


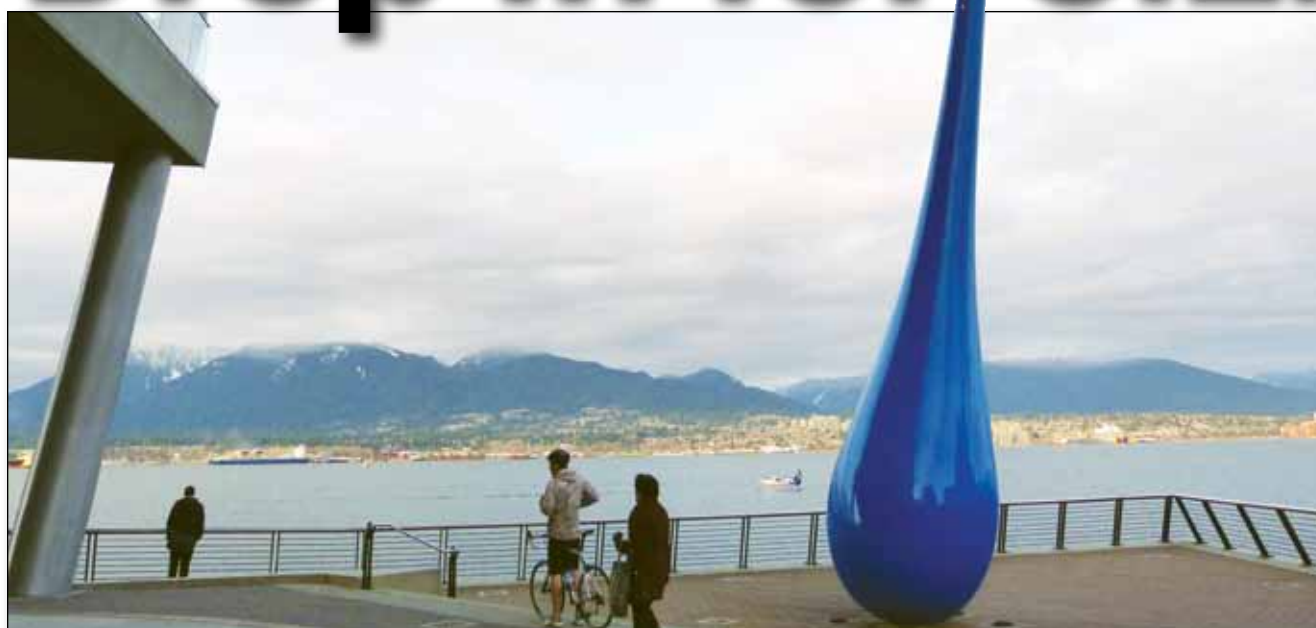


today



 <p>A Canadian first? Dental C.E. in 3-D</p> <p><i>Friday:</i> Dr. Samson Ng has been refining his clinical 3-D photography skills for five years. See the stunning results.</p> <p>»page 3</p>	 <p>Pediatric restorations can be beautiful</p> <p><i>Today:</i> Dr. Carla Cohn presents sessions on 'restorative' (in the a.m.) and 'preventive' (in the p.m.) pediatric dentistry.</p> <p>»page 4</p>	 <p>USE PDC DISCOUNT TO 'FLYOVER CANADA'</p> <p>Show your badge next door, then soar across Canada experiencing the grandeur of the landscape and exhilaration of flight.</p> <p>»page 22</p>
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Drop in for C.E.



• 'The Drop,' by Inges Idee, a group of four German artists, is one of many pieces of public art in and around the Vancouver Convention Centre. Learn more about The Drop at ingesinde.de. (Photo/Robert Selleck, *today* managing editor)

More than 150 speakers, 190 sessions await you

By Robert Selleck, Managing Editor

■ With more educational sessions (190-plus) than Vancouver averages in annual rainy days (162), the Pacific Dental Conference has something for every member of the dental team.

Better still, the meeting's commitment to keeping lectures and presentations "open" means such sessions are available to all attendees on a first-come, first-seated basis.

The only thing attendees need to do is decide what to head to next. But that's no small task, with the speaker roster at

»see C.E., page 3

Two days of live dentistry, 300 exhibitors

■ The Pacific Dental Conference Exhibit Hall is at capacity this year, with more than 300 companies represented. And the Live Dentistry Stage returns to the exhibit floor with procedures today and Friday. Each session is eligible for C.E. credits. Here is the schedule.

