft and Dentrix. Pelident can generate thousands of metrics based on practice data, but the dashboards are customizable to display just the information you need.

Dental Products Report editors explain why this software platform stands out:

Vast amounts of business and patient data are stored in a practice’s database, but finding meaning and actionable information in that data can be difficult. Pelident is a powerful platform that provides an intuitive interface to visualize the data. The software allows practices to see what type of performance is possible and to track progress toward those goals.

Pelident Point Advisors
251-410-0117
pelident.com
CIRCLE RS #3

LuxaCrown

Providing an option between a provisional restoration and a permanent restoration, LuxaCrown is designed for producing long-lasting crowns and bridges. Suited for use in creating semi-permanent crowns and bridges, the material reportedly works with a quick and easy technique and offers strength, durability and esthetics while being a cost-effective solution. LuxaCrown is an ideal solution for difficult cases that require longer healing stages and can be used for up to five years. It’s available in five shades—A1, A2, A3, A3.5 and B1—that remain stable and provide natural fluorescence. LuxaCrown will be available Sept. 1.

Dental Products Report editors explain how this material offers a unique clinical solution:

As clinicians, you know every case that comes into your operator is a unique situation. While most cases fit a specific profile and are suited to a specific type of restoration, there are times a case falls in the middle. LuxaCrown offers an option to prevent those cases from slipping through the cracks, and can be used to “buy time” when a patient needs a functional and esthetic solution but won’t be ready for a permanent crown or bridge for months or longer.

DMG America
800-662-6383
dmg-america.com
CIRCLE RS #4

Cover Products and other EDITOR’S CHOICE products throughout this issue are chosen based on innovation or their perceived impact on improving patient care and practice efficiency.
DREAMERS & DOERS

Dental companies and organizations are built on big ideas and thrive on the energy of people determined to turn those visions into reality. Learn how these innovators and go-getters turned dreams and ideas into success that they pass along to customers and partners.

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Product launches and updates from throughout the industry

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Join us for two days of quality education in all phases of general dentistry!
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- Socket grafting
- Guided surgery
- Obstructive sleep apnea
- Marketing your practice
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REGISTER FOR DAY 1 & DAY 2
Friday: General Session  
Saturday: Lectures and Hands-on Programs
12 CE hours
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*Use promo code DPR19 to redeem discount! Exp. 9/30/19
DENTAL PRODUCTS REPORT’S NEXT ACT BEGINS TO TAKE SHAPE

AS YOU READ THIS, I hope it’s immediately apparent that something is different about Dental Products Report.

The magazine looks different on the front, the paper is thicker and for the first time in years, Dental Products Report is bound instead of stapled to provide a nicer spine for easier display and reference on a shelf. We’re investing in every aspect of this publication to provide you with the best possible dental product resource, and the exterior look is just the start.

Inside changes might be more subtle, but we’re taking a new approach to how we present our stories. Our monthly category roundups now feature more category details, and other features are also being designed with sidebars and quick facts. More improvements are aimed at making our content easier to access and more pleasant to view are on the way.

Why we’re doing this
I hope one of the first changes you noticed is that we’re back to calling ourselves Dental Products Report. This move goes way beyond just spelling out our full name to better fill the space on the magazine cover. It’s about embracing this publication’s legacy and living up to its reputation as the best dental products resource around.

We want to be a showcase for any and every dental product. Our goal is to provide you with the details and information you need to make a decision as to whether or not that product is the best option for your practice and your patients.

That’s the dream powering our efforts, and it’s fitting that we’re launching our updates in our Dreamers and Doers issue, which includes profiles of six dental companies and the people setting those companies up for success. (A seventh company is profiled online as well.) Each of these companies has an interesting story about its products and the ways it works. Every one of those profiles of companies and people passionate about what they do is worth a read.

Next steps
With our updated print look in place, the next wave of change will focus on our website, dentalproductsreport.com. The updated site is going to make our content easier to find and accessible on any connected device. We want you to be able to stop by our site for updates on new product innovations, industry news, topical and clinical articles, as well as long-form articles.

We also have plans to expand our multimedia offerings. Our video production capabilities will debut at the American Dental Association Annual Meeting in San Francisco next month. We’ll be filming interviews and other video content at future dental tradeshows as well.

As we look toward 2020, we’ll be rolling out new content formats in the magazine to showcase dental products in new ways and provide you with insights to help you evaluate those products. One part of those efforts is expanding the use of our Editorial Advisory Board and expanding that board itself.

Our board strives to be a diverse representation of all facets of the dental industry, and we’re always on the lookout for additional clinicians interested in writing about the products they use or sharing their thoughts on trends in the industry.

If you think such a role is right for you, send me a note.

Actually, if you think there’s anything we can or should be doing better or differently, send me a note.

Dental Products Report is published as a resource for you. Let us know when we’re on track, and definitely let us know when we’re not.

We believe this issue and the future of Dental Products Report looks a lot nicer, feels nicer in your hand and is a nicer experience to read. We sincerely hope you agree.

We have a lot more planned, so let us know what you think of the changes as well as what else we can do to publish a product resource the dental industry deserves.

[ Noah Levine ]

Dental Products Report Editorial Director

[ Our Mission Statement ]

Dental Products Report—known for its trusted new product information—delivers a sharp focus on high-tech innovations and their implementation as well as how cutting-edge technologies are transforming practices. DPR helps dentists future-proof their practices and position themselves to deliver the best dentistry possible to benefit both their patients and their practices. We are committed to delivering unbiased, quality content.

| Questions or comments: NLevine@mmhgroup.com |
Successful modern dentistry requires a clinician to master everything from traditional zirconia restorations to more complicated implant procedures with confidence.

When it comes to quality, no one does it better than Komet. For more than 95 years, Komet has been designing, engineering and manufacturing the best burs in dentistry. Longer than anyone.

Komet’s full line of premium rotary instruments deliver consistent performance and the best patient outcomes, everytime.

There’s good. There’s better. Then there’s Komet.

KometUSA.com | 888 566 3887
How to invest in the right technology for your practice
A look at how digital scans can be used whether you send them to the lab or use your own mill or printer in-house. Learn more: http://bit.ly/RightDentalTechnology.

Total-etch or self-etch: which forms the best bond?
Since the invention of self-etching bonding systems in the '90s, the question has lingered: which is better for bonding, total-etch or self-etch? Read more: http://bit.ly/TotalorSelfEtch

Preparing patients for partials
Setting patient expectations for their partial dentures is an essential step in their successful delivery. Learn more: http://bit.ly/PreparingPatientsPartials

Clicks & Picks
What dentists were searching and savoring in July @DENTALPRODUCTSREPORT.COM

3 MOST-VIEWED PRODUCTS
01 Dynamic Duo
Buffalo Dental
02 PerioLase® MVP-7™
Millennium Dental Technologies
03 MI Paste Plus®
GC America

3 MOST-READ ARTICLES ONLINE
01 5 famous Americans you didn’t know were dentists
by Laura Dorr
02 5 phrases hygienists need to stop saying to patients
by Katrina M. Sanders RDH, BSDH, M.Ed, RF
03 The top 16 worst dental patients ever
by Laura Dorr

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Your team asked. We answered.
www.DentalProductsReport.com
Designed for easy use, the Midwest® Automate® provides precise, consistent handpiece cleaning, lubricating, and debris removal, and helps extend the life of your handpieces for long-term, reliable, efficient performance.

Reduce handling time by more than 80%

- Clean and lubricate in one easy step — up to 3 handpieces per cycle
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- Absorbent pad liners prevent spills for clean work area
- Fittings for all popular high and low speed handpieces and electric attachments
- Dedicated chuck cleaning port
- Flat top gives back working space for tray

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dentsplysirona.com/instruments

Interested? Circle Product Card No. 07
**TIME REDUCTION KITS**

**DGSHAPE Time Reduction Kits (TRK)**
These kits produce molded gypsum or acrylic-based material discs for accurately milling partial or full-denture bases, along with models, with the company’s DWX dry dental mills. TRK kits are said to be easier and more consistent than analog processes and have a patent pending. The new Removable Denture Kit (CA-DK1) is engineered to reduce in-house finishing time for full dentures and partial denture applications and streamline the digital workflow.

Roland DGA
800-542-2307 | rolanddga.com/dental
CIRCLE RS #8

**COMPOSITE GUN SLEEVE**

**TrollBarrier**
TrollBarrier is a protective cover to be used on most composite guns to protect the surface of the composite gun from contact from the patient during use. The barrier reduces the need for autoclaving between patients. The CDC recommends barriers be used on clinical contact surfaces and equipment that are in contact with the patient and are at risk of being contaminated. Simply reapply a new barrier between patients.

TrollDental
800-537-8765 | trolldental.com/us
CIRCLE RS #9

**PALATAL ANESTHESIA DEVICE (PAT)**

**PAD**
The PAD, a Palatal Anesthesia Device (PAT), uses the principles of pressure anesthesia and the “gate control theory of pain” to alleviate the pain associated with a palatal injection. The stimulation of the surface tactile receptors by the instrument “opens the gate” of the pain-transmitting fibers and interrupts their transmission to the brain. Therefore, the pain associated with the initial needle penetration is greatly reduced.

Master Dental LLC
masterdentalonline.com
CIRCLE RS #10

**NANOHYBRID COMPOSITE**

**LUNA**
LUNA contains a hybrid of nano- and micron-sized particles to achieve optimal esthetics and strength. Nano particles assist in polishability and the maintenance of surface smoothness over time. Micron-sized particles contribute to strength and durability. Its hybrid filler makes it ideal for anterior and posterior restorations.

SDI
630-361-9200 | sdi.com.au
CIRCLE RS #11
**PRODUCT WATCH**

### IMPLANTS

**INVERTA™ Implant**

Featuring a Body Shift™ design, a chamber for bone growth is created in the inverted coronal segment of the implant, enhancing its ability to obtain natural-looking esthetics. The wider apical portion is designed to allow the implant to achieve primary stability critical in immediate placement. Other features are said to include a Sinergy™ Surface and high-strength, Grade 4 titanium.

*Southern Implants*
561-472-0990 | southernimplants.com
CIRCLE RS #12

### MOBILE APP

**Healthy Mouth**

This new self-assessment, educational app is said to provide users with an immediate estimate of their oral health using an algorithm that analyzes user responses to oral health questions before providing risk estimates in a variety of categories. The app screens for issues with gum health, overall teeth health, bite and jaw joint health, and smile characteristics. Access to the app is available for the iPhone in the App Store.

*Kois Center*
206-621-5310 | koiscenter.com
CIRCLE RS #13

### DELIVERY SYSTEM

**Freedom Assistant Cart**

The new Freedom Assistant Cart elevates an esthetic design preference by concealment of operating knobs and controls. The delivery system is said to be ideal for modern dental offices looking for a high-quality and minimalist appearance in a modular dental unit. The curved shape formed with modern metal design provides architectural interest and enhanced appeal.

*ASI Dental Specialties*
844-880-3636 | asidental.com
CIRCLE RS #14

### MARKETING

**BracketEars**

Market your dental practice logo as earrings or a lapel pin with BracketEars. Perfect for ortho and pediatric dentists. Strengthen patient engagement and promote your brand outside the office. Your patients can wear your brand on their ears at school, football games, and out with family and friends.

*BracketEars*
410-381-1477 | bracketears.com/charms
CIRCLE RS #15

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Novel dental implant shape is designed to enhance esthetics and stability.
Infection control is one of the most important aspects of any dental practice. OSHA violations can have a detrimental effect on your reputation in the community as well as your bottom line. Fortunately, there are myriad products on the market today to help keep your practice, your staff and your patients healthy and safe.

Today’s products are changing the game when it comes to infection control. Surface disinfectant wipes are engineered to kill viruses and bacteria in as little as one minute. Ultrasonic cleaners feature user-friendly touchscreens and data files that can be downloaded and stored for documentation. Personal protective equipment, such as face masks and lab jackets, are being made with lightweight, breathable material for maximum comfort.

Is it time for you to reevaluate your infection control efforts? Take a look at the products and resources we’ve compiled on the next several pages to ensure your practice is in compliance with today’s standards.
Clorox Healthcare® VersaSure™ Cleaner Disinfectant Wipes
- Innovative, alcohol-free quat solution versatile enough to use on common dental surfaces with the assurance of broad-spectrum disinfection
- EPA-registered to kill 44 pathogens, including bacteria, viruses and fungi, in reportedly two minutes or less
- Low-odor, low-residue formula features patented technology that enhances quat activity on surfaces to deliver broader efficacy and faster kill times without co-actives

Clorox Healthcare
800-234-7700 | cloroxpro.com
CIRCLE RS #42

BioSonic UC150
- The UC150 is a quiet, compact, 1.5-gallon ultrasonic cleaner that can be placed on a countertop or recessed
- Equipped with a multilingual, user-friendly touchscreen
- It offers customizable settings, a degas function, optional heating, quick and easy draining, and an exclusive USB interface for easy downloading of cleaning data

COLTENE
330-916-8800 | coltene.com
CIRCLE RS #43

RapidHeat™ Pro11 Sterilizer
- Quick and easy, low-cost instrument sterilization using state-of-the-art “Hi-Velocity Hot Air” technology
- It’s engineered to use 85 percent less energy than steam sterilizers
- With “start-to-finish” 20-minute wrapped instrument cycles and four large trays, the Pro11 Sterilizer has a greater effective capacity

CPAC
800-828-6011 | cpac.com
CIRCLE RS #44

ConFirm™ Mail-in Sterilizer Indicators Monitoring Service
- Third-party documentation of testing and test results provides a tangible online record when proof of testing and subsequent results must be provided
- Results in 24 hours for steam, 72 hours for chemical vapor, and seven days for dry heat and E10 from start of incubation period at processing laboratory
- Choice of immediate test failure notification by fax or email with a courtesy call the next day from a clinical adviser

CROSSTEX
888-276-7783 | crosstex.com
CIRCLE RS #45
AdvantaClear® Surface Disinfectant
- Designed to clean and disinfect dental surfaces while working extremely fast and effectively killing a broad spectrum of disease-causing microorganisms
- Compatible with a wide range of surfaces, including acrylic, aluminum, brass, copper, stainless steel, chrome, plastics and more
- Helps to eliminate odor-causing bacteria with no harsh fragrance

Hu-Friedy
800-483-7433 | hu-friedy.com
CIRCLE RS #46

CaviWipes™ and CaviCide™ surface disinfectants
- Clean, disinfect and decontaminate hard, nonporous surfaces with speed and confidence
- With reportedly one of the fastest kill times in the industry at three minutes, CaviWipes and CaviCide get the job done from the start to give every office a clinical clean
- As a cleaner and disinfectant in one convenient, ready-to-use product, with no dilution or mixing required, CaviWipes and CaviCide save dental professionals time and inventory

KaVo Kerr
877-685-1484 | kerrdental.com
CIRCLE RS #47

B Futura 28L
- An “intelligent” sterilizer with advanced data management features and an easy-to-use interface that allows full traceability of every sterilization cycle
- The 28-liter model features a full-color touchscreen LCD display with clear, easy-to-understand icons
- Steam generator and high-performance double-head vacuum pump are designed to ensure extremely fast cycle execution

Cefla Medical Equipment | Mocom
704-598-0020 | cefladental.com
CIRCLE RS #48

MAXIMUM PENALTY AMOUNTS*

Serious, other-than-serious posting requirements:
- $13,260 per violation

Failure to abate:
- $13,260 per day beyond the abatement date

Willful or repeated:
- $132,598 per violation

*as of Jan. 23, 2019
DisCide® Ultra
• In just 60 seconds, DisCide Ultra reportedly is effective against TB, viruses (HBV, HCV, RSV, HIV-1), bacteria (MRSA, VRE, E. coli) and fungi (C. albicans)
• Specifically formulated to resist evaporation, the intermediate-level surface disinfectant is noncorrosive and nonstaining, and it leaves no residue
• Available in identical formulations in both spray and towelette formats

Palmero Healthcare
800-344-6424 | palmerohealth.com
CIRCLE RS #49

Patterson® Premium Lab Jackets
• Made of a lightweight, breathable, latex-free material for maximum comfort
• Non-sterile lab jackets are designed to protect health professionals and patients from cross-contamination, airborne splatter and debris
• Single-use and disposable, they’re made of high-quality, soft, SMS fluid-resistant material

Patterson Dental
877-816-2871 | pattersondental.com
CIRCLE RS #50

T007B-F FlipTop Cassette
• A fixed rack cassette that holds up to seven instruments
• Made using USA medical-grade stainless steel, it’s designed to allow for proper sterilization while still protecting against accidental instrument pokes
• A convenient single latch featuring a latch guard provides easier opening and closing of the cassette while preventing instrument tips from becoming stuck in the latch

Paradise Dental Technologies
800-240-9895 | pdtdental.com
CIRCLE RS #51

INFECTION CONTROL CHECKLIST
Evaluate your dental practice’s infection control efforts with the following questions:

1. Does your practice have a written health program for DHCP?
2. Is a list of all required and recommended immunizations for dental workers maintained?
3. Is a comprehensive post-exposure management and medical follow-up program in place?
4. Have DHCP been educated and trained on their risk of occupational exposure to potentially infectious agents?
5. Do DHCP know to report occupational injuries and exposures immediately?
6. Does your practice have a written, comprehensive program designed to minimize and manage DHCP exposure to blood and body fluids?
7. Is your practice in compliance with all applicable federal, state and local laws for medical record keeping and confidentiality?
8. Is protective clothing worn over street clothes or uniforms to protect against splash or spatter?
9. Are disposable syringes and needles, scalpel blades and other sharp items placed in appropriate puncture-resistant containers?

