

today

Pacific
Dental
Conference



'Occlusion is for everyone'

Saturday: Dr. John Kois explains why understanding only the mechanics of occlusion usually isn't enough.

»page 3



Could you use a chief operations officer?

New Canadian association is ready to help; and for a limited time Henry Schein will cover cost of joining.

»page 10



Scenes from around the PDC

Wake up with an espresso, take an afternoon break for tea with the queen and try on some very 'Avatar'-esque glasses.

»page 6



• The extra-wide main aisles of the PDC Exhibit Hall are put to use Thursday with attendees streaming in for a complimentary lunch, live dentistry and endless displays of the latest products and services. There's much more of the same today. (Photos/Robert Selleck, Managing Editor)

Miles of aisles

PDC's exhibit hall offers seemingly limitless selection

By Robert Selleck, Managing Editor

■ The thousands of feet of aisles in the Pacific Dental Conference Exhibit Hall abound with "educated-shopper" opportunities that otherwise would be impossible to create on your own. The product demonstrations, hands-on testing and other in-person chances to directly assess the latest in dental products and services seem limitless. Here are a few examples a quick tour of the exhibit floor revealed on Thursday.

U.S. Regional Product Manager Joe Andrasko was in the Carestream Dental booth, No. 928, providing live presentations on CS Solutions, Carestream's comprehensive system

of tools and resources that simplifies and improves efficiencies with restorations – with single-visit scanning, designing and milling – in-house or with your lab.

In the OCO Biomedical booth, No. 1444, Victor Bianchi was showing visitors how easy it is using just hot water to custom fit the Larell One Step Denture. He said the denture system is a perfect match with OCO Biomedical's immediate-loading implantology on small-diameter implants, which takes only an hour. The resulting breakthrough: chairside dentures on implants in just two hours. "It's a match made in heaven," Bianchi said. "It adds business to your practice and serves your anatomically and financially compromised patients."

In the Patterson Dental booth,

»see AISLES, page 3

Tomorrow: Breakfast with Meg Soper

■ Attendees of previous years' sessions presented by Meg Soper have had so much fun that the Pacific Dental Conference has her returning this year – for the fourth time.

But this time Soper is doing what might best be described as a stand-up health-care routine.

"It's going to be a stress-busting, laughter-filled hour that will set the tone for the final day of the conference," Soper said.

Acknowledging that dentistry can be extremely stressful, Soper said: "We have to be able to laugh at ourselves and at what life tosses our way. And we can bring that energy with us to our relationships and to our dental practice." Soper offered

Here at the PDC

If you didn't buy a \$15 ticket when you registered, you can check on availability at the registration desk today. Saturday's breakfast will open at 8 a.m., with Meg Soper's presentation running from 8:30–9:30 a.m., all in Ballroom A, Vancouver Convention Centre.

this guarantee to all attendees, especially spouses: "You will remember it for quite some time!"

"The 'Saturday Morning Breakfast' will be filled with a huge amount of positive energy," Soper said. "It will be geared toward all members of the dental team – and spouses. I hope

to see a lot of partners/spouses in the room on Saturday."

Soper has worked as a health-care professional, stand-up comic and keynote speaker, all while also raising a family. Along the way she learned many powerful lessons about the importance of life balance. Those lessons are what enable her to work effectively as a motivator, life-balance coach – and comic.

"I know the work dental professionals do is sometimes stressful, with challenging time constraints and the odd, demanding patient. Soper said. "So this hour is a friendly poke at some of that stress and a fun, packaged reminder that laughter really is the key to 'letting it go.'"



• Start your Saturday with belly laughs courtesy of Meg Soper. (Photo/Provided by Meg Soper)

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Published by Tribune America
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today Pacific Dental Conference appears during the Pacific Dental Conference in Vancouver, British Columbia, Canada, March 6 and 7, 2014.

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'Occlusion is for everyone'

Key principles equally applicable to single crowns or full-mouth restorations

By Robert Selleck, Managing Editor

■ Many dental professionals when hearing the terms "occlusion" or "occlusal dysfunction" immediately think of full-mouth reconstruction, rehabilitation or some other intensive case. John Kois, DMD, who has earned a global reputation for his knowledge of and teachings on occlusal dysfunction, wants to end that.

"The problem is," Kois said, "that patients who receive that level of dentistry are a small percentage of a typical practice's patients. In reality, occlusal concepts apply to all of your patients."

Simply put, Kois said, "Occlusion is for everyone."

And that's the heart of his presentation, "Functional Occlusion," on Saturday from 10 a.m. to 12:30 p.m. and continuing from 1:30 to 4 p.m. Kois spoke with *today* prior to his PDC presentation.

Can you summarize your session?

The core of the presentation involves shifting perception to understand that emphasis needs to be on the physiology of the occlusion, not on the mechanics. Once we understand this, and what we are really trying to treat, there may be some simpler solutions we can generate. A big problem is that most dentists were trained to diagnose occlusal problems by looking only at patient morphology.

My presentation highlights the difference between a morphologic occlusion and functional malocclusion. Just because the occlusal relationships do not appear to be ideal, that doesn't mean a patient can't have a healthy functional



Addressing only the mechanics of occlusion instead of larger dynamics can put restorations at risk. Top, before, and bottom, after direct composites on #13 and #14; single implant replacing #34 and two porcelain bonded onlays on #36 and #46. (Photos/Dr. John Kois)

occlusion. Treatment can achieve what seems to be a morphologically ideal occlusion, but the patient ends up being miserable, with discomfort and instability in tooth position. Why is this? My presentation answers that question.