Thursday, March 6

11 a.m.-12:30 p.m., Glenn van As, DMD, BSc, "Laser Dentistry: Removing Porcelain Veneers, Crown Lengthening, Tissue Management," co-sponsored by BIOLASE.

1-2 p.m., Shannon Pace Brinker, CDA, CDD, "Complete Records Visit."

2:30-4 p.m., Peter Walford, DDS,

FCARDP, with "Restoring Incisal Attrition with Composite Resins," co-sponsored by 3M ESPE Dental Products.

Friday, March 7

8:30-10:30 a.m., Mark Kwon, DMD, FICOI, and Mark Lin, BSc, DDS, MSc (Prosthodontics), FRCD (C) "Teeth in a Day: Implant Dentistry," co-sponsored by Hiossen Implant Canada Inc.

11:30 a.m.-1:30 p.m., Elliot Mechanic, BSc, DDS, "Anterior Tooth Wear – Restoration," co-sponsored by Canadian Academy for Esthetic Dentistry.

2:30-4 p.m., Alex Touchstone, DDS, "CAD/CAM," co-sponsored by Henry Schein Dental.

Check for schedule updates

Pacific Dental Conference organizers ask attendees to note that demonstration times on the Live Dentistry Stage may be subject to change. You can consult the PDC app or "Conference at a Glance" for the most up-to-date scheduling.

The Live Dentistry Stage is sponsored by A-dec and Sinclair Dental.

Two-day exhibit hall

The more than 600 exhibit hall booths are at capacity, with more than 300 companies occupying them. Hours are 8:30 a.m. to 5:30 p.m. both today and Friday.

(Source: Pacific Dental Conference)



PDC mobile app
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3-D C.E.

'Avatar'-inspired session shows clinical images on big screen

By Robert Selleck, Managing Editor

■ When Samson Ng, DMD, went to see the 2009 blockbuster 3-D film "Avatar," his response was a bit different than that of most other theatre goers: He started thinking about oral lesions. Or, more accurately, Ng found himself thinking about how he could use similar theatre-quality 3-D imagery to improve the level of care he was providing to the patients he sees as a certified specialist in oral medicine and pathology in Vancouver.

"From the clinical perspective," Ng said, "it's easier for me to keep track of changes in the lesion with 3-D. It actually helps me to see things better than with only a 2-D view. It's a much better way to capture the morphology or the topographic appearance of the lesion. When I look at the lesion in 3-D, I'm able to appreciate the fissure much better."

Five years ago, before his "aha moment" while watching "Avatar" through his movie-house 3-D glasses, Ng had already developed strong photography skills documenting the many hundreds of cases that have been referred to him over the years.

After "Avatar," Ng started researching 3-D photography. Information was bountiful, until it came to his specific challenge: applying the technology to clinically capturing 3-D images of lesions in often-difficult-to-access areas of the mouth.

In the beginning, there was a lot of



• An example of the left-eye and right-eye photos that Dr. Samson Ng uses to create a single 3-D image. Depicted is an early invasive squamous cell carcinoma at the right ventral tongue, revealing the ulceration and the indurated border of the invasion at the edge of the ulcer. In 3-D, the induration is much more clearly defined. (Photos/Dr. Samson Ng)

UBC DENTISTRY 50 YEARS

Here at the PDC



• Dr. Samson Ng

"How Much Do I Know About Lumps and Bumps in the Mouth?" is Friday from 8:30 to 11 a.m., repeating from 1:30-4 p.m., both in Room 1 in the Vancouver Convention Centre East Building (not West). Seating is limited. You get 3-D glasses at the door.

Samson Ng, BSc, DMD, MSc, FRCD(C), FDSRCSEd, Dip. ABOM, Dip. ABOMP, is a certified specialist in oral medicine and pathology. He is a clinical assistant professor at the University of British Columbia Faculty of Dentistry and director of the oral care program for medically complex patients at the VGH department of dentistry. He has private practices in Vancouver and Abbotsford.



• Dr. Charles Shuler

Charles Shuler, DMD, PhD, is dean and professor at the UBC Faculty of Dentistry. His BS is from the University of Wisconsin, DMD from Harvard School of Dental Medicine, PhD from the University of Chicago, and his Oral Pathology is from the University of Minnesota and Royal Dental College Copenhagen. His research interests include craniofacial development, oral carcinogenesis, oral medicine and gene therapy.

trial and error, especially with the visual-effect projection, mathematical equations and biomedical engineering needed to get the "right-eye" and "left-eye" images to correctly capture and then merge into perfectly clear, perfectly focused real-world depictions of lesions. Another big challenge was figuring out exactly how the lighting needed to be set up — and setting it up quickly in the clinic.