Questions courtesy of OSAP
OPTIM 1
• With a one-minute broad-spectrum contact time, OPTIM 1 is reportedly one of the fastest and most effective cleaner and intermediate-level disinfectants
• It provides the confidence that clinicians are compliant and mindful of patients, staff, equipment and the environment without compromise
• It’s listed as a category IV, the EPA’s lowest toxicity category
SciCan
800-572-1211 | scican.com/us
CIRCLE RS #52

Elara 11 and EZPlus
• Elara 11 pre/post vacuum sterilizer and EZPlus gravity series fully automatic sterilizers have closed-door drying systems
• The units meet the most current sterilization standards ANSI/AAMI ST55
• Tuttnauer is committed to better dentistry, helping dentists meet today’s challenging workloads and regulatory requirements by offering products that deliver optimal results without sacrificing convenience
Tuttnauer USA
800-624-5836 | tuttnauerusa.com
CIRCLE RS #53

Zirc instrument cassettes
• Regulate infection control through instrument cassettes, trays and Safe-Lok® Covers
• Contaminated instruments are organized and secured within a cassette, which stays enclosed on a tray with a locking cover to create a safe handling practice
• Contaminated instruments will remain covered until you’re ready for reprocessing
Zirc Dental Products
800-328-3899 | zirc.com
CIRCLE RS #54

Sympro Denture cleaning unit
• A compact, high-performance cleaning unit that’s designed to automatically clean dentures, orthodontic appliances and splints quietly and in a time-saving, efficient manner
• Reportedly provides up to 80 percent time savings compared to conventional methods, ensuring a fast and efficient prophylaxis service with minimal effort
• Optimal and fast cleaning performance is due to an inclined bowl set at a 35-degree angle as well as a rotary magnetic field that sets the cleaning needles
Renfert USA
800-336-7422 | renfert.com/usa-en
CIRCLE RS #55
**Monarch Surface Disinfectant Wipes**
- Monarch wipes are said to work fast and offer a broad-spectrum efficacy, ethanol-based, bleach-free formula that kills TB, viruses, bacteria and fungi in just one minute without hurting equipment.
- The wipes have a low toxicity rating and are fragrance-free and compatible with most surfaces in the dental office.
- A cleaning and disinfecting product all in one step, saving clinicians time and money.

Air Techniques
516-433-7676 | airtechniques.com
CIRCLE RS #56

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**Z3 Plus Wipes**
- Ready-to-use cleaner and broad-spectrum dental office disinfectant said to be effective against TB in two minutes and sanitizing hard, nonporous surfaces in 10 seconds.
- With broad pathogen kill claims, they’re virucidal, bactericidal, fungicidal and tuberculocidal.
- Made from a woven, surgical-grade, nonlinting material, the wipes are designed to retain solution for more effective cleaning and disinfection.

Benco
800-462-3626 | benco.com
CIRCLE RS #57

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**MAXI-GARD™ masks**
- Featuring an innovative, contoured design that’s said to enhance airflow space and provide complete coverage and fit with extra breathing room that allows for a more comfortable, extended wear.
- Fluid-resistant and fiberglass-free.
- Also features an adjustable, full-width nosepiece.

Henry Schein
800-05SHEIN | henryschein.com
CIRCLE RS #58

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**RESOURCES FOR DENTISTS**
- Centers for Disease Control and Prevention: cdc.gov
- Occupational Safety and Health Administration (OSHA): osha.gov
- Organization for Safety, Asepsis and Prevention (OSAP): osap.org
- World Health Organization (WHO): who.int
- Environmental Protection Agency (EPA): epa.gov
- U.S. Department of Health and Human Services (HHS): hhs.gov
- American Dental Association (ADA): ada.org
Thinking of advertising via video?

Bring more revenue to your practice without spending too many of your marketing dollars. [compiled by Patti Phelps]

Information provided by Outfox Video.

THE PROBLEM

The expense and know-how involved in video advertising can be more than most small business owners anticipate.

Making an advertising video yourself can be quite time-consuming, and paying a professional to make one for you can be costly.

THE SOLUTION

Outfox Video

- Pre-made industry-specific videos can be uploaded and customized in minutes by adding your information and logo.
- All videos are said to be written, edited and produced by award-winning professionals.
- If you’re not familiar with how, when or where to post your video on social media, a dedicated expert is there to help you generate more revenue.
- Fully finished, each video is complete with live action, sales-driven copy and energetic music tracks all designed to drive sales in each business category.
- Location protected so no one in your area will be showing the same video.
- Affordable at only $49 per video or a monthly subscription of $49 for two videos.

Outfox Video
619-375-1988 | outfoxvideo.com
CIRCLE RS #16
Only one network gives you the complete picture of dentistry.

What if it knew what media you needed for your job?

Neither do we. Our content is designed with you in mind.

Digital equals connection. You don't work outside of modern workflows.

4 channels: the chair, the tools, the front office, the lab.


Your team asked. We answered.

www.DentalProductsReport.com
Keep the oral cavity hydrated and healthy

Manage dry mouth naturally with Vega® Oral Care Rinse. [compiled by Patti Phelps]

Information provided by StellaLife.

THE PROBLEM

Patient isn’t producing enough saliva, which leads to a dry mouth

Saliva helps oral tissues to remain healthy by controlling bacteria and fungi in the mouth. It also helps to prevent tooth decay, gum disease and bad breath. The mouth should be lubricated, not dry.

THE SOLUTION

VEGA® Oral Care Rinse by StellaLife®

- All-natural, antimicrobial rinse refreshes the mouth, keeps it moisturized, and gives temporary relief from dry mouth in conjunction with mist designed for patients to carry with them
- Studies* confirm the rinse efficacy against Strep mutans, Actinomyces v, Strep pyogenes, P. gingivitis and Bacteroides fragilis
- StellaLife VEGA Oral Care Rinse is said to reduce the anaerobic bacterial load in half for more than three hours after a single application
- Reported to have a great taste without any side effects, such as intensifying sensitivity, changing taste or staining teeth
- This bacteria-fighting formulation can promote healthy gums, hydrate the oral cavity and freshen breath while containing no toxic or GMO ingredients
- StellaLife Mist® (rinse on the go) can be easily refilled with StellaLife VEGA Oral Care Rinse

*Series of case reports are available at stellalife.com/research
First all-in-one isolation system with autoclavable and single-use mouthpieces

DryShield dentists are experiencing a 20 to 30 percent reduction in chair time on nearly every procedure.

Information provided by DryShield.

DryShield combines the tasks of a high-suction evacuator, bite block, tongue shield and oral pathway protector in one sleek, easy-to-use device.

Designed by a dentist for dentists, the DryShield system dramatically reduces chair time by 20 to 30 percent per procedure, allowing more procedures per appointment, more patients scheduled per day and more consistent, on-time schedules.

With a vision of making modern isolation accessible for all dentists, DryShield is the first all-in-one isolation system to offer a full slate of autoclavable and single-use mouthpiece options to meet dentists’ needs for maximum affordability or convenience.

The DryShield system was engineered to fit into the workflow and economics of a typical dental office, with up to 80 percent in annual savings over the operating cost of other isolation systems.

Creating a dry environment can be time-intensive and inefficient.

Traditional isolation demands the dentist use an array of tools such as suction, cotton rolls, rubber dams, dry angles, gauze, bite blocks and other items.

DryShield
888-379-0300 | dryshield.com
CIRCLE RS #19
How to find relief from xerostomia and reduce caries

Occasional dry mouth isn’t uncommon; however, if a patient constantly experiences “cottonmouth,” he or she may seek medical and/or dental help. Medically known as xerostomia, this condition occurs when there’s not enough saliva in the mouth.

“I’d say about 10 to 15 percent of my patients have xerostomia. Not all of them are aware of it or really think about it,” says Kim Miller, DDS, who has been practicing independently in Cary, N.C., for more than 23 years. “But, it seems to be disproportionately women, especially over age 50, who are taking medications.

“We may notice signs of xerostomia before the patient does and routinely ask if they are taking any medications that may cause this,” Dr. Miller continues. “Other than being uncomfortable, if a patient’s mouth is dry, we worry about a higher caries rate as well as recurrent caries around restorations. In aging patients who have gum loss and recession, xerostomia makes their teeth more susceptible to root caries, which are devastating and really difficult to treat. Therefore, prevention is always more cost-effective. We’re trying to help people avoid dentistry.”

Dr. Miller says she first learned of XyliMelts®, oral adhering discs that stick to your teeth or gums to help relieve persistent dry mouth, at an American Dental Association meeting several years ago. XyliMelts are made with a sugar substitute, xylitol. This naturally sweet carbohydrate found in raspberries, corn, oats and other plants helps to stimulate saliva flow. The discs slowly release 550 mg of xylitol over time—meaning hours of dry mouth relief as they coat, lubricate and increase saliva flow, especially while sleeping when dry mouth is at its worst.

“We have samples available that we hand out regularly,” Dr. Miller says. “We also tell patients where they can purchase XyliMelts, such as local drug stores as well as Amazon.”

Dr. Miller says the response she has been getting from her patients who have used these is “actually very good. Patients tend to continue using them. And they’re really easy to use—elderly patients with limited dexterity also seem to do fine.”

In fact, Dr. Miller takes these herself. “I started using XyliMelts about three or four years ago. I’ll use one just a few times a month. I like the mint one because I think it stimulates the saliva a little bit better and I like the fresh feeling. I usually take one disc at a time. I think the directions say you can use one or two, but I find that one seems to work well.”

“And the nice thing is they’re safe,” she adds. “There’s really not another product on the market I’m aware of that you can place in your mouth at night and get a little bit of relief. They tend to last two to four hours during the day and longer at night. Other products are usually sprays or gels that just don’t last, and drinking water really isn’t a long-term solution.”

Clinical research on XyliMelts has been limited until recently; however, Dr. Miller relies on anecdotal evidence.

“I feel confident in having my patients use them—and the acceptance is really good,” she says. “One of the things that sets this product apart is the longevity of symptom relief, and they are really easy to place properly.”

“If the patient and the provider are aware of xerostomia, it will help in the appropriate management,” she adds. “If we can first make the patient more conscious of how to modify their diet, improve oral hygiene and use fluorides, the XyliMelts can then help manage dry mouth and make things more comfortable. If we can help patients avoid discomfort and preserve their teeth, we’ve met our primary goal in healthcare, as dental healthcare providers.”
The Complete Cloud System
Award-Winning Software and Sensors

“This is the easiest practice management software I’ve ever used. We’re saving time and money, helping ensure my practice is profitable and my staff is happy.”

- Frank Altier, DMD

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If you aren’t utilizing in-house 3D radiography in your dental practice, you’re missing out. Where traditional 2D X-rays are found to be lacking, dental cone beam computed tomography (CBCT) excels.

It’s widely accepted that with CBCT imaging, clinicians have access to greater detail and more information. Historically, this had come at a price. 3D images required higher doses of radiation than their 2D counterparts. However, Planmeca customers using Planmeca Ultra Low Dose™ technology can get this information at doses equivalent, or even less in some instances, than 2D radiography.

Dr. Victor Rodriguez, who practices in Doral, Fla., recently upgraded to the Planmeca ProMax® 3D Classic system and indicates the results have been excellent. The system produces high-quality 3D images of the mandible and maxilla for about the equivalent dose of a single intraoral periapical image using Planmeca Ultra Low Dose.

More information is always better,” Dr. Rodriguez says. “I don’t like surprises. I want to be able to plan everything before I even begin the procedure. Previously, you might not know exactly what you’re going to find when you begin working. Now, I know what to expect. It’s a finer image, and it can find defects more effectively.”

Dr. Rodriguez uses the Planmeca ProMax 3D Classic system throughout his general dentistry practice in everything from root canals to periodontal surgery to wisdom teeth extractions. In addition to utilizing Planmeca Ultra Low Dose technology, Dr. Rodriguez has access to Planmeca CALM™, an exclusive feature that corrects for patient movement during imaging. Planmeca also offers options such as cephalometric imaging for orthodontics and other advanced modalities that are only available with its equipment.

“I know exactly how many canals and the exact length of each of them when I’m performing a root canal” Dr. Rodriguez says. “That’s particularly helpful to reduce costs and chair time.”

For dental implants, a clinician might opt to choose one of four resolution settings to capture the detail required to perform minimally invasive surgeries and have ideal patient outcomes. Again, with Planmeca systems, the low dose technology can be used on any resolution setting producing and image with no statistical reduction in image quality.

Some dental professionals refer patients to specialists or imaging centers for 3D imaging, but this can be problematic. Patients have to find time to go to a separate location, prolonging the time until they receive treatment and causing additional inconvenience. Some patients will simply skip this step and go elsewhere. With the ProMax 3D Classic system in-house, you can get the images right away and relay the information to the patient immediately, which increases case acceptance and conversion rates.

“It’s very simple to use, particularly the Planmeca Romexis software,” Dr. Rodriguez says. He went on to praise Planmeca’s customer service. “Their team easily walked me through the new equipment when I upgraded to the 3D system. Part of why I selected a Planmeca ProMax when I started my practice is the ease of upgrading the equipment. It allowed me to grow when I was ready and it protected my initial investment.”

**REFERENCES**

Oral cancer screening in less than two minutes

How Goccles® helps dentists detect abnormalities early, easily and without any pain for the patient. [by Jo Donofrio]

Oral cancer is the sixth most common cancer worldwide, with approximately 500,000 new cases diagnosed each year. If detected in the first stage, the chances of survival are more than 90 percent. During routine exams for oral cancers, early lesions often aren’t visible to the naked eye, and they may go undetected until advanced stages.

Goccles® (Glasses for Oral Cancer – Curing Light Exposed) is an effective and easy-to-use oral screening device that can detect cancerous and precancerous lesions in the early stages before they’re visible to the naked eye. Developed by Pierrel, an Italian company, Goccles was introduced in the United States in 2018 and is transforming the oral screening process.

“With Goccles, you can do a simple, noninvasive and painless exam of the oral cavity and identify early lesions clearly and accurately,” says Tanya Brown, DMD, a dental consultant and speaker who has been in private practice in Chesapeake, Va., for 19 years.

Featuring a special set of eyewear equipped with innovative optical filters, Goccles is used in conjunction with a common dental curing light. When the oral mucosa is illuminated, the special patented filter enables the observation of the fluorescence of healthy mucosa and distinguishes suspicious lesions, which will appear as dark areas on a green background. The process is noninvasive, painless and can be completed in one to two minutes.

“The biggest advantage of Goccles versus other oral screening devices is ease of use,” Dr. Brown says. “You simply put on the Goccles glasses and use a common curing light to examine the patient’s mouth. No extra equipment is needed, so the initial investment is small, and it can be used by any team member who knows how to use a curing light.”

According to Dr. Brown, the mouth is the perfect breeding ground for cancer. “The human mouth is a warm, moist environment for rapid and continual cell growth, which increases the potential for uncontrolled cell growth and cancer. The longer oral cancer goes undetected, the more aggressive it can be.”

Risk factors for oral cancer include smoking, tobacco use, alcohol intake and, more recently, the human papilloma virus (HPV). “Some of the new research is showing the impact of the strains of the HPV virus that cause oral cancer,” Dr. Brown says. “We are seeing this more and more in younger patients.”

Routine oral cancer screenings are usually done every six months, or more often if the patient is at a higher risk. “When screening for oral cancers, dentists will do a visual exam and palpations, feeling under the tongue, lymph nodes and tissues,” Dr. Brown says. “It can be years before a precancerous or cancerous lesion is identified. With Goccles, we have identified more patients for early cancer screenings and have found a handful of patients who actually had oral cancer.”

During the last five to 10 years, a focus on the early detection of oral cancer has become more prevalent. “This is the first line of defense in screening,” Dr. Brown says. “In combination with a visual exam, any dentist equipped with a curing light can use Goccles to perform a low-cost, auto-fluorescence examination to promote early detection.”

*In April 2019, Pierrel Pharma S.r.l received the 2019 Edison Best New Product Silver Award for the Goccles® Early Oral Cancer Screening Device.*
Creating reliable and accurate restorative impressions

Why Catapult Education reviewers gave Identium® the Catapult Education Vote of Confidence. [by Susan McMahon DMD, AAACD]
subgingival margin detail and ease of removing the impression (Fig. 2).

Identium is an excellent choice for implant impressions, multi-unit impressions, impressions where isolation is compromised and impressions with subgingival preps (Fig. 3).

The results
The majority of Catapult reviewers agreed Identium has improved properties compared to their current impression material. Overwhelmingly (79 percent), our reviewers state they would use it in their practices.

Identium, the new vinylsiloxanether impression material, gives reliable and accurate restorative impressions. It’s a great choice for consistency and value.

REFERENCES

TOP 3
MISTAKES DENTISTS MAKE WHEN TAKING IMPRESSIONS

Taking traditional impressions can be a difficult skill to master. Inaccurate impressions can result in ill-fitting restorations and patient discomfort. Find out the three biggest mistakes dentists often make when taking conventional impressions and how to avoid them.

FAILING TO EXAMINE THE PREP AND MANAGE THE TISSUE BEFORE TAKING THE IMPRESSION.

While isolation may seem like a time-consuming step, neglecting it can result in less-than-ideal impressions. Maintaining proper moisture control around the preparation is key. Doctors can utilize various methods, such as double-cord techniques and hemostatic agents, to help manage bleeding in the prep area. Tools such as loupes and intraoral cameras can also come in handy to ensure everything looks correct before beginning the impression process.

USING AN IMPRESSION TRAY THAT’S THE WRONG SIZE FOR THE PATIENT’S MOUTH.

At first glance, it may appear that a tray will fit perfectly inside a patient’s mouth. Unfortunately, that’s not always the case. Using a poor-fitting tray can affect the impression’s outcome. Pay extra attention to ensure the tray size is correct, and make sure all staff members are trained on how to properly select impression trays for each patient to avoid retakes. Clinicians also should make sure the tray will capture not only the area of the preparation but also the surrounding teeth and any areas that contribute to the arch form for cosmetic purposes.

NOT FULLY UNDERSTANDING THE DAMAGE THAT CAN BE CAUSED BY CUTTING CORNERS.

Dental practices are busy places, and team members often feel pressured to stay on schedule and “beat the clock.” But when it comes to taking traditional impressions, time shouldn’t be a factor. Quickly rushing through the process can result in inaccurate impressions. What’s more, the practice will waste even more time down the road by having to do retakes. There are associated costs with retakes too. Be sure to take a deep breath, slow down and spend the necessary time taking an accurate impression.
The pace of technology development never slows, and this is true for both consumer technologies and for dental technologies. Innovations continue to be developed as people hope to create solutions to problems and to devise faster and better ways of accomplishing everyday tasks. In the dental industry, this means finding new ways to diagnose and treat oral disease, and restore damaged teeth and other tissues. As dental manufacturers and new start-ups work to develop and market these innovations, the annual Cellerant Best of Class Technology Awards provide a platform to showcase some of the most impactful of these developments.

Selected by an expert panel of dentists comprised of Dental Products Report Chief Clinical Editor and Technology Editor John Flucke, DDS; Paul Feuerstein, DMD; Chris Salierno, DDS; Marty Jablow, DMD; Pamela Maragliano-Muniz, DMD; and Lou Shuman, DMD, CAGS, these awards are now a hallmark of what's ahead for the dental industry. The awards don't look at specific categories of products and only select a winner if it’s truly game-changing and capable of standing out from a crowd of competitors.

The 2019 winners include a range of product types, including curing lights, practice and clinical software, information technology infrastructure systems, imaging technologies, intraoral scanners and much more. The breadth of the award-winning products means that few practices will find every winning product is a fit for them, but almost every practice could realize efficiencies and improve patient care if they adopt one or two of these technologies.

To provide a sense of how these innovative technologies can benefit a practice, we reached out to clinicians and dental professionals who use them every day to ask them why they decided to use these products, how they work for their practices and how they benefit their patients. We started this coverage in the June issue and present impressions of the benefits of the final 15 winning products here.

Part II of our coverage of the 2019 Cellerant Best of Class Technology Awards features interviews with dental professionals who have used these products. [by Noah Levine]
A LARGER CURING LIGHT MEANS EFFICIENT CURES AND PIECE OF MIND

SEAN LEE, DDS
Newtown Smile Dentistry – Newtown, Conn.

How did you first learn about the VALO Grand curing light?
I had previous experience with a VALO Light and it was nothing but a positive experience with the product. When I got in touch with a local Ultradent, the rep told me about Ultradent’s new and bigger VALO Grand light.

Long has your practice been using the light?
My practice has been using it over two years.

What made you decide to use it in your practice?
I’ve used several other curing lights from leading brands, but nothing came close to the quality of the VALO, which was great, but the VALO Grand was even better with the wider coverage of light from the 12 mm lens.

Describe how the VALO Grand fits into the way you practice?
The quality of every restorative treatment is a very important part of my practice. I’m always looking to provide treatments that involve using high-quality materials and minimal chair time. VALO Grand allows for quick curing of restorative dental materials and it makes restorative procedures quicker to finish without compromising the quality of the work. Patients love the outcome and they appreciate the reduced chair time.

What would you tell a colleague if he or she asked what it’s like to use the VALO Grand curing light?
I would tell them that once they try out the VALO Grand curing light, they’ll start to notice how much more convenient it is compared to the other curing lights that they’ve been using.

What has been the best part of using the light in your practice?
The best part of using the VALO Grand is the peace of mind that I get from knowing all restorative materials are fully cured while reducing treatment time for patients.

Are there any improvements you’d like to see in the next generation of the VALO curing light?
It would be great to have a battery life indicator on the unit, so the light can be recharged more predictably.

AUTOMATED BACKUPS KEEP THINGS RUNNING WHEN DISASTER STRIKES

TAMMY L COLEMAN - OFFICE MANAGER
Rancho Bernardo Dental Center – Raymond E. Carpenter DDS – San Diego

How did you first learn about DDS Rescue?
When I started managing the practice five years ago, DDS Rescue was already on board.

What made you decide to use it in your practice?
It was recommended by our technical support team.

Describe how DDS Rescue fits into the way your practice operates on a daily basis?
I consider DDS Rescue a team member I don’t have to worry about. They do their job without any direct supervision. With my busy day as an office manager, that’s a big plus. I know that every hour all my data is being backed up and that’s part of my job that runs smoothly every day.

What would you tell a colleague if he or she asked what it’s like to use DDS Rescue?
Data backup is a critical part of a practice and it’s usually part of the office manager’s job to make sure it happens. DDS Rescue is the expert, so let the expert do the job for you. This way you can do what you do best, which is work with your patients and your team.

What impact has use of DDS Rescue made on your practice and your patients?
We were hit with ransomware! Because of DDS Rescue, we didn’t pay the ransom and were up and running in about two hours.

No loss of production! No loss of data! No patient information was breached! I’ve heard horror stories about ransomware, and due to DDS Rescue, our practice wasn’t one of these stories.

What has been the best part of using this system in your practice?
They’re easy to work with and the customer service is wonderful. Data backup isn’t part of my day anymore!

DDS Rescue

The DDS Rescue system is a full backup and recovery system that, when placed in an office, takes hourly backups of your complete server, not just selected files. It validates the backup, encrypts the data and tests for ransomware. We monitor the system 24/7. When your server can’t run your network, the DDS Rescue system does—all in under 30 minutes, guaranteed. In addition, we’ve now added a full HIPAA-compliance program that manages your complete compliance program, including the required enterprise-level risk assessment of your full network.

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CIRCLE RS #60

VALO Grand

The VALO Grand curing light features everything you’ve come to love from the VALO curing light family but with a 50 percent bigger lens. The 12 mm lens is designed to easily cover a 10 mm molar for quick and effective curing. The second activation button on the underside allows for more intuitive operation. The VALO Grand light uses a custom, multi-wavelength, light-emitting diode (LED) for producing high-intensity light at 385-515 nm, capable of polymerizing all light-cured dental materials.

Ultradent
888-230-1420 | ultradent.com
CIRCLE RS #59
HIGH-QUALITY IMAGES FROM A SENSOR THAT INTEGRATES WELL

TODD SNYDER, DDS, FAACD
Aesthetic Dental Designs®
– Laguna Niguel, Calif.

How did you first learn about the DEXIS™ Titanium KaVo sensor?
I already had the DEXIS Platinum sensor and was told they were coming out with a new, SMART sensor with enhanced image quality and durability. I’m someone who likes to implement new technology. I also was wanting another sensor, so I got one.

How long has your practice been using the sensor?
We’ve been using DEXIS Titanium by KaVo for almost a year.

What made you decide to use it in your practice?
The quality of the product, the image quality, the software integration, and the ability to integrate my CariVu and DEXCam intraoral camera all into the same software.

Describe how the imaging capabilities of the DEXIS Titanium fit into the way you practice?
Easy to implement, fast to capture a great image and durable.

What would you tell a colleague if he or she asked what it’s like to use the DEXIS Titanium sensor?
It’s one of the best quality images, simple to integrate and from one of the most reputable companies.

What impact has use of the technology made on your practice and your patients?
Patients like that it’s new technology and provides improved accuracy as well as instant results.

What has been the best part of using the DEXIS Titanium in your practice?
Simplification of our imaging process to have one platform. Also, a great quality image to enhance our diagnostic capabilities.

Are there any improvements you’d like to see in the next generation of the sensor?
Maybe a soft, pliable or cordless version.

DEXIS™ Titanium by KaVo
The DEXIS Titanium sensor delivers extraordinary image quality for confidence in diagnosis, SMART features for advances in workflow and sustainable durability for peace of mind.

Todd Snyder had a 30-year practice before he joined the exocad family and was one of the first to install chairside CAD/CAM. He’s still on the cutting edge of digital dentistry, and says the tech is worth the investment.

High-quality images from the DEXIS™ Titanium sensor are a striking way to impress patients and create revenue in Snyder’s practice.

Digital dentistry fundamentally changed the way I look at patients and treatment. It can do the same for anyone. Independent of your choice of hardware for scanning or production, ChairsideCAD gives the clinician the ability to use, store and produce cases. With one software package, any scans of the patient, an impression or a model is useful for analysis or construction of almost any prosthetic that can be fabricated within the office.

What impact has use of the software made on your practice and your patients?
Specifically, exocad ChairsideCAD has made it very easy to design splints and occlusal guards, generate and send models to the 3D printer, and streamline production of multiple tooth restorations. Patients love the faster turnaround times and the lack of impressions. I love the fact that all of my hardware technology works better and more efficiently.

What has been the best part of using ChairsideCAD?
The absolute best part was the short learning curve to proficiency.

For the first time, exocad’s ChairsideCAD provides clinicians with the freedom to choose the best hardware and software for their single-visit dentistry practice. Derived from the renowned DentalCAD platform, which has been a signature solution within the dental laboratory marketplace for over a decade, ChairsideCAD includes dentalshare, a robust, open collaboration tool for doctors and labs. The key benefit of exocad’s open architecture software is that third-party manufacturers’ products, data, libraries and services are easily integrated. Now, dental practices can easily add an IOS with CAD/CAM and develop expertise at their own pace.

CHRISTOPHER M SILVIOY, DMD
Better Dentistry – Raleigh-Durham, N.C.

How did you first learn about ChairsideCAD?
I’ve worked with several software packages over the past eight years. When a chairside version of the exocad software was announced last year, I was very keen to try it.

What made you decide to use ChairsideCAD?
ChairsideCAD uses the same interface I was used to in DentalCAD and integrates with machines and printers commonly found in the dentist office. The software integrates well with equipment I already have and produces larger restorations such as bridges and occlusal guards.

Describe how ChairsideCAD fits into your practices?
ChairsideCAD accepts scan formats from almost anything. I have a TRIOS and two desktop scanners. As soon as the case is scanned and sent, it’s ready to work. The level of integration for milling and 3D printing is exceptional.

What would you tell a colleague if he or she asked what it’s like to use ChairsideCAD software?
Digital dentistry fundamentally changed the way I look at patients and treatment. It can do the same for anyone. Independent of your choice of hardware for scanning or production, ChairsideCAD gives the clinician the ability to use, store and produce cases. With one software package, any scans of the patient, an impression or a model is useful for analysis or construction of almost any prosthetic that can be fabricated within the office.

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855-EXO-4CAD | exocad.com
CIRCLE RS #62
MULTIPLE MAGNIFICATION SETTINGS
SAVE TIME AND IMPROVE CARE

MIKE MALONE, DDS, FAGD, AAACD

How did you first learn about the EyeZoom™ Loupes?
I had a positive conversation with friends on the golf course.

How long have you been using these loupes?
Two years.

What made you decide to use loupes with adjustable magnification settings?
Before EyeZoom, I was using three different sets of loupes. Now, with EyeZoom, I can use one pair for all uses.

Describe how the EyeZoom loupes fit into the way you practice?
I do my exams and give anesthesia with 3x power, start preps with 4x and finish margins with 5x.

What would you tell a colleague if he or she asked what it’s like to use these loupes?
EyeZoom loupes are a sensible alternative to multiple sets of loupes and offer high-quality magnification.

What impact has use of the loupes with adjustable magnification settings made on your practice and your patients?
Adjustable loupes save me time and give my patients a higher quality finished result.

What has been the best part of using the EyeZoom loupes?
I still have to use a barrier like a tissue or remove my glove to change the power. I think you could design a removable peg for adjustments that’s disposable and changed with each patient.

SOFTWARE THAT MAKES CLINICAL IMAGES AVAILABLE ANYWHERE

JUSTIN AARON - IT INFRASTRUCTURE & SUPPORT MANAGER
Park Dental & The Dental Specialists – Multiple locations across Minn. and Western Wisc.

How did you first learn about XVWeb+ 3D imaging software?
We’ve been using Apteryx DCV dating back to 2012. We’ve migrated over to XVWeb as the product was offered as a SaaS solution.

How long have your practices been using the software?
We’ve been using Apteryx DCV for nine years, and we then used Apteryx XVWeb on premises for two years, and now have been using the hosted version for two years.

What made you decide to use it in your operation?
Having a centrally hosted SaaS solution that provides a hardware agnostic imaging solution across multiple platforms was beneficial to a multi-site practice.

Describe how the XVWeb platform fits into the way your practices operate?
The software provides a centralized host for images, and the ability to do everything from within a web browser besides capture the images.

What would you tell a colleague if he or she asked what it’s like to use XVWeb software?
XVWeb simply provides the most robust multi-platform imaging solution available today.

What impact has use of the technology made on your practices and your patients?
We’ve been able to advance our patient care with new technologies every year. This has helped us to become a leader in the use of cutting-edge dental technologies in our market.

What has been the best part of using XVWeb software?
Having the LED Apteryx team to work with and help develop solutions to fit our business needs.

EyeZoom™
The first and only adjustable magnification loupes. EyeZoom offers three magnification levels ranging from 3x-5x. Developed to assist healthcare professionals view an operating site from multiple perspectives, the loupes conform to fit each user’s individual preference. Co-engineered with Konica Minolta®, the patent-pending technology provides edge-to-edge clarity and high-definition resolution. With an ideal symmetry between style and performance, the lightweight magnesium bezel leaves a lightweight feel and an aesthetically pleasing design.

Orascoptic
800-369-3698 | orасoptic.com
CIRCLE RS #63

XVWeb + 3D
XVWeb utilizes cloud technology to deliver state-of-the-art clinical image storage, optimization and analysis as a cost-effective subscription service. The new XVWeb 3D module adds support for accessing, viewing and securely sharing CBCT datasets via any compatible web browser in real time. Requiring no downloading of data for image manipulation or enhancement, XVWeb 3D allows practices to access their clinical image data 24/7 from compatible web-connected devices. All 2D and 3D image interactions can be performed via the web, utilizing a full suite of online image enhancement and annotation tools.

LED Apteryx
877-278-3799 | ledapteryx.com
CIRCLE RS #64
AUTOMATED SYSTEM WORKS IN THE BACKGROUND TO FILL SCHEDULES

ALI SARKARZADEH DDS
Congressional Dental Care – Rockville, Md.

How did you first learn about MMG Fusion’s ChairFill?
I’ve been using MMG Fusion’s suite of services for a number of years. When they presented their new ChairFill product to me, I was eager to begin using it.

How long has your practice been using the service?
We have been using ChairFill since March of 2019.

What made you decide to use it in your practice?
We were most intrigued by the automation and ease of use. To manually sort, filter and contact patients from our records with unfinished treatment or missed appointments would take days with no guarantees of finding enough patients to make the exercise worth the time. ChairFill does all that work for us and runs automatically in the background to schedule those patients.

Describe how ChairFill fits into the way you practice?
ChairFill is like having two extra employees working in the practice. One focused on diagnosing what kinds of patients we need at what times in order to fill our various schedules, and the other focused on contacting and scheduling those perfect patients.

What would you tell a colleague if he or she asked what it’s like to use the ChairFill?
I’d tell them that the best part about using ChairFill is that you don’t have to use it. It operates successfully on its own after you get your preferences set.

What impact has use of the service made on your practice and your patients?
It has helped us meet our scheduling goals so that we’re working as efficiently as possible and seeing as many patients as possible. It has helped our patients by proving reminders and notices of last-minute openings or unfinished treatment plans they may have forgotten.

What has been the best part of using the ChairFill in your practice?
The additional practice efficiency. Fewer schedule slots left open for hygienists and dentists.

TECHNOLOGY INFRASTRUCTURE WITHOUT THE WORRIES

TAMARA C. WHITLEY - OFFICE MANAGER
Whitley Family Dental – Dallas

How long have you been using TechCentral OmniCore?
August 2018 – I believe we were the second practice to use OmniCore

What made you decide to use it in your practice?
Quite simply the cost. We determined it would take us five years to pay off the equipment with no service support. At the end of the 5-year period, our equipment would be out of date and we’d have to spend more to upgrade and service. By leasing OmniCore, TechCentral by Henry Schein One is responsible for all service, monitoring and upgrading the equipment.

Describe how OmniCore fits into the way your practice operates on a daily basis?
It’s the very heartbeat of the practice. Without the heart, the practice is dead and can’t operate. An example of a daily operation is our backup. We used to have to stand in the closet and troubleshoot, sometimes for hours, creating our backup on an external hard drive. With OmniCore, I no longer even think about our backups as it’s all done via the cloud with regular reports sent to my email.

What would you tell a colleague if he or she asked what it’s like to use TechCentral OmniCore?
It’s completely worry free—if anything happens, TechCentral is either on the phone or “FaceTiming” to resolve the issue. On rare occasions, they may need to send someone on site, but if they do, they work around my schedule.

What impact has use of TechCentral OmniCore made on your practice and your patients?
I can’t begin to tell you how many patients have seen my little black box in my tech closet. It gives them the security they need to know to give them their sensitive personal data. They know that Whitley Family Dental is doing everything we can to protect their data.

What has been the best part of using this system?
The best part has to be no longer worrying about our data back-ups. Previously, it was a nightmare…but now it is sweet dreams!
**BROAD SPECTRUM CURING FOR CONFIDENCE IN RESTORATIVE CASES**

DAVID R RICE DDS
East Amherst Dental Center
– East Amherst, N.Y.

How Long has your practice been using the Bluephase G4 curing light?
We’ve been using G4 since release and we are loving it.

What made you decide to use it in your practice?
Having access to the technology that shows the negative impact of being “off angle” or worse, “off tooth”, the Polyvision technology made G4 a must.

Describe how the Bluephase G4 fit into the way you practice?
As we adhesively bond direct and indirectly all day, every day, working with broad spectrum lights is a must. Visit any treatment room in our practice, and you’ll find G4 hard at work on both the restorative and hygiene sides.

What would you tell a colleague if he or she asked what it’s like to use the Bluephase G4 curing light?
It’s light weight, ergonomic and most importantly, has the science behind it to reliably cure any material you work with.

What impact has use of the technology made on your practice and your patients?
The Polyvision has spurred fascinating conversation. When patients learn that one of dentistry’s largest fail points is incomplete cure, as well as how this technology can help eliminate that, they go home and talk, and our phone rings.

What has been the best part of using the light in your practice?
Confidence that all of our restorations are completely cured.

Are there any improvements you’d like to see in the next generation of the Bluephase curing light?
I’m not sure how, but it would be great if Polyvision could tell me the depth of cure.

**AN INTRAORAL SCANNER THAT QUICKLY CAPTURES EVERY DETAIL**

TODD EHRLICH, DDS
Westlake Smile Designs – Austin, Texas

How do you feel this next generation of scanning will impact your practice?
The latest generation of CEREC scanner is incredibly fast, but that really isn’t the most important thing. The quality of data matters the most. It’s easy to get hung up on how fast a scanner is, but really how good is the data? The CEREC Primescan has a dynamic lens with in its housing that moves as you move to help get more focused imaging. This makes for better data and faster acquisition.

The camera is bigger than prior versions. Has this been a problem?
The camera is bigger than prior versions of CEREC cameras, but it is still smaller than a lot of the latest cameras from other companies. It’s bigger because there is just so much more in the camera: heating element, dynamic lens, larger sensor and processor. With these components, the scanning has better data that is acquired faster. It also allows scanning to happen in angles that were not possible in the past. So, imaging the distal of molars is actually easier than with the smaller Omnicam.

What would you tell a colleague if he or she asked what it’s like to use the Primescan intraoral scanner?
It will take about five minutes to learn how to use it. It works just like an intraoral camera but it builds the model at the same time! When there are voids to fill in, it is pretty intuitive on what to do. But, the best part is that when something gets into the scan that you do not want, like the tongue or cheek, the CEREC software will eliminate that data as you are scanning! It is like having a “wash impression” with impression material that happens during the impression! Let that sink in!

What impact has use of the technology made on your practice and your patients?
My patients have become spoiled on the power of one-visit dentistry. They would not have it any other way. The “value” that is built into the restorations speaks for itself. My patients promote my practice because they know that this is special...very special.
A SCANNER THAT ELEVATES TREATMENT PLANNING

DR. NIKLAS KREUTZMANN
Dantandlæge Hobro
Hobro, Denmark

How did you first learn about the TRIOS 4 intraoral scanner?
As a part of the beta test team, we are very privileged to have all the latest and newest equipment available.

What made you decide to use it in your practice?
There is no doubt in my mind that digital is the future for dentistry. The precision, speed and comfort of intraoral scanning are great benefits for both me and my patients. TRIOS 4 is the latest and leading technology on the market, and having it in the clinic elevates our practice and workflows. It enables us to take treatment to another level.