But Ng got better fast, always ensuring the process was virtually invisible to his patient in terms of never requiring any greater time or inconvenience than his standard 2-D photos.

Amateur to pro in five years

To capture the 3-D images, Ng uses two cameras or, depending on location of the lesion, a special 3-D lens. He uses 3-D instead of 2-D on about half of his cases

— whenever he thinks an outcome will benefit from having a 3-D perspective as part of the diagnostic record.

Today, five years later, his amateurish beginnings have evolved into a sophisticated process of 3-D documentation, and he has amassed a stunning archive of super-high-definition 3-D images depicting a vast array of lesions at multiple stages of development.

Ng will share a small fraction of his collection in a presentation here at the Pacific Dental Conference on Friday, with "How Much Do I Know About Lumps and Bumps in the Mouth?" The session runs from 8:30 to 11 a.m. and repeats from 1:30-4 p.m., with both sessions in Room 1 in the Vancouver Convention Centre East Building.

Be sure to head that direction early to

• see 3-D, page 4

C.E. "from page 1

the 2014 conference representing some of the top names in the industry.

Among the speakers: John Kois, Hardy Limeback, Tieraona Low Dog, Jo-Anne Jones, Anne Guignon, Howard Glazer, Kristy Menage Bernie, Ray Padilla, Edwin T. Parks, Gail Williamson, John Cranham, Sergio Kuttler, Greg Psaltis, Ross Nash, Derek Mahony, Rob Roda, Louis Malcmacher, Bart Johnson, Jesse Miller, Rhonda Savage and Nancy Andrews.

The choice of sessions comprises a diverse mix of open C.E. lectures, hands-on courses — and the "Live Dentistry Stage" (in the exhibit hall). The variety of topics covered means the entire dental team can access the latest information

on dental technology, techniques and materials.

With the University of British Columbia Faculty of Dentistry celebrating its 50th anniversary, the PDC will present the "UBC Speakers Series," with UBC alumni addressing a variety of topics.

On Saturday, the "So You Think You Can Speak?" program will feature 50-minute presentations by speakers who responded to a call for presentations and were accepted by the meeting's scientific committee. A number of timely dentistry topics will be covered.

Combined with the Pacific Dental Conference this year is the 32nd annual meeting of the Dental Technicians Association of British Columbia. The bulk of sessions that are oriented toward dental technicians will be concentrated on

Saturday. There also will be a DTABC Exhibit Hall on that day, from 9 a.m. to 3 p.m., with more than 20 exhibitors participating.

The Pacific Dental Conference typically attracts around 12,000 attendees, seeing consistent growth in recent years — and reaching a new record of 12,200 participants in attendance at the 2013 meeting.

For the majority of attendees, C.E. credit is given for general attendance (maximum of five hours) and hour-for-hour credit for individually attended courses.

It is the responsibility of each individual to submit his or her own C.E. to the applicable provincial authority. Be sure you are scanned in and out of every session.

Pediatric restorations can be beautiful

Dr. Carla Cohn delivers practical guidance for dental teams that want the best for their youngest patients

By Robert Selleck, Managing Editor

■ Carla Cohn, DMD, of Winnipeg, Manitoba, describes her two PDC courses as, “fast-paced and full of different approaches to both restorative and preventative procedures for children.”



• Dr. Carla Cohn

An international lecturer on pediatric dentistry, Cohn has more than 20 years of experience in children's dentistry and is a clinical instructor at the University of Manitoba.

Cohn will present two pediatric courses today, one restorative and the other preventative. “I want my audiences to come away with practical procedures to adopt into their own clinic,” she said. “My goal is to be able to introduce and to share procedures, techniques and materials to help improve the quality of the services that we deliver to the kids in our practice. I include many clinical examples and many procedural videos.”

Cohn answered some questions about the courses prior to the conference.

Can you provide a brief overview of what your sessions are about?

The restorative course will cover everything from basic everyday practices to make simple intracoronal restorations successful in a variety of situations, to pulpotomies, to full coverage aesthetic options. The preventative course will provide many different alternatives for prevention and the use of sealants and bioactive materials that allow for remineralization of tooth structure.

Who should attend your sessions?

My courses are geared toward dentists and are very procedure oriented. However, my philosophy is that to have the most cohesive, knowledgeable team, all auxiliaries who have a hand in treatment and communication with parents should



• Before and after photos of a restorative case using NuSmile ZR aesthetic paediatric crowns on a first primary molar. (Photos/Provided by Dr. Carla Cohn)

Attend today's sessions!

“Restorative Pediatric Dentistry for the General Practitioner” today from 8:30–11 a.m. in Waterfront Hotel, Ballroom B. “Preventive Pediatric Dentistry for the General Practitioner” is from 1:30–4 p.m., in the same location.

be educated on treatment options and what is involved in delivering those treatments. Hygienists and assistants and our receptionists often spend more time with our patients than the dentist. They are critical in educating patients and parents.

What is the biggest challenge with working with pediatric patients?

One of the most important is the need to have different treatment options for each individual child – when the behaviour of that child warrants a change in plan.

For example, we have techniques and materials that are more tolerant to moisture, more aesthetic than others and options that enable us to work quickly when patient cooperation is limited. The key is to know when to use each to deliver an excellent dental procedure – and to deliver an excellent feeling to that particular child. To make an Olympics analogy: We strive to have our children experience not only a “gold medal” in their dental standings, but also in their patient-experience standings.

Are advances in tools, materials and procedures in pediatric dentistry keeping pace with dentistry overall?

I feel as though we are just catching up now to where our adult counterparts are. It took a long time for aesthetics to reach us and our children, and we still have a very long way to go in educating our dental teams. The attitude that these are temporary teeth and we need only have function but not form is one that is still a challenge. We have the ability to deliver strong and beautiful restorations with the advances in the last few years.

Your sessions have five corporate sponsors. What is your relationship with them?

In dentistry, manufacturers are a large part of what we do every day. We cannot deliver any restorative and very little preventative treatments without dental products. Any course or lecture that is clinically oriented has a significant product component to them.

As a speaker and key opinion leader, I am approached by manufacturers to evaluate and give my opinions on new and emerging technology. This is both a privilege and an honour. I am introduced to many exciting new ideas, and some that also fall flat. Beyond that initial introduction and evaluation, I will continue to use materials and products that I like and believe in. In my day-to-day practice, I pay for all of my supplies and materials just like every other dental professional. In my courses I speak only of what I use in my

practice on a daily basis, which is evident in my photos and videos.

All courses that receive corporate sponsorship are obligated and regulated to follow continuing education standards and bylaws to deliver a well-rounded course content.

When I receive an invitation to speak, I develop a course first and then approach the manufacturers to be involved in supporting the lecture. They are given an opportunity to provide educational honorarium support. This enables the meeting organizers to receive financial support to bring education to attendees.

In your “restorative” session, how do you demonstrate aesthetic anterior and posterior restorations?

I will be discussing specifically prefabricated paediatric pre-veneered stainless-steel crowns and prefabricated paediatric zirconia crowns. I will share several procedural demonstrations in the form of clinical videotaped footage.

If an attendee leaves with just one or two action steps or awareness items, what would you hope those are?

I would hope that the attendees will leave knowing that there are many options available to allow for effective prevention of decay, and also for easier, faster, more aesthetic options for their kids and that they can implement them into their practices to improve the dental care that they provide

3-D **from page 3*

get a seat: Even without the intriguing concept of 3-D photography, Ng's reputation is such that his lectures typically fill up quickly. The room's capacity is 300, which is the exact number of 3-D glasses that will be available to attendees at the door.

Ng realized he was ready to take his images on the road after demonstrating his project to a few colleagues – showing them a sampling of images on his 3-D television at home in his basement. The colleagues were thoroughly impressed and immediately confirmed Ng's thoughts about the images' training value.

“In a conventional presentation, we show some lesions in the mouth using normal photos,” Ng said. “But because of

the 2-D representation, it's very difficult for the audience to appreciate the texture or the morphology of the lesion.... As a matter of fact, there is no lesion in the mouth that is flat; they have texture – or there is some other detail of the lesion that is sticking out or that is sunken into the mucosal surface. These are details that can be important for the clinician to be able to recognize to understand the lesion.”

Two-part presentation

The presentation, which is part of the “UBC Speakers Series” recognizing the 50th anniversary of the University of British Columbia Faculty of Dentistry, will be divided into two parts. Dr. Charles Shuler, dean and professor at the UBC Faculty of Dentistry, will open the session with an

overview on how to approach clinical differential diagnosis of oral lesions.