Describe how the TRIOS 4 fits into the way you practice?
TRIOS 4 fits perfectly into our practice. With TRIOS 4, there is no wait or warm-up time—I can simply start scanning immediately. This makes everything easier and enables me to perform an unplanned or unexpected full-arch scan very quickly. In turn, the simplicity and speed make it easy to scan every patient at every visit and track their dental health with TRIOS Patient Monitoring. Being able to show patients changes in their teeth is a really powerful tool to get them invested and proactive in improving any bad habits, for example.

What would you tell a colleague if he or she asked what it’s like to use the TRIOS 4 intraoral scanner?
Do it! It’s easier than you think to get going, and you won’t look back. It will simply make you a better dentist, both with your preps and treatment plans.

What has been the best part of using the scanner in your practice?
Treatment planning alongside my patients…showing them the scans, and the expected results. The patient acceptance ratio has become much higher. TRIOS 4 is treatment planning on a whole new level.

TRIOS® 4
The new 3Shape TRIOS® 4 combines superior scanning technology with groundbreaking caries diagnostic aid technology for both surface and interproximal caries. It has built-in fluorescent technology that’s designed to aid in the identification of possible caries. Later this year, TRIOS 4 will feature a dedicated transillumination smart tip that will reportedly aid in the identification of possible interproximal caries undetectable to the eye, without emitting radiation.

3Shape
908-867-0144 | 3shape.com/en
CIRCLE RS #69

USING A.I. TO IMPROVE PHONE SKILLS AND ENHANCE PATIENT ENGAGEMENT

HIMESH KANA, DDS
Dental Depot DFW – The Colony, TX

How did you first learn about Patient Prism?
We met the team at Patient Prism at the DEO conference a few years ago and realized they had some amazing technology that would allow us to help our teams improve the patient experience starting with the very first phone call.

How long has your practice been using the scanner?
Since December 2018.

What made you decide to use it in your practice?
We started using Patient Prism in just one practice in 2017, but are now implementing it in all of our Dental Depot practices.

What made you decide to use it in your practice?
We looked at several call tracking companies and what we really loved about Patient Prism was the combination of A.I. technology and the fast training it provides to our team. It doesn’t just show our team why somebody didn’t book; it shows us how to improve so we can win back that potential patient during a follow-up call. It makes our team instantly better.

Describe how Patient Prism fits into the way you practice?
This was really the game changer for us. The fact that we could get feedback from Patient Prism within an hour about how we handled a call and showed us how we could recapture that lost opportunity, that was when we really started seeing the game change. We’ve found that when we call them back within the hour, the patients are very engaged. We’ve seen probably $30,000 to $40,000 in regenerated revenue from what had been missed calls.

What would you tell a colleague if he or she asked what it’s like to use Patient Prism?
The ROI is easy to see. We’re implementing Patient Prism at our other Dental Depot locations in Texas, Oklahoma and Arizona and have recommended it as a tool to other dentists and groups.

Are there any improvements you’d like to see in the next generation of Patient Prism?
I know Patient Prism is working to send back the alerts even faster. Right now, they’re at about an hour. It will be even better when they’re within 45 minutes or even within a half hour.

Patient Prism®
Patient Prism is a call tracking software program that coaches dental teams using artificial intelligence and natural language processing with the goal being to ensure all first-time callers are converted into new patients with booked appointments.

Patient Prism
800-381-3638 | patientprism.com
CIRCLE RS #70
Tornado X
Sixty years of know-how and passion is the secret that leads Bien-Air Dental today to offer exceptionally reliable products. In celebration of our 60th anniversary, the Tornado X is equipped with a 60-month warranty. The Tornado X handpiece is outfitted with Accu-Chuck PreciPlus, a revolutionary technology that assures a staunch clamping of the bur, eliminating all vibrations and granting unequaled stability and comfort, along with Cool Touch safety conveniently integrated into the head’s push button. This patented anti-heating technology is designed to maintain the instrument’s head at a safe temperature, thus significantly decreasing patient burn injuries.

Bien-Air
800-433-2436 | dental.bienair.com
CIRCLE RS #71

iOptima INT
The iOptima INT electric handpiece system is incredibly versatile and enables you to perform all your dental operations—restoration, endodontics (including WaveOne®), oral surgery, implantology and scaling. Fully integrated into your dental unit, the iOptima INT system guarantees optimal space savings and ensures that your working area is fully operational. The iOptima INT system can be controlled either using an iPod touch or an iPad mini. The refined ergonomics and user-friendliness of these tablets will enable you to focus on what matters most: the patient. In addition, the numerous pre-programmed, customizable sequences of the iOptima INT application will make your treatments considerably easier.

Bien-Air
800-433-2436 | dental.bienair.com
CIRCLE RS #72

Gemini™ Laser
The Gemini 810 + 980 diode laser is a dual-wavelength soft tissue diode laser that combines the optimal melanin absorption of an 810 nm wavelength diode laser with the optimal water absorption of a 980 nm wavelength diode laser. It provides up to 20 watts of peak power for faster, smoother cutting with reduced tissue tagging. The sleek design includes a transparent electroluminescent display and a simple user interface provides access to 19 preset procedures. It can be controlled with a wireless, Bluetooth foot pedal and features an autoclavable handpiece. The single-use, bendable tips are pre-initiated for added efficiency, and tip illumination aids surgical site visibility.

Ultradent
888-230-1420 | ultradent.com
CIRCLE RS #73

AWARD SELECTION COMMITTEE

LOU SHUMAN, DMD, CAGS
Dr. Lou Shuman is the founder and creator of the Cellerant Best of Class Technology Awards and the CEO of Cellerant Consulting Group. He is a venturer-in-residence at Harvard’s i-Lab and co-founder of LightForce Orthodontics.

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PAMELA MARAGLIANO-MUNIZ, DMD
Dr. Maragliano-Muniz is a prosthodontist in private practice in Salem, Massachusetts. She’s a faculty member at Tufts University School of Dental Medicine and is the editor-in-chief of Inside Dental Hygiene.

Editor’s Note
There are three award-winning products presented above without interviews. We reached out to the manufacturers to set up interviews with dental professionals who use these products, but we were either unable to complete the interview ahead of deadline or the manufacturer declined to participate in this editorial coverage of its products. If we are able to complete interviews after publication, they will be included in the online version of this article at dentalproductsreport.com.
Dental companies and organizations are built on big ideas and thrive on the energy of people determined to turn those visions into reality.

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Dreamers & Doers

Compiled by the Dental Products Report Editorial Team

Each year, Dental Products Report goes behind the scenes to tell the stories of the companies and people behind the products and services taking dental practices to new levels of success and driving toward improved patient care. This year’s special advertising section puts the focus on the inspiration and the action that pushes the dental industry forward.

Over the next 10 pages, we present interviews with people in leadership roles at a wide range of dental manufacturers and organizations. Read on to learn about how these innovators and go-getters turned dreams and ideas into success that they pass along to customers and partners. Be sure to check out the online version of these profiles at dentalproductsreport.com for extended versions of these interviews and an entire extra company profile. Dentistry continues to grow and change at a rapid pace—here are some of the people leading that charge.
“We are able to eliminate mistakes, get things done faster, and pass down the savings to our clients.”

Q: What first brought Arminco to the dental industry?
AS: In 2004, Arminco started concentrating on building dental practices and its mission was to provide doctors with proper resources to build and start their dental practice efficiently.

Q: What drives the company today?
AS: We have built over 500 dental offices. Every year, we have broadened our resources to provide more services and save our clients more money. I’m honored to have been part of so many start-ups, and I can honestly say that with the services we offer, we’re able to control the budget of the entire process of building a dental practice, which helps our doctors achieve their dreams.

Q: Why add equipment and supplies to your offerings?
AS: We knew in order to control the overall project budget of the dental practice, we had to be able to provide the dental equipment. We worked hard to manage the construction budget of the project only to see that doctors were overpaying on most of the purchased equipment. Furthermore, we started seeing too many errors on the project caused by other parties as a result of equipment sales. This led us to pursue equipment manufacturers harder.

Q: How does this benefit dental practices?
AS: It makes the process seamless and makes things a lot easier and affordable for the clients. We are able to eliminate mistakes, get things done a lot faster and pass down the savings we get to our clients.

Q: What can a dental practice expect with Arminco?
AS: Honesty is key. They can expect us to explain all the available possibilities and what we recommend for their practice. With our in-depth knowledge of the whole process, we can suggest workflows, materials and, ultimately, which pieces of equipment they need.

Q: What recent accomplishment are you most proud of?
AS: I’m most proud of the people and the chemistry. Arminco is built by people and I enjoy watching the dynamics and the communication between everyone.

Q: What’s the next step in the evolution of Arminco?
AS: We plan to keep working hard to improve our services and processes. We want to be known as ‘trusted advisers.” We enjoy working with dentists to provide marketing solutions and practice management in running their day-to-day operations efficiently and to see them prosper.
“Change is providing unique practice modalities to keep dentistry’s future unique, colorful and bright”

DR. TERRI TIERSKY
2020 Chicago Dental Society President

Q: What drew you to a career in dentistry, and what has that career been like for you?
TT: I was initially drawn to the idea of being my own boss, and therefore being able to set my own schedule, as well as having a certain level of control over my career path. Dentistry has exceeded my expectations in that regard and has opened doors to me that I never could have imagined were possible when I graduated dental school in 1986.

Q: What led you to get involved on the organizational side of the Chicago Dental Society?
TT: I was a member of the Midwinter Meeting table clinics committee shortly after I graduated dental school and I’ve never looked back.

Q: What is KALEIDOSCOPE VIEW 2020 theme for the event?
TT: Given the year 2020, I saw an obvious reference to vision, but I didn’t want to be completely literal and use the word “vision” in the theme. I collect kaleidoscopes, and I began to think about the parallels, not the least of which is the fact that using a kaleidoscope happens to involve vision. Each person’s experience when looking through a kaleidoscope is unique, nonstatic, colorful and interesting. I think the same can be said for our profession. We’re experiencing change, and this change is providing unique practice modalities that serve to keep dentistry’s future unique, colorful and bright!

Q: How are you planning to bring the theme to life during the event?
TT: I’m trying to carry out the theme in as many ways as possible. I hope to have a very unique and colorful meeting in 2020!

Q: Are you planning anything new or different for the 2020 Midwinter Meeting?
TT: Absolutely. We’re excited to be offering many shorter lectures. We’ll also be holding an oral cancer symposium and a mock malpractice trial. One of the most exciting changes that we’ll be implementing for 2020 is that in addition to the free courses that we’ll continue to offer, the remainder of the courses (with the exception of our hands-on workshops) will be only $20 as long as the attendee registers before Feb. 1, 2020. Additionally, all lectures will be free for all dental students on the Saturday of the meeting. I hope as many folks as possible take advantage of these benefits!

Q: What part of the event do you look forward to the most?
TT: It would be impossible for me to single out one part, but I’m really looking forward to seeing our vision come to life after all of the planning. I’m also looking forward to seeing the sea of activity each Midwinter Meeting uniquely attracts, with tens of thousands of attendees bustling and bustling around McCormick Place West enjoying their meeting experience.

Q: If you could change one thing about the Midwinter Meeting that you’re currently unable to change, what would that be?
TT: If I could have a direct line to Mother Nature to ask her to hold off on any large snowstorms that she may be planning during the meeting, I’d definitely take advantage of that!

Q: Outside of the Midwinter Meeting, what should dentists know about CDS and the resources you offer?
TT: CDS offers endless resources for dentists in every stage of their career. I would urge every dentist to join CDS either as a local member or an associate member. They can go to www.cds.org to learn about all the facets of our society and the many resources we offer to our members.

FEATURED BRANDS

KALEIDOSCOPE VIEW 2020

2020 Midwinter Meeting

We invite you to visit our world-class city of Chicago while you learn from the leaders in dental education. Choose from more than 250 courses, including valuable hands-on workshops, live patient demonstrations, track courses on business practices, health and wellness and implant treatment, and a symposium on oral cancer. Be sure to visit and explore our Exhibit Hall featuring more than 650 exhibiting companies showcasing their latest products and services that you can try. After the meeting, take time to relax, rejuvenate and recharge. Dine in one of Chicago’s award-winning restaurants, shop the Magnificent Mile or take a tour of the city’s amazing architecture. Chicago is our hometown and we look forward to welcoming you in February.
Connect with dentistry in Chicago in 2020

Learn from the leaders in dental education. Choose from more than 250 courses, including valuable hands-on workshops, lectures and live patient demonstrations, plus a timely symposium discussing Oral Cancer.

Try out the latest products and services available from more than 650 companies in our Exhibit Hall.

Network with colleagues and the dental community. Catch up with classmates at our various Midwinter Meeting special events, gatherings and Associated Events, including our Dental Student Reception, New Dentists Reception, and dental school alumni reunions.

Explore our world-class city of Chicago. Dine in our fabulous restaurants. Shop the Magnificent Mile. Take a tour of our amazing architecture or experience our many fascinating museums and cultural institutions. Chicago is our hometown and we look forward to sharing it with you.

CDS MEMBERS REGISTER FOR FREE.

Are you an ADA member? Join CDS as an Associate Member for only $125 and pay no registration fee. Join today at www.cds.org.
We have the unique opportunity to not only create innovative products, but to improve lives.}

Q: How did you begin working in the dental industry?

ZB: My entry into the dental industry was actually at the start of my career. I had just graduated from university and was eager to find a job that offered not only the opportunity to put into practice what I had spent years studying but also to have a positive impact. The medical and dental field offered that opportunity, and my focus on international business immediately attracted me to Tokuyama.

I initially joined the company as a product marketing specialist, assisting with marketing campaigns, analyzing data and helping other teams complete their projects. Over time, I’ve taken on more responsibilities, eventually taking on the role as product manager and overseeing every aspect of the launch for OMNICHROMA.

Q: Does Tokuyama have a mission or core values?

ZB: Tokuyama’s mission is to be a leader at the forefront of dental innovation, delivering reliable products developed with a constant strive for excellence and exceeding clinical expectations while providing lasting value.

Q: What inspires you to help move the dental industry forward?

ZB: As professionals in the medical and dental fields, we have the unique opportunity to not only create innovative products but to improve lives and transform care. Developments in these fields benefit not only dentists but their patients as well. That’s something that has always driven me to move dental forward.

Q: What makes you most excited about working at Tokuyama?

ZB: Tokuyama Dental is on the cutting edge of research and development when it comes to dental materials. OMNICHROMA being just one of them. I’m proud to be part of a team that’s truly innovative in its approach to products, and I’m excited by just how impactful those products will be on dentistry.

Q: When did you first learn about OMNICHROMA?

ZB: I first heard about OMNICHROMA on my first day at Tokuyama. I knew as much as any other person about dental when I started, but the potential of the product was evident. Even so, I was skeptical—after all, this would mean a total revolution in composite materials. But, after seeing the product in action on test models and clinical trials, I was blown away. I knew this was a paradigm shift, and I couldn’t wait to share it with doctors everywhere.

Q: What impact did you see the material having on practices and patients?

ZB: For decades, most composite brands have had multiple shades to match individual patients’ teeth, but OMNICHROMA has one shade that blends to match almost any patient’s tooth. This not only streamlines the restorative process but also reduces inventory and potential overhead costs for the practice. For patients, this can mean shorter visits with higher esthetic outcomes. These benefits are central to how we communicate and think about the product—it’s not enough that it’s “new and improved,” it must have a tangible impact.

Q: What challenges did you face when planning this product launch?

ZB: One of the biggest challenges we faced early on was figuring out the best way to explain how OMNICHROMA works and how we would get clinicians to believe its frankly bold claim. While the product is straightforward and simple to use in practical terms, the mechanics behind how it works are not. We spent a lot of time debating the best way to explain the technology without oversimplifying it. A lot of effort also went into working with different universities and third parties to evaluate and test the product and validate our claims, as we felt this would be vital for building trust in the brand.

Q: What has been the internal reaction at Tokuyama to the way the material is being received by the dental industry?

ZB: I would say everyone was optimistic leading up to the launch of OMNICHROMA. We knew we had a high-quality, revolutionary product that would be attractive to a lot of practitioners. However, we’ve been amazed at just how quickly the product has taken off. The team has spent years working on this product, and seeing just how well it’s been received has been really gratifying for everyone.

Q: What are you working on now that people should know about?

ZB: We have several new products in development, and while I can’t discuss any specifics, I think doctors will be very excited to hear what’s coming next. I hope to be able to share some big announcements within the next year!

FEATURED BRANDS

OMNICHROMA

OMNICHROMA is the first universal composite that matches every patient’s tooth shade from A1 to D4 with a single shade of composite. Its 260 nm fillers are the precise shape and size necessary to generate red-to-yellow structural color as ambient light passes through the composite. The red-to-yellow color combines with the reflected color of the patient’s surrounding dentition, resulting in a perfect match with no added dyes or pigments. OMNICHROMA saves doctors time and money by removing the need for shade selecting and eliminating the need to keep excess product for incidental shades.
1 SHADE TO MATCH ALL PATIENTS

A week in the life of a dental professional adds up quickly.

1,440 teeth. 45 smiles. 23 caries.

Omnichroma simplifies each day. Innovated to color-match like you’ve never seen before, our unique dental composite is the first formula to match every smile from A1 to D4 with just one shade of composite.

omnichroma Every shade. One choice.

Case images courtesy of Dr. James Chae, Diamond Bar, CA

*Limit one sample kit per doctor. While supplies last. Offer valid until 10/31/23. Please allow 4-6 weeks for delivery of complimentary goods. Offer valid in US and Canada only. For evaluation purposes only. Participating doctors or dentists are obligated to properly report and reflect any bonus product, rewards, rebates, discounts or other benefit they receive on their submissions to Medicare, Medicaid, state or federally funded healthcare program and/or private insurance.

Interested? Circle Product Card No. 27

Call us at +1 (877) 378-3548
Get acquainted with one of the best-kept secrets in dentistry

Scott Lamerand
Co-owner, Apex Dental Materials

Q: How did Apex get started?
SL: Apex began its first product development with Dr. John Kanca III, DMD, in 2001. The idea was to provide a self-etch or no-rinse adhesive system that prepared enamel as well as a gel etch that simplified the bonding protocol. The project culminated on July 22, 2002, with the first commercial shipment of Simplicity Self Etch Adhesive.

Q: How did this influence the growth of the company?
SL: Simplicity was the flagship product for Apex’s first several years. Just after the launch of Simplicity, we saw a need within the CEREC community for materials to aid in the delivery of CEREC restorations. We already had an adhesive, we set out to design an easy-to-use ceramic etch and silane, along with a resin cement. These developments led to an ideal suite of synergistic products: Simplicity Self Etch Adhesive, Interface Ceramic Etch and Silane in One and Anchor Core Build Up / Luting Cement.