In part two, Ng will show and describe about 40 3-D images from some of his clinical cases to demonstrate the application of differential diagnosis. “We are not talking about any particular type of dental disease or mouth disease,” Ng said. “The presentation will focus more on the concept of how to make the proper differential diagnosis of the mouth, from basic examination to specific details on interpretation of the lesions.”

The room Ng is presenting in will be equipped with a high-definition 3-D projector and a screen that's about five-by-six metres. Because it's the first time that Ng's images will be projected onto a large screen, he tested the set-up a few

weeks before the meeting. “It was quite stunning,” Ng said of the experience. “The tongue sticks right out to lick you.... I believe this will be the first dental education in Canada to be presented in 3-D.”

To minimize the possibility of viewers experiencing eye strain or dizziness, Ng had to adjust the images slightly for the projection system – compared with how they're set up for a 3-D monitor.

To date, all of Ng's photos have been taken using normal white light. But he has been looking into methods of capturing 3-D images using tissue fluorescence technology, lighting the lesion with his VelScope (LED Technologies, Canada).

Until then, the white-light 3-D images appear to be more than adequate for treatment planning, monitoring and training.

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Need a COO?

Successful practices have a chief operations officer. Does yours?

By Roxanne Moulden
Founder and Executive Director,
DOMACAN

■ In today's world, dentists have to be savvy businesspeople as well as excellent clinicians. Organizing a successful dental practice has become more time consuming and definitely more complex as each year passes.

The list seems endless: ever-changing human resource issues, complex government/provincial/dental regulations, the

need to train new team members, promoting the practice in a highly competitive marketplace, meeting patient needs and expectations, mastering new technology — all while keeping the schedule full. This is just a sampling of what a 21st century office manager (or, as the position is now called, “practice administrator”) deals with on a weekly basis.

Why the name change from “office manager” to “practice administrator”? It's because most people do not like to be “managed,” which is something we



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• There is a new organization to help you train and continually guide your future COO: The Dental Office Managers and Administrators of Canada (DOMACAN), created to bridge the gap between the clinical and business sides of dentistry. (Photo/Provided by DOMACAN)

learned a long time ago.

The question is: Should you have an “office manager” or hire a “chief operations officer”? By definition, a COO is responsible for the corporation's operations. This individual looks after issues

related to marketing, sales, production and personnel.

More hands-on than the CEO, the COO looks after day-to-day activities while providing feedback to the CEO (the dentist/owner). Doesn't this sound like what every modern dental office needs today?

'I just want to do dentistry'

I hear over and over again from dentists across the country: “I just want to do dentistry and let someone else handle the rest.” Easier said than done!

A dentist in the 21st century office is working harder than ever before trying to balance office hours and family life. He or she is often working evening hours and Saturdays, bringing charts home to treatment plan — and staying on call 24/7 for emergencies — to provide exceptional care to patients and remain competitive.

A COO may be just what your office needs to relieve you of the many tasks that could be delegated to someone else.

Most effective practice administrators or COOs are not born that way. You may have a very skilled team member with many years of experience, but that person most likely doesn't possess the necessary leadership skills and abilities to be your COO.

What makes a good COO?

Let's examine the qualities of a good COO. An effective COO must:

- Possess an attitude of gratitude.
- Have a high dental IQ and be emotionally intelligent.
- Demonstrate strong communication skills.
- Excel at motivating and leading.
- Lead by example so others will follow.
- Take initiative and think “outside of the box.”
- Think quickly and solve problems.
- Understand all software reports.
- Be the most positive person you know.
- Be the liaison between the office and accountant, bank, sales reps, marketing companies, etc.
- Share your practice vision.

In a nutshell: Your COO must be everything you are not!

If you already have this person on your team, remember to thank them daily.

If you need someone like this to join your team, where do you start to look?

Whether you promote someone from within your office or hire someone from outside, the key to success is in the training of this individual.

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James Kohner, DDS

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Oral Science presents the photon series dental diode laser by Zolar Technology

By Oral Science Staff

■ Furthering its goal to “make state-of-the-art innovations available to Canadian dental offices,” Oral Science is now the exclusive Canadian distributor of the Photon series soft-tissue dental diode lasers, manufactured in Canada by Zolar Technology and Manufacturing Company (Mississauga, Ontario).