Q: What recent innovations are you most proud of?
SL: The development of Exquisite Restoration® low shrink, nanofill composite is a great example of providing a product doctors need. In the past several years, numerous competitors have provided bulk fill materials to the market. These materials have largely had poor esthetics and were difficult to place. We created Exquisite with low shrink technology to allow for a highly esthetic material to be bulk filled and provide higher level results and a final restoration with superior polish and wear characteristics.

Q: What is the vision for Apex in the future?
SL: The vision for Apex hasn’t changed. Simply put, we’ll continue to listen to the doctor and deliver products that make clinical success the standard. We can add quite a bit of detail to this, but the essence hasn’t changed...we’ll work tirelessly to provide doctors the tools they need to optimize clinical outcomes for their patients.

Q: What innovations can dental professionals expect from Apex in the near future?
SL: Without giving away too much, doctors should expect the next step in bioactive materials. Materials that deliver what others have only promised. These products will change the mindset and advance the idea of restorations that function within the oral environment to “heal” decay and prevent future challenges. Stay tuned—these are going to be exciting.

Q: What inspires new innovations from Apex?
SL: Apex has always been a customer-driven organization, and our approach to new products is consistent with that mindset. The Apex product line doesn’t cover all product categories; rather, it focuses on unique products that address the issues our customers face daily.

Q: How does Apex stay in touch with clinicians?
SL: From tradeshows to lectures to online communities to phone calls, we attempt to stay in front of our customers at all times. We pride ourselves on providing support and answers to all questions quickly and accurately. Our level of service makes us the first place many clinicians go for answers to dental material questions.

Q: How does Surpass® Self Etch adhesive system work?
SL: Surpass is a universal adhesive system optimizing the three attributes critical to successful bonding: etching, priming and bonding. Surpass can be used on all restorations both direct and indirect and yields the highest bond strengths on the market, up to 60 MPa to both dentin and enamel. With a simple, 30-second protocol for all applications, Surpass is as efficient as single-bottle systems yet provides exceptional bond strengths. Surpass is not thickness dependent and can be thinned to 8 microns or left unthinned.

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“Our inspiration comes from truly enjoying, learning, understanding and implementing new technologies”

Q: What was the original idea behind Axsys Dental?
SB: The original idea was to introduce what I call a “real machine” into a market flooded with inferiorly constructed milling machines. You see, my experience in “digital manufacturing” spans multiple industries and dates back to 1978 where I first started as an NC/CNC repair technician with a machine tool distributor. This is the experience I drew upon when I went in search of a “real machine” for the dental industry. I needed a machine that could be installed and perform with little to no service required—a fire and forget product.

The two main missions were to bring true state-of-the-art CAM software and machine technology by utilizing our automotive and aerospace machining, manufacturing and machine tool experience to greatly increase the quality of the final restorations while decreasing the amount of time to produce them, and to do so at a—this is a key thing—fair price to the consumer.

Q: What part of that idea remains strongest today?
SB: Education, support and honesty. One of the biggest issues is that prospective, new and existing users of digital dental technology don’t know what they don’t know. So, it’s important to educate them on the technology and importance of support and what support can actually look like in a perfect world.

I think you can see this in our marketing materials. Our website in particular goes into great detail to not just be a glorified sales piece but to actually educate the visitor. Our brochures and seminars are also for education and not “selling.” Of course, having my roots in customer service and support, honesty is a huge deal to me and it’s our key guiding principle.

Decisions are made in our organization based on our mission and whether or not it improves end quality, increases performance and reliability, decreases cost of ownership and reduces support requirements to do so. Basically, to do the right thing for our customers, the industry and our country. If we do that, it’s the right thing for us both morally and financially.

Q: What can customers expect from your technologies?
SB: Generally, they can expect restorations to be completed quickly with high anatomic detail—thin, smooth gingival margins and very little to no post-machining work. We pride ourselves on customer support and provide quick access to highly skilled support engineers with the experience and technical expertise to offer solutions to even the most complex of issues.

Q: What recent innovations are you most proud of?
SB: I would say our automated clear aligner trimming solution. We have taken our many years of experience in manufacturing and manufacturing automation to enable producers of clear aligners to eliminate the manual aligner trimming process. We offer a solution that’s what I call “semi-automated,” requiring an operator to load and unload aligners and a fully automated one that includes the use of robots.

Q: What inspires you to move the industry forward?
SB: We’re a technology- and service-orientated company. Our inspiration comes from truly enjoying, learning, understanding and implementing new technologies while wanting to advance them into a field so they can be used to provide a greater quality of care.

Q: What sets you apart from other dental companies?
SB: Ultimately, our products and ability to provide a high level of software and machine support in a timely manner. But the thing we offer—that nobody else in the dental space can—is our over four decades of manufacturing experience, including how to train an inexperienced customer base in technology and manufacturing solutions as well as how to service customers in their day-to-day use from an interpersonal, infrastructure and product offering standpoint.

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Versamill 5X400
Don’t let the small footprint fool you! The Versamill 5X400 from Axsys Dental Solutions is the most capable mill in its class. It offers double the machining capability of the top-selling competitive brand for almost half the price. Constructed with the technology of “full frame” industrial machines, the 5X400 is an open source 5-axis mill that can accept input from any program and processes virtually any dental milling material—including titanium. Precisely mill single-unit zirconia and glass ceramic crowns in less than 14 minutes. Starter packages including tooling, training and materials for only $38,950.

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Starting at $28,495, the 5X-300D not only masters conventional crown and bridge work, but it’s also designed for fabricating more complex indications with dry millable materials. The Versamill 5X-300D can accept input from any design program and process virtually any dental milling material, including wax, zirconia, acrylic, composites, PMMA and others. It’s designed to perform reliably with the highest precision for the long term.
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“Common sense would dictate that it is safer to use a clean, sterile bur each and every time”

Q: How did you get started at Microcopy?
PT: I was CEO at a dental imaging company on the west coast, but my family was in Atlanta. That was hard. After six years away, I headed back east. I felt Microcopy could be a great fit. The week I resigned in Cali, I met Microcopy’s CEO. I assumed the marketing VP position in mid-2014. In 2017, I became CEO.

Q: How do you sustain Microcopy’s growth?
PT: Innovation—both in the new product arena as well as in the reinvigoration of our existing product lines.

Q: What are some of Microcopy’s key innovations?
PT: First and foremost, it was the introduction of the first single-patient-use diamond bur for the dental industry in 1989. We also recently innovated our Neo-Burr carbide line with our patented blended neck technology—single-piece bur construction. We recently introduced Proxi-Chek, the only inter-proximal device combining a precise contact mark with simplicity to eliminate guesswork when placing a crown.

Q: Why does Microcopy believe so strongly in single-use diamonds and carbides?
PT: It’s simple…you don’t share your toothbrush. Why would you want a dentist to share a dental bur used in your mouth with another patient? Common sense would dictate that it’s safer, more cost efficient, and easier to use a clean, sterile bur each and every time.

Q: What milestones are approaching for the company?
PT: 2020 will mark the 50th anniversary of the company, which was conceived in 1970 in a small office space in Newbury Park, Calif. 2019 represents the 30th anniversary of our flagship product—NeoDiamond—the No. 1 single-patient-use diamond on the market.

Q: What is your vision for Microcopy’s future?
PT: With more and more regulation surrounding single-patient-use medical and dental products globally, Microcopy is perfectly poised to continue its record growth. We will continue to give customers what they want—exceptional innovations for safe and simple dentistry.
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HOW CBCT BENEFITS BOTH YOU AND YOUR PATIENTS

Planmeca Viso™ G7 CBCT imaging can improve diagnosis and treatment planning with low patient X-ray dose.

[by Satoko Matsumura, DDS, MDS, Ph.D.]

One-beam computed tomography (CBCT) was first introduced on the market in 2001. Since then, CBCT has become an important technology in dentistry by providing three-dimensional (3D) images with higher spatial resolution and lower radiation than Multi-detector Computed Tomography (MDCT). CBCT has replaced extraoral radiographs such as occlusal, Waters, submentovertex and reverse Towne views because these views can be reconstructed from the CBCT scan by software.

The College of Dental Medicine at the Columbia University Irving Medical Center is one of the first academic institutions in the United States using the Planmeca Viso G7 CBCT unit in dentistry. 3D imaging is useful for treatment planning in implant dentistry, orthodontics, endodontics, and oral and maxillofacial surgery. With the variety of clinical applications at the university, Planmeca Viso’s 3x3 cm to 30x30 cm volume sizes made it an ideal solution.

The Planmeca CBCT unit also offers lower patient dose without reduction of image quality. Lower patient dose is advantageous not only for children who are biologically more sensitive to X-rays but also for all patients. The following are some cases taken by Planmeca Viso G7 at Columbia. In all cases, conventional, 2D imaging failed to show the lesions clearly, in the unmarked set by Satokot, whereas the Planmeca Viso G7 successfully revealed them.

“In all these cases, conventional, 2D imaging failed to show the lesions clearly, whereas the Planmeca Viso G7 successfully revealed them.”

All intraoral and 2D extraoral radiographs were taken by the Planmeca ProMax® 3D and all CBCT images were taken by the Planmeca Viso G7.

Case 1: 12-year-old boy with delayed eruption of the mandibular left second molar

The panoramic radiograph (Fig. 1) shows a well-defined, corticated, radiolucent area mesial to the mandibular left second molar. The inferior alveolar nerve canal is displaced inferiorly.

CBCT images of the same patient (Figs. 2A, 2B, 2C) reveal the lesion extends mesial to the third molar follicle, displacing the thinning buccal cortex. The lesion arises from the cemento-enamel junction (CEJ) of the second molar. The inferior alveolar nerve canal is intact. The lesion was treated by surgical removal and submitted for histological examination. The histopathologic diagnosis was a dentigerous cyst.

Case 2: 66-year-old woman with edentulous maxillae

Two-dimensional imaging can’t evaluate the volume of the alveolar process accurately, especially in the buccolingual direction (Fig. 3). CBCT imaging shows the volume of the alveolar process in any direction for implant treatment planning. (Figs. 4A, 4B) CBCT software allows one to measure the height and width of the alveolar ridge (Fig. 4C). This patient doesn’t have adequate bone volume for implant placement in the posterior left maxilla (Fig. 4D). Due to the severe alveolar ridge resorption, gaining adequate bone volume was recommended.

Case 3: 18-year-old woman with cleft for orthognathic surgery

Panoramic and cephalometric radiographs are of limited use due to superimposition of anatomical structures (Figs. 5A, 5B, 5C).

CBCT characterizes the cleft defect more superiorly than 2D imaging (Fig. 6).

The Planmeca Viso G7 CBCT unit and Planmeca Romexis software can stitch two volume scans automatically with one click. The top portion of the skull (Fig. 7A) and the remaining maxillofacial portion (Fig. 6) were stitched to make a single skull volume (Fig. 7B). A multidisciplinary team has been working on this patient. Prosthodontics and oral surgery will plan to manage maxillary alveolar cleft and associated malocclusion following the CBCT images.

Case 4: 59-year-old woman with pain and sinus tract associated with endodontically treated #14

Periapical radiographs (Figs. 8A, 8B) show that radiolucency around the mesial root of #14 and missing lamina dura. The apical lesion is close to the floor of the left maxillary sinus.

CBCT (Figs. 9A, 9B) reveals the lesion extends from the buccal cortex to the palatal cortex with furcation involvement and involves...
the palatal root. Mucosal thickening is noted along the floor of the left maxillary sinus, suggesting odontogenic origin. Tooth extraction would be recommended.

**Conclusion**

CBCT has been essential in contemporary dentistry since its introduction in 2001. CBCT has a small footprint, is more economical than MDCT and gives clear details on bone and teeth.

Despite these benefits, CBCT does have two key limitations. First, gray-scale values in CBCT cannot be reliably converted to Hounsfield Unit (HU) in MDCT. Thus, bone density cannot be compared across the volume. Secondly, soft tissue resolution is poor in CBCT. Magnetic resonance imaging (MRI) is the modality of choice for soft tissue pathology.

Drawbacks aside, CBCT is still a valuable adjunct to diagnosis and treatment planning, especially in cases where 2D imaging cannot show an abnormality to support the clinical findings.

**REFERENCES**


**ABOUT THE AUTHOR**

Dr. Matsumura is an associate professor at Columbia University College of Dental Medicine, Division of Oral and Maxillofacial Radiology in New York. She earned her dental degree and a PhD in radiation oncology in Japan. Since being in the United States, Dr. Matsumura completed a master’s in dental science and a residency program in oral and maxillofacial radiology at the University of Connecticut.
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EVALUATING LIGHT CURING UNITS FOR THREE BULK-CURED COMPOSITES

How different light curing units influence the polymerization of bulk composite materials.

[by R. B. Price BDS, DDS, MS, Ph.D.]

In 2018, I began pursuing research regarding the influence of different light curing units on the polymerization of bulk composite materials from three manufacturers. The focus of the testing was to analyze both the curing lights and bulk-cured composites.

The study was designed to determine if you need a broad-spectrum Polywave curing light to cure a composite, or can a single-peak light-emitting diode (LED) curing light achieve the same result?; and will bottom-to-top hardness ratios vary across the bulk fill formulations?

Three light curing units (LCU) and three bulk fill resin-based composites were evaluated, each tested against the other according to the manufacturer’s instructions.

Materials overview
The materials below were selected with the objective of evaluating wide specimens of three bulk fill composites that were cured using different curing lights.

Three light-curing diode LCUs in this study were:
- 3M™ Elipar™ DeepCure-S
- Ultradent VALO™ Grand
- Ivoclar Vivadent Bluephase® Style

For more context regarding the LCUs, the DeepCure-S is a single-peak LED light. The VALO Grand is a multiple-peak emission LED light, while the Bluephase Style is a dual-peak emission Polywave LED light.

The three bulk fill resin composites used in the study are as follows:
- 3M™ Filtek™ One Bulk Fill Restorative in shade A2
- Ivoclar Vivadent Tetric EvoCeram® Bulk Fill in shade IVA
- Kerr Dental SonicFill™ 2 in shade A2

Tetric EvoCeram Bulk Fill was chosen because it contains the alternative photoinitiator, Ivocerin, in addition to Camphorquinone, and it’s made by the manufacturer of the Polywave curing light. These materials were measured against the same performance standards. The LCUs were evaluated for power, irradiance, tip diameter and light homogeneity. The bulk fill resin composites were tested for hardness at the bottom and at the top.

Light curing units
The LCUs were tested on their light output, irradiance, the presence of hotspots and beam uniformity. When measured with digital calipers, the active tip diameter of the VALO Grand from where light was emitted was 11.7 mm, the DeepCure-S 9.0 mm and the Bluephase Style 8.7 mm. The DeepCure-S is a single-peak LED curing light delivering a peak irradiance at 449 nm.

The VALO Grand is a multiple-peak LED curing light delivering peak outputs at 396, 448 and 466 nm. The Bluephase Style is a dual-peak Polywave LED curing light delivering peak outputs at 411 and 458 nm.

Five specimens of each composite were light-cured with each LCU in metal molds that were 4 mm deep and 12 mm in diameter. Using a custom made aligning device, the light curing units were positioned with the center of their light tip over the center of the molds and 2 mm away from the surface. This represented the average distance between a cusp tip and the occlusal fossa and, thus, the closest distance the light tip could be clinically.

After light curing and 24 hours of storage at 37°C in the dark, a Mitutoyo microhardness tester was used to measure the Knoop hardness at the top and bottom of the composites. The bottom-to-top hardness ratio was also calculated.

The total power output from the curing lights was measured five times through a fixed 12.5 mm aperture into a previously-calibrated integrating sphere (Labsphere). This aperture allowed all the light from each of the lights to be captured. The Bluephase Style delivered a similar power to the DeepCure-S, but the VALO Grand delivered the greatest total power (Fig. 1). The three lights emitted different spectra: the DeepCure-S was a single-peak LED LCU, the Bluephase Style was a dual-peak LED light and the VALO Grand had three emission peaks (Fig. 2).

The irradiance at the light tip is calculated by dividing power by the active tip area of the light. Although the VALO Grand was a more powerful light, because the active tip area of the VALO was greater, the calcu-
lated irradiance values were virtually the same from all three lights (Fig. 2). It should be noted the DeepCure-S is a powerful light at 785 mW, whereas many LCUs deliver 500 mW or less, but they boost their irradiance. The DeepCure-S delivers a lot of power in the 450 nm region. This is one feature that makes the DeepCure-S a very effective LCU.

Beam uniformity measures how uniform the light output is from the curing light, as shown in Figure 3. Ideally, all regions of the light tip would emit the same irradiance and wavelengths of light, but this didn’t occur for the Bluephase Style where the wavelength depended on the location of the light tip (circles indicate measurement locations on Figure 3).

LCU testing summary
All three LCUs showed steady light outputs and overall acceptable performance. The VALO Grand was the most powerful (Fig. 3) and had the widest tip. Of the three lights tested, the Bluephase Style didn’t exhibit the same beam uniformity as the VALO Grand or the DeepCure-S (Fig. 3). All three lights delivered similar irradiance values between 1203 and 1266 mW/cm².

Bulk fill composite testing
To test how well the bulk fill resin composites were cured by each curing light, we used metal molds that were 4 mm deep and 12 mm in diameter. Typically, depth cure testing is performed using metal molds with a diameter of 4 mm, rather than 12 mm. However, we chose a mold size that was slightly larger than the average molar tooth that’s 11 mm from the mesial to the distal. This wide mold allowed an accurate assessment of how the lights would cure the material in a large mesial occlusal distal (MOD) restoration.

Material transparency was an important aspect examined in the bulk fills. In Figure 4, you can see transparency varied between the composites. SonicFill was more opaque and transmitted the least.

The DeepCure-S delivered a mean power of 785 mW, the Bluephase Style delivered a mean power of 800 mW and the VALO Grand a mean power of 989 mW. When measured through a 9 mm diameter aperture, the DeepCure-S delivered a mean irradiance of 1,266 mW/cm², the Bluephase Style delivered 1,203 mW/cm² and the VALO Grand 1,224 mW/cm².

Note the spectral uniformity from the VALO Grand compared to the Bluephase Style and that two regions of the Bluephase Style emit very little violet light. Powerful blue light is emitted at all regions across the tip of the DeepCure-S.
amount of light. The light transmission didn’t change significantly during curing. The other two materials, Filtek One and Tetric EvoCeram, became more transparent as they cured and allowed more light to reach the bottom of the composite (Fig. 4).