The new Photon series consists of two innovative devices: the Photon (3 watts/810 nm) is designed for minor and major surgeries, laser-assisted periodontal therapy and hygiene procedures, while the Photon Plus (10 watts/980 nm) offers more power, making it effective for in-office tooth whitening and bleaching.

According to Oral Science, the Photon series offers all the benefits of the most advanced generation of soft-tissue diode lasers:

- Complete portability with long-life battery pack (up to four hours and can be recharged while in use).
- Large 3.5" LCD touch-screen display with a unique built-in navigation technology.
- More than 20 presets for procedures including perio pocket therapy, gingivectomy, crown troughing, fibroma removal, frenectomies, sulcular debridement and removal of highly inflamed edematous tissue.
- Built-in tutorial.
- Available with all accessories, including disposable tips or strip-pable fiber, protective glasses and bleaching handpiece.
- Password security.
- Three-year warranty (the longest in the industry, according to the company).
- Rigid metal transportation case.

Here at the PDC

Learn about the Photon and Photon Plus soft-tissue diode lasers or schedule in-office training with an Oral Science Optimal Oral Health Coach at the Oral Science booth, No. 335, or by calling (888) 442-7070 or sending an email to info@oralscience.com.

With the Photon series, dental professionals benefit from a technology that provides patients with optimal clinical results and wellness for surgical, periodontal and hygiene procedures.

The advantages of laser therapy include: almost no blood, little to no tissue recession, gentle and comfortable procedure for patients and improved post-operative healing. The increased workflow and unique range of clinical treatment applications will give the dentists and registered dental hygienists a quality tool with speed, convenience and flexibility. As dental health care continues to evolve, Oral Science is in a unique position to deliver the value of a quality product in a personalized manner.

Awarded a rating of five out of five pluses by the DENTAL ADVISOR: After conducting a rigorous and independent evaluation, the DENTAL ADVISOR awarded the Photon and Photon Plus products five out of five pluses – supporting testimony to the quality and performance of both the Photon and Photon Plus.

A Complete educational program by Oral Science and Dr. Glenn A. van As: To help dental professionals quickly integrate the Photon into their practices and use it with confidence and efficiency,



• The Photon, 3 watts/810 nm. (Photos/Provided by Oral Science)

Oral Science collaborates with Dr. Glenn A. van As (Vancouver, British Columbia) to provide a lecture and hands-on session for dentists and hygienists. In the lecture, dental professionals learn the foundations of laser physics and tissue interaction along with how laser dentistry becomes an added value to the services they provide to their patients. In the hands-on portion, dentists and hygienists work in separate group on procedures specific to their daily treatments.

Upcoming sessions are scheduled for March 21 and June 13 in Richmond, British Columbia.

Learn more about the Photon and Photon Plus today at the Pacific Dental Conference Exhibit Hall in the Oral Science booth, No. 335: Oral Science welcomes all conference attendees to visit its booth to discover all the innovative functions and capabilities of the Photon and Photon Plus. This also presents the opportunity to acquire a laser system while also receiving an exclusive PDC promotion: a \$100 Visa gift card plus 25 free disposable tips.

About Oral Science

Since its foundation 10 years ago, Oral Science has been fully committed to helping dental professionals reach optimal clinical results for their patients by providing focused expertise in the following oral health conditions:

- Chronic inflammatory periodontal disease

- Implants maintenance
- Xerostomia
- High risk caries
- Tooth sensitivity

The company has established a team of “Optimal Oral Health Coaches” (RDHs and DDSs) specifically trained to support dental offices to ensure success and differentiation by providing a complete support program that includes:

- Protocols and products based on patients’ needs and evidence-based science
- Clinical tips
- Patients education tools
- Team support and education

Other innovative solutions from Oral Science include the X-PUR line of “purely effective” oral hygiene products, Curaprox Swiss premium tooth and interdental brushes, Cetacaine topical anesthetic liquid and Periostat doxycycline hyclate (sub-antimicrobial dose). Many of the X-PUR and Curaprox products are available to patients at Shoppers Drug Mart and London Drugs pharmacies.

To schedule an in-office training with an Optimal Oral Health Coach, visit Oral Science in the PDC Exhibit Hall, call (888) 442-7070 or send an email to info@oralscience.com.

Isolite Systems delivers dental-isolation technology



By Isolite Systems Staff

■ Dental isolation is one of the bedrock challenges in dentistry. The mouth is a difficult environment in which to work. It is wet, dark, the tongue is in the way, and there is the added humidity of breath, which all make dentistry more difficult. Proper dental isolation and moisture control are two often overlooked factors that can affect the longevity of dental work – especially with today’s advanced techniques and materials.

Leading dental isolation methods have long been the rubber dam – or manual suction and retraction with the aid of cotton rolls and dry angles. Both of these methods are time and labor intensive – and not particularly pleasant for the patient.

Enter Isolite Systems: Its dental isolation technology delivers an isolated, humidity- and moisture-free working field as dry as the rubber dam, but

Here at the PDC

Visit Isolite in booth No. 1410 and online at www.isolitesystem.com.

with significant advantages, including better visibility, greater access, improved patient safety and a leap forward in comfort. Plus, it can do it all two quadrants at a time.

The key to the technology are the “Isolation Mouthpieces.” Compatible with Isolite’s full line of products, the mouthpiece is the heart of the system. It is specifically designed and engineered around the anatomy and morphology of the mouth to accommodate every patient, from children to the elderly.

The single-use Isolation Mouthpieces are available in five sizes and position in seconds to provide complete, comfortable tongue and cheek retraction while also shielding the airway to prevent inadvertent foreign body aspiration. Constructed out of a polymeric material that is softer than gingival tis-

• Isolite mouthpieces are available in five sizes. (Photos/Provided by Isolite Systems)



Air-driven, high-speed handpiece honored

SciCan handpieces withstand high sterilization temperatures and produce low friction coefficient

By SciCan Staff

■ For four years in a row, THE DENTAL ADVISOR awarded SciCan's STATIS® ML air-driven high-speed handpiece the Top Air-driven Handpiece. Upon completion of the clinical evaluation in 2011, the STATIS received a 5+ and a 96 percent clinical rating.

Among the observations and comments made by consultants:

"Routine procedures, including crown preparation, were performed efficiently without the handpieces slowing or stalling."

"The STATIS ML is the handpiece of choice for crown preparation, as it produces high torque with four-port water spray."

"I liked the weight, balance and small head size."

"Great all-around handpieces."

—THE DENTAL ADVISOR, May 2011, Vol. 28, No. 04. (www.dentaladvisor.com).

Consistent, quiet, powerful

State-of-the-art, STATIS high-speed handpieces combine consistent power, superb handling and quiet performance. The result is ergonomic handpieces that equip you with everything you need to deliver the highest level of dental care.

Powerful and durable, STATIS high-speed handpieces not only look good, according to the company, they also provide the highest level of precision handling. The smaller head size provides greater freedom of movement and improved accessibility. The pre-stressed ceramic ball bearings offer low vibration performance to improve the tactile feel of the instrument and the high-quality material and innovative design delivers extremely quiet performance and increased lateral cutting efficiency.

SciCan offers two high-speed air-driven handpieces to cover all clinical situations.

The ML 201.1 with standard head provides the power and durability you need for precise restorative and crown and bridge procedures.

The SL 101.1 offers a smaller head size that provides improved intraoral access, making it ideal for working on children and difficult-to-reach areas of the mouth.

According to the company, both high-speed model handpieces offer many features that enhance their performance and reliability. The advanced design offers better handling while the high-quality stainless-steel materials and PVD coating offer improved grip and less scratching. The unique patented push-button chuck mechanism provides greater precision, improved centric running, reduced operating noise and less chattering.

The innovative spray system creates efficient cooling of the entire area and the enhanced head design eliminates suck-back — preventing contaminated particles and dirt from entering the head housing. Plus the Connex™ L quick connect system, SciCan's alternative to MULTiflex® couplers, fits most modern treatment units.

High-tech ceramic bearings

One of the most important features of STATIS high-speed handpieces is the advanced turbine system. High-tech ceramic bearings and a new cage, composed of synthetic fiber and a reinforced composite resin, are designed to better withstand high sterilization temperatures and produce a lower friction coefficient — key factors in preserving the bearings and maintaining high performance and longevity of the handpiece.

Here at the PDC

Learn more about SciCan's STATIS ML air-driven, high-speed handpiece and its other products in booth No. 1029.

With STATIS high speeds, not only do you get a quieter, more powerful handpiece, you also get fewer failures and lower repair costs for a lower cost of ownership over the lifetime of the instrument. For state-of-the-art handpieces that are built without compromise, choose STATIS high speeds from SciCan.