The Bluephase Style, the Polywave light, transmitted very little violet light through to the bottom of the composites. Almost none of the violet light reached to the bottom of 4 mm of Filtek One and SonicFill composite. Using the VALO Grand, the SonicFill again allowed the least amount of light to reach the bottom of 4 mm of composite, as it did consistently with all three LCUs.

The hardness results revealed that Tetric EvoCeram had the lowest hardness at the top surface (Fig. 5). There was no difference between the Bluephase Style and the DeepCure-S curing lights. Overall, the VALO Grand produced a wider region of hard composite, and this was attributed to the wider tip diameter of the VALO Grand at 11.7 mm compared to the 9 mm diameter of the DeepCure-S and 8.7 mm of the Bluephase Style. Of note, 3M Filtek One achieved the highest ratio of bottom-to-top hardness across all three curing lights, indicating that no matter which light was used, all would produce a high hardness ratio.

**Bottom-to-top ratio**

When the bottom-to-top hardness ratios were examined, it was found that 3M Filtek One, when light-cured for 20 seconds, achieved better than a 90 percent ratio with all three curing lights. SonicFill 2 had the lowest hardness ratios of 61 to 66 percent (Fig. 6).

**Clinical takeaways**

In general, all three curing lights showed comparable performance when light curing the three composites tested.

When used according to the manufacturer’s instructions, 3M Filtek One Bulk Fill outperformed the other two composites that were only light-cured for 10 seconds. 3M Filtek One Bulk Fill Restorative cured the hardest to a 4 mm depth. When light-cured for 20 seconds, Filtek One achieved better than a 90 percent ratio with all three curing lights. Conversely, when cured for 10 seconds, SonicFill’s opacity made it hard for light to reach through to the bottom of 4 mm of composite. SonicFill 2 also had the lowest bottom-to-top hardness ratios of 61 to 66 percent, but it was only light-cured for 10 seconds.

An important takeaway is some manufacturer’s instructions recommend longer curing times than others. Regarding curing lights, you don’t have to use a Polywave curing light to cure Ivoclar Vivadent’s bulk fill composite. The higher power from the 3M Elipar DeepCure-S was able to cure Tetric EvoCeram bulk fill composite adequately both at the top and down to 4 mm where it produced an 86 percent bottom-to-top hardness ratio.

If you use a Polywave curing light, don’t expect there to be any violet light at the bottom at 4 mm. This is especially important if you’re trying to cure both the composite and bonding agent simultaneously. Thus, a bonding agent that requires violet light may not bond as well, and the bonding agent should be cured first.

Overall, the VALO Grand produced slightly harder composites at
the top and bottom due to its increased power output, but the clinician must remember that all this extra power means more energy is being delivered to the tooth and restoration. This may cause undesirable temperature increases in the pulp or soft tissues. The difference in hardness was also small and probably not clinically relevant.

ABOUT THE AUTHOR
Dr. R. B. Price is a professor at Dalhousie University, Halifax, Canada, where he also works as a prosthodontist. He received his BDS from the University of London, England, in 1979 and his DDS from Dalhousie’s Faculty of Dentistry in 1988. He completed his specialty training in restorative dentistry at the University of Michigan in 1984, and in 2001, he completed his doctorate in oral technology and dental materials at the University of Malmö, Sweden.

KEY TAKEAWAYS
- 3M Filtek One had the best bottom-to-top hardness ratios when light-cured with any of the three curing lights
- With all three LCUs, SonicFill had the lowest rated performance compared to the other two bulk fill resin composites
- 3M Filtek One, when light-cured for 20 seconds, achieved better than a 90 percent ratio with all three curing lights and outperformed the other two composites
- You don’t need a Polywave light to cure Tetric EvoCeram Bulk Fill
- The VALO Grand produced slightly harder composites at the top and bottom due to its greater power output
- SonicFill 2 was more opaque and didn’t change significantly during curing. The other two materials, Filtek One and Tetric EvoCeram Bulk Fill, became more transparent as they cured and allowed more light to reach the bottom of the composite

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Last year, Dr. Lou Shuman wrote a Clinical Deep Dive article about a new nanotechnology that could change restorative dentistry forever (“A Composite Technology to Prevent Secondary Caries,” August 2018).

He interviewed the founder and CEO of Nobio, a company that’s working on a nanotechnology that kills bacteria on the tooth surface without affecting the rest of the bacteria in the mouth. Nobio’s founder Dr. Ervin Weiss and CEO Yoram Ashery discussed in detail how the technology works and what applications might benefit from this technology.

Nearly a year later, researchers presented the findings of two studies that featured Nobio’s nanoparticle at the 2019 International Association for Dental Research (IADR) General Session in Vancouver. The session was held in June. Attendees heard about an in vitro and an in vivo study on Nobio’s technology.

The research showed this composite formulation is comparable to current market leaders in strength and other physical qualities, but it also offers patients antibacterial protection.

Researchers performed the study to see if there were any significant differences in the qualities of three formulations: two from Nobio and one commercial product from 3M™ (Filtrek™ Supreme Flowable). The two formulations from Nobio included one with the antibacterial nanoparticle (quaternary ammonium bound to silica, or QASi) and one without.

Both the Nobio formulation without the QASi particles and the Filtrek Supreme Flowable composite acted as control groups in this study. The researchers found all three composites were comparable in accordance with the ISO 4049:2009 specifications. In terms of flexural strength, radiopacity, depth of cure, water sorption and water solubility, there were no statistically significant differences. There was a significant difference in the reduction of E. faecalis when the QASi particle was present in the composite.

Researchers concluded the addition of QASi to the composite resulted in an antibacterial composite that has comparable physical characteristics to the commercial product.1

How Antimicrobial Nanotechnology Is Set To Empower Composites

Early research results show the promise of a new technology to add antibacterial particles to dental composites.

[by Lauren Burns Krzyzostaniak]
In vivo study
Michal Dekel Steinkeller, of Tel-Aviv University, School of Dental Medicine, presented the results of another study titled “In-Vivo Performance of Antibacterial Flowable Composite.” In this study, researchers aimed to assess the antibacterial activity of Nobio’s QASi composite after six and 12 months use in vivo. They measured the ratios of live versus dead bacteria on plaque removed from composites attached to the mandibular premolars of healthy volunteers by using a live/dead stain ex vivo and analyzing the results through fluorescent microscopy.

The control group in this study was again the Filtek Supreme Flowable from 3M. The control (Filtek) sample was attached to a premolar on one side of the mouth, and the experimental (Nobio) composite to the opposite premolar on the other. After six months, biofilm was collected from each restoration with a periodontal curette, spread on a microscope slide, and stained to reveal dead bacteria (red) and live bacteria (green).

Researchers found live bacteria on control (3M) composite were about 70 percent of all bacteria, compared to only 35 percent on Nobio composite, at both six and 12 months. These results indicate the Nobio flowable composite offers long-lasting antibacterial activity.²

What this means for dentistry
I spoke with Dental Products Report’s technology editor, Dr. John Flucke, to get his take on what this could mean for dentists, patients, and the industry as a whole.

“I think knowing that you can put a material in the mouth and not really worry about it is huge,” Dr. Flucke says. “It reminds me of when we were using amalgams; you didn’t see a lot of amalgams come back with recurrent decay because they would seal themselves by corroding and kill the bacteria. It probably wasn’t very healthy or pretty, but it worked.”

Composite restorations are more prone to failure for that reason, Dr. Flucke says. They’re also technique sensitive, so any missteps in the preparation or placement of the restoration could lead to micro-gaps, which are susceptible to bacterial penetration and ultimately restoration failure.

Knowing that Nobio technology in the composite will kill the bugs is tremendous,” he adds.

“Dentists have always had two choices to prevent restoration failure: local delivery of antimicrobials either through syringes, through a Waterpik®, or with oral rinses like chlorhexidine; or systemic options like tetracycline. But there is nothing like putting the material directly into the site where it needs to work; there is no better place to put the antimicrobial than where the microbes were two minutes before. Plus, it doesn’t have to be recharged like fluoride with glass ionomers.”

Other researchers have tried to address the issue of the micro-gap, but nothing looks quite as promising. Dr. Flucke outlined Dr. Rella Christensen’s recent research and protocol development for placing composites with glutaraldehyde, such as with Gluma® from Kulzer.

“Dentists have always had two procedures such as varnishes, dentures and I think that’s a great idea.”

Dr. Flucke speculates the technology can be incorporated into a variety of dental materials and procedures such as varnishes, dentures or retainers.

“If it works as advertised, the sky’s the limit!”

References:

ABOUT THE AUTHOR
Lauren Burns Krzyzostaniak is a regular contributing writer for many dental journals and is the previous editor-in-chief of Apex360.

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Translating the Science:
Developing materials with lasting benefits

How BISCO created its calcium-releasing THERA family of products.

by Noah Levine

In the past, restorative dentistry was dominated by a “drill and fill” mindset. The restorative materials often did a good job of replicating function, and some also did a great job of restoring the look of the natural dentition. Still, they were basically placing a stopper in a bottle, as these materials did little to promote a healthy oral environment.

Today, materials capable of providing ongoing, protective benefits are becoming more common, and BISCO, with its THERA family of materials that provide ongoing calcium release and an intraoral alkaline pH, is among the industry leaders. The company’s approach to product development sets it up to be a leader offering innovative materials with lasting benefits for patients.

Since the initial launch of TheraCal LC, a resin-modified, calcium-silicate liner and pulp protectant, BISCO expanded its calcium focused materials with the addition of TheraCem, a self-adhesive resin cement with calcium and fluoride release, and the recently launched TheraCal PT, a dual-cured, resin-modified calcium-silicate designed for pulpotomies. Developing materials with calcium release is a focus at BISCO because literature is demonstrating how calcium-releasing pulp-capping materials may reduce inflammation, aid remineralization and help to form reparative dentin. Developing dental materials with calcium-silicate fillers and the ability to release that calcium for the benefit of patients was a long process at BISCO. The THERA products are based on more than a decade of research and development, says BISCO Clinical Research Manager Dr. Rolando Nuñez. The lengthy process is due to the company’s dedication to clinical research and its drive to make sure the products it creates work for clinicians and their patients.

BISCO researchers solved a number of challenges when developing the THERA products. Dr. Nuñez says early attempts were not able to provide a suitable calcium ion exchange because the resin matrix was too hydrophobic, and water wasn’t able to facilitate the calcium ion exchange. Using a more hydrophilic resin proved equally challenging because it broke down in an acidic oral environment. The breakthrough powering the THERA products was the development of a resin matrix that permitted the ion exchange and also generates an alkaline pH.

“We’ve been using calcium-based products going back to the ’40s and ’50s. Teeth need calcium,” adds Dr. Mark Cannon, a pediatric dentist in Chicago who helped BISCO develop the THERA line of products. “I know fluoride, it’s the god of dentistry, but you have to use calcium and phosphate to help teeth, to help form new dentin, to form apatite.”

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“We got to the point where we’re able to fine tune something that will allow for ion exchange, that will generate an alkaline pH and also the resin matrix will maintain its volumetric integrity,” Dr. Nuñez says. “The benefit of having an alkaline pH has been reported in the literature as the inhibition of bacterial growth. At the end of the day, that’s the main goal.”

Developing materials with ideal properties for patients was only a part of the challenge. Dr. Chen says the THERA products were also designed to meet the needs of clinicians. In the case of TheraCem, BISCO was able to create a cement that offers the strength of a self-adhesive resin with the easy clean up and beneficial ion release of a resin-modified glass ionomer.

“In addition, unlike those two types of products, which both are acidic, TheraCem has a smart pH transition system. The pH is changed from mild acidity to alkalinity within minutes,” Dr. Chen says.

This alkaline pH is one of the keys to the materials’ clinical success. Dr. Cannon says adding a liner while providing an ideal oral environment and calcium that’s beneficial for a patient’s dentition takes treatment to new levels.

“You need to have calcium, and you need to have an alkaline environment. And that’s the thing that we get with TheraCem,” Dr. Cannon says. “Cavity producing bacteria hate alkaline environments.”

Development of products using the technology in the THERA family continues at BISCO. Dr. Chen points out how TheraCal PT expands the use of these products because TheraCal LC can only be light-cured in increments up to 1 mm thick, whereas TheraCal PT offers similar benefits but will self-cure completely when a thicker layer of material is required.

“I personally love it. I use it whenever I get close to the pulp,” Dr. Cannon adds. “Being dual curing, it continues to cure. So, you don’t have to worry about any uncured monomer.”

Creating materials such as these that provide lasting benefits remains BISCO’s goal. Dr. Nuñez says work on new THERA materials is ongoing, but the company will not rush anything to market before it’s proven via clinical testing and is ready to earn the trust of clinicians and patients.

“If you ask me, ‘When is your next product coming out?’ I will say, ‘When it’s ready,’” Dr. Nuñez says. “We don’t care about being trendy, we don’t care about being the first one in the market. We care about providing solid, research-tested, and tested again, products that the dentist will be able to use and provide a better standard of care to the patient. We believe the end user is not a clinician; we believe the end user is a patient.”
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Leveraging the practice’s data for a better patient experience and more profit.

[ by Robert Elsenpeter ]
Civilization has historically been defined on the time's technological and cultural innovation. For instance, the Agricultural Revolution of the 18th century led to better crop yields, diversity and greater support for livestock. The Industrial Revolution of the 1800s resulted because of a shift from an agrarian society to one based on manufacturing. And in the 21st century, we are in the midst of the Information Age. This era of technology and ubiquitous data is changing every industry, including dentistry.

But, given the prevalence of all this data, are doctors aware of what information they have and how it can be used?

“I don’t think so,” Chris Panebianco, chief marketing officer for Bankers Healthcare Group says. “I think they’re either not aware or they’re overwhelmed by the prospect of having to tackle it.”

**PRACTICE SUCCESS**

Data in all shapes and sizes can be used strategically for competitive business advantage. “We recognize the industry is continuing to change and evolve, with increasing pressure on private practices and small groups,” says Brad Fromm, director of software marketing at Patterson Dental. “DSOs typically have more resources to help them measure the performance of a dental practice. Combine that with pressure from the insurance companies, and understanding their finances is more important than ever for smaller organizations. They’ve identified the challenges, so now the question becomes, ‘How do I analyze the data?’”

The prevailing reasoning seems to be bringing in more patients will result in more money. On paper, that seems logical; in practice however, Fromm observes the better strategy is to stop losing patients, and using one’s data is key to that goal. “Most dental offices believe bringing in more patients will solve everything,” he says. “And for some practices, they may be right. But for others, the real issue is patient retention. They’re losing patients and don’t understand why. By retaining the patients you have and getting them back on the schedule, that’s where the real opportunity to increase profits comes in.”

Fromm observes customer retention is a Business 101 lesson that applies just as well to dentistry. “It’s more cost-effective to retain a patient you already have than to try and acquire a new one,” Fromm says. “If your patient retention is strong, you don’t need a lot of new patients coming in the door; this is where data comes in.”

DATA IS AVAILABLE

In the Information Age, all sorts of data is available, it just has to be utilized. “Practices have everything they need with patient data,” Panebianco says. “They have their demographics. They have their contact information, their birthdays, anniversaries and different milestones within their treatment history. Any kind of behavioral data—it’s all there. They have their industry knowledge, any potential issues or necessary treatments for the patient within certain brackets, historical and the evolution of treatment. They also have engagement and audience data. If patients have a website or social media channels they’re active in, they have access to those as well.”

That data can be used in any number of ways.

“We are able to help offices establish profitability, by procedure, by insurance company or down to the provider level,” Adam Chronister, CEO and founder of Pelican Point Advisors, a business management and analytics software says. “By combining business intelligence with artificial intelligence we assist the dental practice leaders with understanding, ‘What is the true cost of delivering a crown or performing a prophylaxis, for example?’ Giving them a much deeper knowledge of which procedures and insurance companies are more profitable. You could look at all of the key performance indicators and show all kinds of things about production, but, outside of patient care, dental offices are like any other business: They’re for profit. Obviously, there’s some that are nonprofit, but the vast majority are profit-driven. So, if we don’t know where the flow of profitability is coming from, then we really don’t know what’s going on in our practice from a business point of view.”

Something can be gleaned from every piece of data. For instance, demographics can be used to market to practice.

“You’re going to want this data so you can market to your patients, whether it’s acquisition or retention or keeping them engaged,” Panebianco says. “It’s a consumer field now for healthcare. I can’t drive down the street without seeing 25 dental practices that are advertising something. People are price-sensitive with high-deductible plans, if it’s healthcare, insurance coverage for procedures or electives on the dental side. Practitioners could ask a series of questions they keep within the record and say, ‘Do you have any interest, potentially, in straightening your smile?’ In whitening...
your smile? You track that information and then create a little bit of content or a newsletter, where you can use that to craft a personalized message. This keeps me engaged and informed that my dentist is at the top of the game, they’re offering new solutions, offering discounts and that they care about me.”

**SPECIALIZED TOOLS**
The hub of a dental practice’s information technology system is its practice management software. And while that piece of software is a treasure trove of patient data, it is not ideal for data analysis. “Eaglesoft, Dentrix and other practice management systems capture and harness data,” Fromm says. “These systems excel with clinical and billing tools, yet many don’t have robust data analytics built-in. The data is housed in the practice management system and you can run all kinds of reports, yet it’s that interpretation of the data that analytics software tools deliver to take practice action to the next level and really enhances what the practice management software is doing.”

**NOT THE ONLY DATA SOURCE**
Practice management applications are not the only source of data. Information can also be gleaned from the practice’s website.

The DoctorLogic website marketing platform is a tool allowing medical practices to create a strong online presence and takes care of all the heavy lifting of keeping pace with web marketing trends. “DoctorLogic is an award-winning software company headquartered in Plano, Texas,” Andre Riley, DoctorLogic partner and chief revenue officer says. “We focus on helping medical practices increase their patient acquisition with internet leads. Our patent-pending software leverages practice content, such as before and after photo galleries, patient reviews and procedures to create up to 100 times more Google-friendly content within their website. More content equals more leads. Our software powers and manages their website, which is, obviously, the number one source where consumers go to learn more about the practice. But, most importantly, one of the key things we do is utilize the website and all the content to drive their online presence. Our entire goal is all about helping practices increase new patient volume.

When consumers go online searching for a provider, whatever the reason why they’re searching—problem, condition, toothache, cleaning or maybe they’re looking for a new provider based on their insurance—with any of those searches, our goal is to make sure the doctor shows up. One of the key things we are able to do is help increase the doctor’s online presence through all the keywords and optimization.”

It’s important, also, Riley says for a tool such as DoctorLogic to keep up with the digital marketing trends and changes.

“When it comes to marketing online, it’s a constant, ever-changing world.” Riley says. “Google is always making algorithm changes. And, of course, consumers are being more and more empowered with so much they’re able to do online before they even step foot into a practice. Our goal is to make sure doctors have control over what is being found about them, and, most importantly, that they’re being found.”

Pelident integrates with practice management software, such as Eaglesoft and Dentrix, and combines data with such business tools as Quick-Books desktop and online, Excel and Google, among others.

“We take analytics a step further,” Chronister says. “We look at four big areas: financial, clinical, marketing and HR. All four of those are really key to understanding the whole picture. However, most dentists, especially solo practitioners, are the primary income producer, meaning they have little time to focus on the business.

Therefore, data should be simple and actionable, not complicated and unusable. Our AI algorithms make interpreting data to create goals and plans easier than ever. Essentially, Pelident helps offices identify where they should be, how to get there, and then monitors their progress.”

**PROMOTING THE PRACTICE**
For as long as dentists have been in practice, they have understood the importance of marketing their practices. In this day and age, however, most realize an ad in the Yellow Pages, a mailer or a billboard on the highway just aren’t enough—they have to use the Internet to their advantage.

Practices can use all of their data to help promote their practice. “Marketing has changed,” Panebianco says. “Analytics and return on investment come into play. Am I a dental practitioner or a practice owner? I would ask myself, ‘What are the goals of my practice?’ Is this new service offering going to make me a lot of money? If so, I need to find out more about it.”

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According to Bankers Healthcare Group’s 2018 National Survey of Dentists:

- Among dental practice financial decision-makers,** 39 percent** intend to expand marketing efforts.
- Among the dentists who use Facebook professionally,** 76 percent** use it to market their practice.
- Among the dentists who use YouTube professionally,** 39 percent** use it to market their practice.
- **40 percent** of practice owners currently spend less than $3,000 annually on marketing, while about a third (**32 percent**) spend between $3,000 and $9,999.
- Among the dentists who used Google+ professionally,** 49 percent** used it to market their practice.
or ‘I’m losing patients to this and I really need to increase profits?’”

“All the decisions we make for the marketing strategy are all based upon analytics and data and behavior around that,” Riley adds. “We are able to understand what content is driving people to the website, what pages are actually driving conversions or what pages are actually driving people to visit only. Where are those people coming from? Whether it’s from social media, referral sites, direct or paid search. So we’re really helping the doctor understand what are the top things people are looking for, rather than just assuming, ‘this is our top procedure.’”

The results from the practice’s data mining and marketing efforts can help fine-tune overall goals.

“The first step is identifying my goals, knowing where my revenue is coming from, and what I’m proficient at,” Panebianco says. “There are a lot of ways to execute, but you are collecting data from your patients. You have their email address and their phone number. There are free texting platforms and free email providers, and there are the Mailchimps and the HubSpots of the world, that for a small practice—or even a mid-size or larger practices—are very affordable and easy to use. You don’t need someone, like myself, or someone who executes millions of emails a month. You can find an intern from a local college. You can find a freelancer. There’s a lot you can do. Whether it’s DIY or cost-effective subject matter experts, you take this information, compile it, upload the data you have, and then create the content around what your goals are. You can then put it—very simply—into a newsletter or an email alert.

You have to be consistent, too,” he continues. “If you’re only emailing every six months to tell your patients, ‘Here is a reminder for your cleaning,’ that’s not enough. You have to mix it into a whole nurturing strategy. It might be a birthday card. It might be an anniversary of becoming our patient. It might be a monthly newsletter, or it could be based on procedures you’ve had or indicators you get, like Invisalign, to warm someone up to that.”

USING THE DATA

Between dentistry, business management and all the other things that go into running a practice, doctors wear a lot of hats. Do they really want something else to do? It depends on the doctor.

“I’ve met a lot of dentists that don’t want to have anything to do with it,” Panebianco observes. “They say, ‘I’m here to practice my dentistry.’”

Compared with marketing to acquire new patients, marketing to retain current patients is easier, cheaper and more profitable.

EASIER

You are 14 times more likely to get an existing patient to come back.

70% of companies have found they spend less to retain a customer rather than acquire one.

MORE PROFITABLE

49 percent of companies found they achieve a higher return on investment (ROI) with retention.

https://www.prosites.com/resources/whitepapers/docs/ProSites-How-to-Increase-Patients-Retention
BIG DATA

By Andre Riley, DoctorLogic partner and chief revenue officer

“We’re constantly seeing consumers using different devices. More and more over the past five to 10 years, mobile traffic has increased greater than ever. When you think about that, there’s data attributions that are tied to mobile you can look at that become relevant.

As the landscape changes, yes, there are going to be other metrics. Also, the fact that consumers are looking at several different sources before they even look at a website, such as a practice’s Facebook page or whether they’re looking at Consumer Healthgrades profiles, there are all these different things that will continue to grow as far as attributions and data points we will continue to look at.”

DENTAL DATA DIVINATION

Dentists are able to leverage the data available today for a number of market and patient experience applications. But, the data of tomorrow will almost certainly be different than the data of today. We asked the experts to look into their crystal balls to anticipate what practices will be able to use in the future.

Brad Fromm, Director of software marketing at Patterson Dental

“Where I see the dental software industry going, and what gets me excited, is the opportunity to help these dental practices automate routine tasks. You hear a lot about artificial intelligence and big data, where results lay in the use of the data.

Instead of calling 10 patients to schedule them on the books, dental practices will use data to understand how to better connect with their patients and leverage software to automate getting those patients on the schedule. They will leverage analytics software tools that can easily determine the day and time their patients prefer their appointment, or which communication method they prefer and automatically send them an appointment request that meets the patient requirements. That is how you improve the patient experience through big data.”

Chris Panebianco, Chief marketing officer for Bankers Healthcare Group

“It’s constantly evolving. If I were a healthcare professional, I’d really be looking at the mobile apps people are throwing on their phones or these Fitbits or Apple Watches.

Fitbits and Apple are selling customer data to companies that target advertising. Imagine if you’re dentist and you can get into the Fitbit of someone who is very athletic or very health-conscious, and you can build your services toward them and buy ads locally or regionally that target the health-conscious person, or even know what kind of image to put on the ad.

Because ‘these are all healthy people,’ show someone running with a big white smile. For someone who might not be doing well, who eats a lot of sugar or drinks a lot of soda, you might say, ‘I need to really aggressively target these people to say, don’t forget your dental health.’ Knowing the customer (because I have the data) and putting myself in front of the right person with the right message with my services.”

Adam Chronister, CEO and founder of Pelican Point Advisors

“Pelident users have a significant understanding of knowing exactly what’s going on in their practice. This gives them the ability to leverage that knowledge, for example, when negotiating with insurance companies. Instead of submitting their whole fee schedule, they say, ‘I’m not really profitable on this crown, can you help?’ It’s much easier to negotiate when it’s just a few items as opposed to the entire fee schedule.”

**POINT TO PONDER**

According to the Journal of the American Dental Association (JADA), the average general dentist keeps only four out of 10 new patients beyond their first appointment.
Is your steri-center up to SciCan SPECs?

An often overlooked part of many practices is the sterilization area, the heart of every practice.

If instruments do not efficiently flow into and out of it, the rest of the practice suffers. Your steri-center should improve Safety, ensure Predictable results, maximize Efficiency, and maintain Compliance.

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Technology and its continued progress is really incredible. The ability to share and disseminate knowledge is allowing for people to learn at an amazing rate. At one time, all we learned was pretty much limited to the information we gained from others in the village.

Now, according to industrytap.com, “nanotechnology knowledge is doubling every two years and clinical knowledge every 18 months. But, on average, human knowledge is doubling every 13 months.” That’s a pretty substantial increase in what we know.

The frightening part of all of this is simply trying to keep up. Our brains are still pretty much working at the speed of the village mentioned above, while the world and the knowledge base accelerates at a rate that’s practically incomprehensible. Heck, if clinical knowledge doubles every 18 months, that means when you graduated from dental school, you only know a fraction of what was learned just while you were being trained!

All of this means things are changing at an incredibly rapid pace and it takes a continued effort to stay “on the curve,” as it’s now almost impossible to stay “ahead of the curve.”

That’s one of the big reasons I’m a fan of lists. In this giant game of “whack-a-mole” we call life, often changes come at us so fast that a project we wanted to accomplish this quarter suddenly becomes forgotten as other things pop up in front of us and steal our attention. By creating lists and referring back to them, we can sort of rein in our distractions and apply the proper energy with the right directions.

Look under the hood
It also pays to take a look at technologies and/or systems that haven’t been changed or updated in quite a while. Looking under the hood at some of these situations often can expose a problem or an inefficiency that needs to be corrected. Continuing down a path simply because “we’ve always done it that way” isn’t necessarily a good reason to continue doing it that way. In fact, I find that is the exact reason we need to change whatever “it” is.

Now, I won’t disagree that sometimes things can stay the same. Change simply for the sake of change is easily a fool’s errand. However, I think no change simply for the sake of no change can easily be just as big a mistake.

What I’m talking about here is evaluating present systems and exploring options to improve. If those options don’t exist or are currently too expensive to correct, make note of that and file it away so that you can come back to it in the future. However, sometimes these types of evaluations can have a major impact.

The changing telecom industry
This year, one of the things I decided to look at in my practice was telecommunications. Over the years, we’ve seen incredible changes to the way data is moved throughout the world. We originally started out by moving bits and bytes over the copper wires of the existing phone networks. As technology advanced, research and development created much more efficient and reliable ways of doing that. Fiber optic trunk lines are now the norm and those tiny strands of glass are what carries our information around the planet in the blink of an eye.

Needless to say, the technology to move our data has changed and

Improving patient communication with VoIP
New technology will help your front office to provide quality customer service.
evolved greatly since the early days of modems. Yet, the technology we use to carry voice to our offices has remained pretty much the same since those days of dial-up connections. Why is that? Probably the simplest explanation is big businesses tend to favor the status quo, especially when advancement requires a substantial infusion of cash and/or resources to spur it.

Overall, big companies don’t like to spend lots of cash to upgrade if they can continue on with the same business model, and will, for as long as possible.

The phone companies that bring voice to our offices have had little reason to change; therefore, most offices are using what’s referred to in the industry as “POTS” (Plain Old Telephone Service). This is the standard piece of copper wire that simply brings the phone call to your handset in the office.

In healthcare, the phone is the lifeblood and lifeline to your business, and it must be reliable. We need a solid, continuous connection with no cracks, pops or cutting out. A problem with your phone system can create a major problem for your practice.

Now, though, we’re seeing the change of traditional POTS to a new environment called VoIP (Voice over Internet Protocol). VoIP is pretty amazing because it transmits the phone call as digital data and not just electrical impulses down a copper wire. This means VoIP can also carry data, such as caller ID and potentially cleaner sound because the data is digital and transmitted as packets.

Once those packets reach the office, our VoIP provider Weave (getweave.com) takes over, and that’s where the digital magic happens.

“In healthcare, the phone is the life-line and lifeline to your business, and it must be reliable. We need a solid, continuous connection…”

The magic of digital data

Why is this such a big deal? In a nutshell, it’s because the digital data can then interface with the data in your dental practice management software and bring an incredible amount of information to the administrative team who handles your phone calls.

This means a phone call to my office will have the caller identified and all of the needed data from the practice will then be provided as well. When the phone rings, a window on the PC will give the team member the name and other strategic demographic data from the software, including needed appointments, last recare, family members in need of an appointment, account balance, etc.

This incredible delivery of data happens instantaneously and allows the office to be better prepared to respond to patient inquiries and requests. The system also provides voice mail, HIPAA-compliant text messaging, after hours call routing and much, much more.

In addition to replacing your traditional phone service, VoIP will also provide other types of digital patient communication you may be paying for separately right now, such as appointment reminders, confirmations, text messaging, online reviews, email and text-to-pay.

One of the services I truly love is missed call texts. Instead of ever receiving a busy signal, patients calling my office are connected to the voicemail system. The best part? Even if they choose not to leave a message and simply hang up, the system sends them a text message immediately that’s pre-written by a member of my admin team. The note apologizes for missing the call and tells them someone will be calling them back in just a few minutes. Talk about impressing patients!

Choosing a VoIP provider

If this sounds exciting to you, here are some things to consider before moving to any VoIP provider:

- Consider the speed of your internet connection, which could affect voice quality
- Look at your contract with your POTS provider. Time your move with the end of the contract to avoid paying an early cancellation fee
- If you have an alarm system that uses a land line, make sure to talk to them about moving to a VoIP provider
- If you use some type of commercials on hold, you might need to change this as well

We made the jump to Weave in the spring of 2019 and have seen impressive results. Patients have been incredibly impressed with how our phone calls are being handled and I love the plethora of features the service brings.

If you’re looking to improve your business systems in 2019 and beyond, VoIP should make the list of things you need to explore. The changes it brings will be well worth it to you, your team and your patients.

ABOUT THE AUTHOR

John Flucke, DDS, is 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.
BEST PRACTICES

GLOSSARY FOR VOIP

**ATTENDANT (AUTO ATTENDANT):** An automatic response system, such as a voice presenting options like press two for sales, etc., which handles incoming calls and sends them to the appropriate phone or message.

**BANDWIDTH:** Usually measured in 1,000 bits per second (kbps), it's the amount of data that can be carried from one point to another in a given time period.

**DUAL TONE MULTI-FREQUENCY (DTMF):** Also known as Touchtone, it's the signal generated when you press a telephone's touch keys that's sent to the telephone company. These signals are actually two tones of a specific frequency designed so a voice can’t duplicate them. The ability for interactive telephone menus to work correctly depends on the ability to duplicate them. The ability for interactive telephone menus to work correctly across different networks and phone systems is due to the fact that DTMF tones are standardized.

**ECHO CANCELLATION:** Echo cancellation is the process of eliminating echo from voice communication to improve the quality of the call. It’s necessary because speech compression techniques and packet processing delays generate echo, of which there are two types: acoustic echo and hybrid echo. Echo cancellation improves voice quality in VoIP calls and also reduces the required bandwidth due to silence suppression techniques.

**INTERACTIVE VOICE RESPONSE (IVR):** An integrated software information system that speaks to callers and uses menus and voice responses. By using touch-tone keypad entries to interact with the software, you get voice responses with real time data.

**LATENCY:** The time it takes for a packet to reach its destination. Higher delay times can be an issue, especially for VoIP, where voice delay can be recognized with latency higher than 150 milliseconds. Higher than 500 milliseconds and the conversation is going to be very problematic.

**MEAN OPINION SCORE (MOS):** The Mean Opinion Score (MOS) provides a numerical indication of the perceived quality of voice transmission after compression and/or transmission and is expressed as a number in the range one to five, where one is lowest perceived audio quality and five is the highest.

**NETWORK ADDRESS TRANSLATION (NAT):** An internet standard allowing a local network to use one public IP address to connect to the internet and a set of local IP addresses to identify each PC or device in the local network. NAT translations are a challenge for VoIP and result in one-way audio in some cases.

**PUBLIC BRANCH EXCHANGE (PBX):** A private telephone switching system that allows outside phone lines from a telecommunications provider to connect to extensions within the office or building. They usually have multiple features, including call forwarding, roiler, paging and voice mail.

**REAL TIME TRANSPORT PROTOCOL (RTP):** An internet protocol that functions for end-to-end network connections for applications that use audio or video.

**SILENCE SUPPRESSION AND COMFORT NOISE GENERATION:** Silence suppression is a means of increasing the number of calls supported by reducing the bandwidth for a single call. If speech isn’t present, the silence suppression and comfort noise generation is activated. This is accomplished by removing and not transmitting the natural silence that occurs in normal twoway connection.

**SOFT PHONE:** IP telephony software that allows end users to send and receive calls over the internet. Typically used in conjunction with a headset and microphone.

**SESSION INITIATION PROTOCOL (SIP):** A signaling protocol for internet conferencing, telephony and instant messaging. It’s a request-response protocol to an ITSP (Internet Telephony Service Provider). SIP trunking can save money and offers trunking to an IP-PBX.

**TRUNKING (SIP):** The use of VoIP to facilitate the connection of typically a PBX to the internet, where the internet replaces the conventional telephone trunk, allowing a business to communicate with traditional PSTN telephone subscribers worldwide by connecting to an ITSP (Internet Telephony Service Provider). SIP trunking can save money and offers services to an IP-PBX.

**WEB QUAD:** A web-based version of a softphone that integrates with your voip service provider, to make and receive calls through your computer or web browser.

**WIRELESS DEVICES:** Devices which work where and when customers want to be.

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Do you have a clean IT bill of health?

Why you should consider regular network scans and risk assessments for your practice.

[by Dr. Lorne Lavine]

Most of us visit our physicians on a regular basis in the hopes we can be given a “clean bill of health.” But what about your IT systems? Have you been given a clean bill of health for them?

What do I mean by that? For the sake of cybersecurity, I’m saying nobody has access to files, folders and data who shouldn’t have this type of access. If you’ve taken a device out of commission (replaced a computer, for example), then it shouldn’t be able to access your network. There shouldn’t be any new devices connected to the network that look unfamiliar to you or you don’t recall adding. Everyone should be using strong passwords or other techniques, such as fingerprint scanners, to protect network access. Each person should be assigned permissions on what he or she can and can’t do on the network that are in line with your security policies. You shouldn’t have open ports in your router/firewall that put the network at risk. You get the idea.

Having done network scans and audits for more than a decade, I know they can be a bit disruptive to your practice. They’re time-consuming, intrusive and not cheap. However, in my experience, when we do a proper scan, we catch 99 percent of all issues and 100 percent of the most common ones.

The system we currently use only takes around 20 to 30 minutes for us to run the scan. Unlike some systems out there, we don’t install “agents,” which are small programs that would stay on your server and computers until we remove them.

Once access is given to a technician, the office can go about its business of treating patients and let the IT people work in the background. We simply run the scan software on the server and workstations and everything happens automatically after that.

It’s important to understand there are two types of scans that can be done. The first, as I described above, is what we call a “tech audit.” It only takes a few minutes and can give a good overview of the network setup. It’s a service my company never charges for, as it doesn’t take long and it can be very helpful to a practice to get a better idea of where it stands when it comes to HIPAA.

A more comprehensive scan, which HIPAA refers to as a risk assessment, is significantly more time-consuming and thorough, but as with the tech audit, most of the work happens behind the scenes and should only cause a minimal amount of disruption to the practice.

It’s also important to understand that even if you do a formal risk assessment, it doesn’t end there. First and foremost, if the risk assessment was done properly, it should generate a HIPAA Management Plan, which is their version of a treatment plan but for HIPAA compliance.

Doing a risk assessment but not following through with resolving the issues is worse from a HIPAA standpoint, as they consider this to be willful neglect. The largest amount of fines and penalties are applied to practices deemed to have been aware of issues but chose not to address them.