As a result of extensive product development, field-testing and research, the SANAO™ series of electric handpieces have been designed with ergonomics in mind. The SANAO electric handpieces have been ergonomically designed with a narrow, non-cylindrical shaped neck that ensures a solid, comfortable grip that delivers enhanced precision and control, and they are perfectly balanced for less hand fatigue.

Reduced tension, fatigue

Partnered with SciCan's E-Statim™ Advantage and SLM motor, the centre of gravity is shifted to the fulcrum of the hand, producing optimal balance and reducing wrist tension and fatigue.

The flat surface on the SANAO's shoulder provides enhanced stability and access when working on the upper areas of the mouth.

Marvel of miniaturization

A marvel of miniaturization, with a head height as tiny as 13 mm, the SANAO line can access the hardest to reach places. The small head size (SANAO models



• **"The STATIS ML is the handpiece of choice for crown preparation, as it produces high torque with four-port water spray" — THE DENTAL ADVISOR. (Photo/ Provided by SciCan)**

40L, 40, 10L, 10) increases the freedom of movement inside the oral cavity.

SciCan's innovative HPS (Hygiene Protection System) resin prevents build-up of debris in the inner cavities of the instrument. The HPS eliminates this notoriously difficult to clean area.

The SANAO electric handpiece series includes eight different models for a variety of applications. These applications include handpieces for high-speed procedures (crown and bridge), low-speed procedures (finishing and polishing), and even prophylaxis.

Disinfector and autoclave

For optimal reprocessing of the STATIS and SANAO handpieces, the SciCan reprocessing system with the STATMATIC™ handpiece maintenance unit, HYDRIM® G4 washer-disinfector and STATIM® G4 cassette autoclaves are highly recommended.

To experience the benefits of the STATIS and SANAO handpieces, you can visit booth No. 1029 here at the exhibit hall at the 2014 Pacific Dental Conference.

STATIS, STATIM, HYDRIM, SANAO, E-Statim, Statmatic and "Your Infection Control Specialist," are trademarks of SciCan Ltd. MULTiflex is a registered trademark of Kaltenbach & Voigt GmbH.

ISOLITE ^{from page 7}

sue, the mouthpieces provide significant safety advantages, and ease-of-use can boost your practice's efficiency, results and patient satisfaction, according to the company.

Whether you use the Isolite, Isodry or our new Isovac, our mouthpieces keep the working field as dry as a rubber dam, but are easier, faster, safer and more

comfortable for the patient. The safety advantages and ease of use will boost your practice's efficiency, results and patient satisfaction.

Isolite Systems provides three state-of-the-art product solutions: Isolite, illuminated dental isolation system; Isodry, a non-illuminated dental isolation; and the new Isovac, dental isolation adapter

Using the Isolation Mouthpieces, all

three dental isolation products comfortably isolate upper and lower quadrants simultaneously while providing continuous hands-free suction. This allows a positive experience where the patient no longer has the sensation of drowning in saliva/water during a procedure and the practitioner can precisely control the amount of suction/humidity in the patient's mouth.

Isolite Systems dental isolation is

recommended for the majority of dental procedures where oral control and dental isolation in the working field is desired. It has been favorably reviewed by leading independent evaluators and is recommended for procedures where good isolation is critical to quality dental outcomes.

Visit the Isolite booth at the Pacific Dental conference, No. 1410, or go to www.isolitesystem.com.

COO ^{from page 6}

guide your future COO?

This organization is the Dental Office Managers and Administrators of Canada (DOMACAN), which was created to bridge the gap between the clinical and business sides of dentistry.

It is the official Canadian education and networking association for all dental professionals: office managers, administrators, treatment coordinators, patient

coordinators, hygienists, assistants, spouses and dentists.

The organization's goal is to be the trusted daily, weekly and monthly news and information resource with tools, tips and inspiration for dental practice success and profitability.

DOMACAN strives to bring the best and most relevant speakers to our annual conference and provide members with networking opportunities year-round through forums, articles, webinars and

our "Ask-the-Expert" resources.

DOMACAN has something for everyone on the dental team. I invite you to become a member today by visiting www.domacan.org. For a limited time, you will be able to enjoy a complimentary membership courtesy of Henry Schein.

If you want to take your practice to the next level, you need to understand that you need to take your team to the next level. To take a first step, join DOMACAN and start training the right person to be

your COO to maximize the potential in your team and your office today.

About the author

Roxanne Moulden is the founder and executive director of DOMACAN, the Dental Office Managers and Administrators of Canada. She can be contacted at info@domacan.org or through the DOMACAN website, www.domacan.org.

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