Second, risk assessments should be updated on a regular basis. I normally recommend two to four per year. Computers and networks aren’t static devices, and every day there’s new data being added, new programs or files being downloaded, multiple people using the computer, etc.

I highly encourage all dental practices to call their IT provider to see if they have a clean IT bill of health. You might not be happy with the results, but if the assessments are done properly, you’ll have a much better idea of the best path forward.
The current state of tech in the dental industry

How current trends are affecting everything from treatment planning to in-house capabilities.

[ by Lou Shuman, DMD, CAGS, with Marty Jablow, DMD ]

When working with emerging technologies and new companies, my thoughts are always on the future of dentistry. While it’s fun to ponder what could be or what’s coming, I felt that getting the opportunity to discuss what’s current with one of the most knowledgeable experts in the industry would bring great value to our readers.

That’s why I sat down with my good friend, Dr. Marty Jablow, “America’s Dental Technology Coach” and a panel member for the Cellerant Best of Class Technology Awards, to talk about dental technology as it is today.

**LS:** What are the latest trends in dental technology?

**MJ:** The latest trends involve digital integration so that we can merge various pieces of digital technology to achieve a more efficient workflow and better restorative product.

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We’re now using CBCT and intraoral scanners to integrate data sets to achieve things that just a decade ago were considered difficult or impossible. Another trend is using artificial intelligence (AI), as it improves diagnosis, treatment planning and the use of scanners.

**LS:** What are your feelings about the use of artificial intelligence (AI) in dentistry?

**MJ:** Artificial intelligence is in its infancy, but it will totally change the way many things are done in dentistry. I’ve had the opportunity to see and use some of these technologies.

The use of AI in intraoral scanning can eliminate elements such as blood, gingiva and retractors from the scan. This makes scanning easier, more accurate and efficient. It tells you where things are missing and how to better catch the missing data in the areas you need to rescan.

The use of AI in diagnosis may be the most game-changing. You can see caries and determine whether it may be best to watch or restore. You can see lesions on radiographs and get differential diagnosis. And that’s just the start!

**LS:** What about digital workflow?

**MJ:** Dental technology is continuing to evolve. The big thing now is digital workflow. In reality, we’ve had a clinical digital workflow for decades.

The digital workflow started with the first CAD/CAM systems, such as the early CEREC systems. What we’re seeing is the evolution with the lower cost of the components such as CBCT, intraoral scanners, mills and 3D printers. Lowering the barrier to entry along with the lower cost of the high-horsepower computers makes using a digital workflow within reach of most dental offices.

**LS:** How are people using intraoral scanners?

**MJ:** Intraoral scanning is taking off in dentistry now that the prices are starting to drop. There are currently
Intraoral scanning also reduces the time it takes to get your prosthetics back from the lab. There’s no longer any transit time to the laboratory, saving days in the process.

The only bottleneck is scheduling the insert appointment. If a temporary crown or small bridge is inadvertently dislodged, the insertion is normally done as a side-booked event with the final prosthesis, as it’s already in the office. The patient is happy and it frees up a scheduled appointment time.

In many cases, simple crown and bridge or implant cases are started the same day and are returned to my office in less than a week. The fit is usually better and the time it takes to insert the prosthetics is greatly reduced.

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The ability to produce all types of treatment guides and aligners in-house is transforming dentistry. … The transformation is happening because of 3D printing.”

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Intraoral scanning is also being used for both full and removable dentures, fabrication of orthodontic appliances, fabrication of aligners in the office and sleep apnea appliances.

Intraoral scanners are high-quality scanners on the market for less than $20,000. These are high-quality scanners that can produce scans in standard file formats that can be easily shared in any software for diagnosis, treatment planning and restoration design.

Through the use of intraoral scanners, difficult procedures, such as retrofitting a crown to an existing RPD, become easy. Determining occlusal clearance involves using a computer to visualize where to further prep a tooth, rescanning only that area of the tooth and sending it to the laboratory for fabrication of the crown.

The best part is the number of impression retakes is nearly zero and the number of remakes is greatly reduced. I find viewing your preparations on a large computer monitor and marking your margins for the laboratory makes the final restorations much better, as you become better at preparing teeth.

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The biggest part of 3D printing is the continued development of resins. There may be limitations on the long-term life of 3D-printed dentures and night guards, but it may be mitigated by the ease and reduced costs to just make another one. There are esthetic limitations too, but all of this will resolve over time as the printable resins improve, just as composites have evolved.

ABOUT DR. LOU SHUMAN
Dr. Lou Shuman is the CEO of Cellerant Consulting Group, dentistry’s leading corporate incubator and accelerator; a venture-in-residence at Harvard’s i-Lab; the chairman of the technology advisory board at WEO Media; a long-time contributor to Dental Products Report; and the founder and creator of the Cellerant Best of Class Technology Awards.

ABOUT DR. MARTY JABLOW
Dr. Marty Jablow is in private practice in Woodbridge, New Jersey. He is known as America’s Dental Technology Coach, and he serves on the editorial board of Dental Product Shopper. Dr. Jablow also consults with many companies on product development and marketing. His blog can be found at denotechblog.blogspot.com.

LS: Tell me about CAD/CAM and 3D printing
MJ: The ability to produce all types of treatment guides and aligners in-house is transforming dentistry. We all know you can mill a restoration or implant surgical guide. The transformation is happening because of 3D printing.

Many printers are less than $5,000 and can provide a multitude of benefits to a dentist. You can print models to make in-house aligners, implant guides and night guards, or try-in dentures before adjusting and scanning so that the final denture is an exact match. And, you can do all of this for a fraction of the cost of lab-made prosthetics. However, there’s a learning curve and your assistant will need to be doing more lab work, so include that in your cost evaluation.

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Aerobic, stretching or strengthening: Which is the best exercise for dentists?

All three types of exercise offer important benefits for dentists. Learn how to incorporate all of them in only 30 minutes per day.

[ by Dr. Bethany Valachi, PT, DPT, MS, CEAS ]

Dear Bethany: As a full-time dentist, I have constraints on my available time to exercise. Where should I put my emphasis in my exercise routine? Should I focus more on aerobic exercise, stretching or strengthening?

Dear Doctor: This is an excellent question! All three types of exercise offer different and important benefits for dentists’ health. However, as you know, time can be a daunting factor! Keep in mind because dentists are prone to unique muscle imbalances, the specific exercises you choose can either worsen or improve your health. It’s possible to target all three areas (aerobic, strength and flexibility) in less than 30 minutes a day if you implement the correct exercises.

Here’s one example of a time-efficient regimen that incorporates beneficial types of exercises for dentists. The ideal aerobic exercises are those that keep the body symmetrical and don’t allow worsening of existing imbalances.

AEROBIC EXERCISE
- Frequency: 3-4 times per week
- Length: 30 minutes
- Type: Nordic walking, elliptical trainer, brisk walking, running or rowing

WHY? Aerobically fit bodies are more efficient at healing the microtrauma that occurs day to day in the dental operatory. Up to age 50, over half of your exercise program should consist of aerobic exercise.

The ideal aerobic exercises for dental professionals are those that keep the body symmetrical and don’t allow worsening of existing imbalances. Exercises that require hunching forward or repeatedly twisting in one direction can easily have a negative impact on musculoskeletal health. In addition, cardiovascular exercise for team members should aerobically exercise your upper trapezius muscles.

Nordic walking with poles is one of my favorite exercises for dentists, as it prevents dysfunctional muscle compensation while providing a wonderful aerobic workout for two muscles prone to developing trigger points: the upper trapezius and ilio-psoas (hip flexor) muscles.

Alternate options are the elliptical machine, brisk walking while swinging the arms, or (for an outdoor cold-weather workout) consider cross country skiing!

STRETCHING
- Frequency: Every 45-60 minutes in the operatory
- Length: Hold stretch for 2-4 breath cycles. Repeat.
- Type: Specific stretches that correct dentists’ muscle imbalances

WHY? Stretching is the only intervention that addresses all four of the microtrauma resulting from prolonged, static postures in the operatory: muscle imbalances, muscle ischemia, disc degeneration and trigger points.

During the workday, it’s imperative to incorporate chairside stretching into your work schedule. Try to perform a chairside stretch at least once an hour during naturally occurring pauses in your work schedule. This is especially important for men who tend to be less flexible.

You should be performing stretches that directly address your muscle imbalances as well as performing them primarily toward the tightest side during the workday. Stretches should also be performed outside the operatory in both directions and are easily done while watching TV, in the shower, during a golf game, etc.
MUSCULAR ENDURANCE TRAINING

- **Frequency:** 2-3 times per week
- **Length:** 30-minute customized exercise routine
- **Type:** Specific muscular endurance exercises

WHY? Dental professionals are prone to painful muscle imbalances, which can be worsened by generic exercise programs. To prevent imbalances, you should target specific, key stabilizer muscles of the shoulder girdle and trunk.

Specific muscular endurance training exercises have been shown to be more effective than heavy weight training in preventing pain in dentists. Because you lose muscle mass as you age, muscular endurance training should comprise 40 percent or more of your exercise regimen after age 50.

Understanding the unique imbalances to which you’re prone will help greatly in selecting the proper exercises. One of the most common mistakes dentists make is hiring a personal trainer (most have a high school education in the U.S.) who gives them generic exercises that worsen their muscle imbalances and can cause pain.


ABOUT THE AUTHOR
Dr. Bethany Valachi, PT, DPT, MS, CEAS, is author of the evidence-based CE video package “The Wellbody System for Dental Professionals.” Team members can earn 6 CEUs with this video training that addresses all the risk factors that contribute to work-related pain in dentistry to ensure a long and healthy career. Dr. Valachi is recognized internationally as an expert in dental ergonomics and has provided over 700 lectures worldwide. She has published more than 70 articles in peer-reviewed dental journals and offers additional dental ergonomic resources on her website at www.posturedontics.com.

Incorporate all three types of exercises in your workout regimen to keep healthy and correct muscle imbalances. Example of aerobic exercise—Nordic walking with poles (Fig. 1). Example of stretching properly while at work (Fig. 2). Example of a beneficial muscular endurance training exercise for the lower trapezius (Fig. 3).
Lighting a path to infection control best practices

How the Hu-Friedy GreenLight Dental Compliance Center™ can become a vital resource in dental practices’ infection control efforts.

[ by Noah Levine ]

Public relations is one of the many aspects to running a successful dental practice, and finding ways to get your office, staff and even patients into the news can be a great practice builder...unless you find yourself making the wrong type of headlines.

This negative coverage could center around a case gone awry, an employee’s personal misdeed, or quite often, a breach of infection control procedures. These breaches involve the potential of dangerous illnesses being spread to patients and staff, and they can cause major harm to a practice’s reputation. They’re also the easiest negative stories to avoid as long as a practice stays on top of infection control requirements, including proper cleaning and sterilization procedures, regular education and required documentation. Of course, keeping up with all that is a challenge unto itself.

“Compliance is one of those things that, it’s essential but, unfortunately, if you don’t have a problem, sometimes it’s easy to ignore,” says Dr. Christian Willig of Orange Door Dental Group in northern Indiana. “I have seen some of the news, some of the stories about infection control problems or other compliance issues that were brought to light, whether it be by a disgruntled employee or a patient.”

Staying up to date

Of course, keeping up with the requirements and properly cleaning every part of a dental practice is a major challenge, even if the requirements from the Centers for Disease Control and Prevention and OSHA don’t change with great regularity, says Jessica Wilson, MPH, who works as a global business development manager for Hu-Friedy where she specializes in infection control. Performing the proper cleaning, sterilization and maintenance is one thing, but Wilson notes that just understanding the requirements as they’re meant to apply to your specific practice is a challenge for many practices.

“I think what we see is there is a lack of compliance if you were to go in, in real time, and a lot of that is a lack of proper education and information around what is correct compliance,” she says. “I think when it comes down to real practice, there’s just a lot of confusion on what does this mean in my practice? And is this an exception? Do I have to do this? Is this a requirement?”

Wilson says it’s important for practices to understand CDC guidelines should be considered a minimum standard of care, and those requirements should be just the starting point of a solid infection control policy for a practice. While every practice is required to have a designated infection control coordinator to take ownership of the policies and practices, everyone in the practice needs to know his or her responsibilities and should be aware patients will notice everything you do while providing their dental care.

“People are just more educated on infection control measures,” Wilson says. “You have people that, they notice, and maybe they’ll say something, and you have plenty of people that will notice things like whether or not hands were washed.”

Guiding light

To help practices make sense of the requirements and keep things up to date and properly documented, Hu-Friedy created the GreenLight Dental Compliance Center™. This online portal was designed to serve as a single place for practices to find answers to every aspect of infection control that might be causing confusion.

The GreenLight platform includes information about which regulations apply to a specific practice, how to properly perform the outlined infection control procedures, what training is required and more, Wilson says. It also provides a place.
Dr. Christian Willig logs into the GreenLight Dental Compliance Center™ by Hu-Friedy to take advantage of the infection control continuing education opportunities.

The GreenLight Dental Compliance Center by Hu-Friedy is a customizable online platform for managing a dental practice’s infection control policies, procedures and training.

where practices can ask questions to infection control experts, create and store the practice’s infection control compliance plan, document required actions and even receive required infection control continuing education.

“We produced probably the definitive guide on all the state regulations and CDC protocols,” says Hu-Friedy Chief Marketing Officer Patrick Bernardi. “We worked hard at codifying all those regulations so the clinicians wouldn’t have to. Their passion revolves around clinical-grade outcomes. Maybe their passion isn’t residing in knowing exactly what protocol changed, or what state regulation changed. That’s hard work. What we’ve figured is to take that off the plate of the clinician, and the doctors and the staff, and let us do the research.”

This is exactly how the service is working for Dr. Willig and his practice. They want to be sure they do everything they’re supposed to and provide the optimal patient care they can, and GreenLight stands out because it’s comprehensive, customizable and easy for practices to take advantage of. Whether a practice already has a written infection control plan or needs to create one, setting things up in GreenLight only takes about an hour. This initial written protocol is the center of any practice’s infection control efforts as a team. The infection control coordinator will be the one to make sure everything is completed properly. Of course, the first step is actually reading these instructions, and Wilson says this is a step that should never be skipped, even if you’ve used something similar and you think you know the proper way to use something new in your practice.

Things get missed or forgotten or not updated and GreenLight is going to keep us on track.”

While it’s not the only compliance program available, Wilson says GreenLight stands out because it’s comprehensive, customizable and easy for practices to take advantage of. Whether a practice already has it offers, Wilson says. The service includes training modules and videos and offers detailed information on every required infection control action. Wilson says this is critical to a successful infection control effort because checking a box to say something was completed without understanding if it actually was properly completed doesn’t help a practice or its patients.

Infection control product information is another useful aspect to the GreenLight platform. The site can store documentation and instructions for infection control materials and products to make it easier for practices to use them properly. Of course, the first step is actually reading these instructions, and Wilson says this is a step that should never be skipped, even if you’ve used something similar and you think you know the proper way to use something new in your practice.

Teamwork is important

These resources are the types of things in GreenLight that are useful for the entire team at a dental practice. The infection control coordinator might be the owner of the protocols and documentation steps, but everyone can use easy access to answers about their specific infection control tasks.

“I’ve coined it as a team sport, it really is, because it involves and includes and affects every single person in that practice, including the patient,” Wilson says. “With GreenLight, the infection control coordinator will be the one to make sure things are set up properly, and they’re going to roll it out just like any other program, but they’re kind of the drivers of the team. They’re the captains.”

The patients are the focus of any practice, and for Dr. Willig, they’re also a focus when it comes to infection control efforts. One of the reasons his practice began using GreenLight is to be sure he not only meets all the requirements for a properly cleaned practice and properly sanitized tools, but also operates in a place where patients feel safe and comfortable. He knows they’re smart and going to notice what he and his team do.

When a practice is run the right way, patients will notice that too. Wilson agrees and feels every practice should be prepared to not only meet infection control requirements but to answer patients who have questions about what’s necessary and how it’s being done. Whether doing it on your own, using GreenLight, or working with another service to help a practice create and keep up with a plan, the important thing is to engage in infection control efforts as a team.

“There are a ton of different resources available for dental clinicians and practices,” she says. “My message would be don’t wait. Find a program that works for you. And if you’re interested in GreenLight, then we’d love to share it with you and see if it can help you.”
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TOP 4 WAYS TO MAKE THE BEST FIRST IMPRESSION POSSIBLE

[ by Dr. Roger P. Levin ]

There’s no doubt a great first impression has a variety of benefits, including higher case acceptance, increased patient retention, more referrals and happier patients. But, as the saying goes, you only get one chance to make it.

Most people don’t have a formula for creating a great first impression. It’s often the case that staff members, who are generally nice and pleasant, are more focused on their jobs than prioritizing a first impression. But, if it can add a boost to your practice, making a good first impression should become a top priority.

You’ve probably heard that to make a great first impression you should smile, shake hands, make eye contact and listen more than you talk. These are all a good starting point, but there’s a lot more you can do.

The most powerful factor in creating a great first impression is to be likable. Front desk staff are so highly focused on completing tasks, answering phones, or scheduling appointments that the greeting they give to a patient may be pleasant but not warm or welcoming. This doesn’t mean they aren’t nice, but the lackluster greeting gives patients the perception they aren’t likable. The same is true for doctors.

Current research is now showing likability is the single most important factor in creating a great first impression. So, how do you get others to see your likability?

01 Give a genuine compliment

Take the time to stop and give a compliment that lets the patient know he or she is important. As I have often heard, “Everybody wants to be important, and everybody is their own No. 1 fan.” Take advantage of every opportunity to focus on patients and make them feel special.

02 Get patients talking about themselves

Research shows 40 percent of people’s conversations are about themselves, their experiences, what they think and how they feel. People don’t simply say they went to a movie. Instead, they tell you all about it, whether they liked it and how it made them feel. This is normal and natural psychology.

Talking with patients about what’s going on with them creates an opportunity to build a great first impression with a new patient and develop fantastic relationships with current patients. The more you can get another person talking about himself or herself, the better he or she will like you. Asking questions is a simple way to prompt people to talk about themselves.

03 Make the word ‘want’ a standard part of your vocabulary

People constantly talk about what they need, what they have to do, why they have to do it and why they don’t want to do it. Instead, use language like, “I want to tell you about the great opportunity you have…” The reason for changing language like “have to” to language such as “want to” is because it displays more energy, enthusiasm and positivity. People are attracted to positive people.

04 Have a great story

People love to hear stories that help them to understand who you are and why you’re likable. A fun story about something that happened to you, something that didn’t go as well as you had planned, or some other humanizing story will help to create a great first impression.
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