So, sometimes what seems to be dysfunctional occlusion is better left alone, and what appears to be acceptable occlusion might not be what it seems?

What we are dealing with is a system that does four things: It chews. It swallows. It speaks, and it's involved in breathing. When there's a problem with any one of those four things, the system has to adapt or work around the problem. In the process of adaptation, the patient may develop symptoms — or ways of compensating for the problem that are normal to the body but abnormal in the way we examine the patient.



• Dr. John Kois

Here at the PDC

Dr. John Kois will present "Functional Occlusion" on Saturday from 10 a.m. to 12:30 p.m., continuing at 1:30–4 p.m., in VCC Ballroom B.

John Kois, DMD, MSD, received his DMD from the University of Pennsylvania, School of Dental Medicine and Certificate in Periodontal Prosthodontics with an MSD from the University of Washington, School of Dentistry. He is co-editor in chief of The Compendium of Continuing Education in Dentistry and past president of the American Academy of Restorative Dentistry and American Academy of Esthetic Dentistry. He has a private practice in Tacoma, Wash., and works with restorative dentists at the Kois Center, a didactic and clinical teaching center in Seattle.

So what we're really trying to do when we see occlusal problems is reduce adaptation or the rate of adaptation, which represents compensation by the body. When we look at it this way, often these are not true diseases; they are what the body does to make the system work better. The human body is always trying to heal itself. That's what homeostasis is all about. You're always trying to correct things so that you can function in a more protected way. Weightlifters get callouses on their hands. That's not called callous disease. That's a response to the roughened equipment and doing things in a different way that prompts a response from the body. You may not like callouses, but they're not a disease, they're normal.

With occlusion problems, it's very

*see OCCLUSION, page 4



• In booth No. 928, Carestream U.S. Regional Product Manager Joe Andrasko provides details about the company's newly launched CS Solutions.

AISLES *from page 1

No. 419, there were numerous products being demonstrated, including the Iveri whitening system, which is exclusively distributed by Patterson. You're invited to give it a try to confirm for yourself that there is no sensitivity; it achieves two to eight shades of whitening, and it takes just 20 minutes.



• Victor Bianchi, president of OCO Biomedical, booth No. 1444, is ready to tell you about a 'breakthrough' system that provides a patient with implants, followed by dentures custom-fitted onto them — all chairside in two hours.

Be sure to find Blue Apple Health in booth No. 1551 (in the corner near the exhibitor's services area). In just 20 minutes, you can get a complimentary and potentially life-saving health screening with complete biometrics, including blood work that is sent to the prestigious Cleveland Heart Lab. Your full report using the lab's proprietary early detection technology will be sent to you within two weeks.

For a real "wow-factor" demonstration, be sure to visit National Dental Inc. in booth No. 1319, where Annette Tindall, with Zeiss, will help you test out the Cinema ProMED, powered by the Zeiss cinemizer OLED. The 3-D multimedia video glasses can help reduce anxiety in your patients and improve their overall experience visiting your practice. And they would be pretty cool, too, for your flight home.

OCCUSION *from page 3

similar. The body is responding to something that it doesn't like, and what we see is not the disease. We have to respond to what it is that the body doesn't like in order to figure out how to treat the signs or symptoms that we see. One of the biggest problems for us as a profession is recognizing what the real problems are — in other words — diagnosis, rather than just treating signs and symptoms as they appear in the mouth.

Is there data on the impact of occlusal dysfunction on restorative success?

There is, but what many people don't always understand is how that impact results in different modes of failure. So when porcelain chips, or when the external surface of the restoration becomes otherwise compromised, it is obviously very possible that occlusion could be a contributing etiologic component. But there are many other modes of failure — often not directly recognized — that may be creating muscle dysfunction, joint problems or even recurrent decay under the restoration.

What we have to realize as a profession is that recurring decay under the crown and bridge often is due to aberrant loading, creating cement fatigue, whereas decay apical to the margins of a restoration is what true caries susceptibility is all about. Many restorations fail because

of recurrent decay that is not related to caries susceptibility or even to the precision with which the restoration was fabricated. It's due to overloading or problems with occlusion.

If you see occlusal problems, but the patient has no complaint, how do you explain the need for treatment?

Most dentists believe that tooth wear is commensurate with the patient's age. Well, it turns out that when you look at the data, normal enamel should not wear by more than 11 microns per year, therefore, it should take 100 years to lose a millimetre of tooth structure. If you have a healthy occlusion, you should not really wear out your teeth.

When patients present with discomfort, muscle aches or joint concerns, they are already aware that there is a problem. But if a patient presents with a loss of tooth structure progressing much faster than normal, the patient may not be aware of it. They don't see or feel the problem. When you tell patients that they have severe wear, especially in areas that they cannot see, they won't understand what that means. But what if we use specific data instead of general concepts and explain it like this: "It should normally take 100 years to lose a millimetre of your tooth structure. Based on how much structure is missing here, you've lost more than three millimetres, which should have taken more than 300 years — or represents

300 years of use. I am concerned for you because you are only 56 years old. And I'm concerned with how long your teeth will last."

What we are trying to do is get dentists to recognize how they can conceptualize occlusal problems in the mind of the patient. Because unless the wear creates an aesthetic problem, most people are unaware until they can see it or they have symptoms from it.

Is the entire presentation on diagnostics, or are treatment strategies covered?

The treatment that is outlined will be based on the three Ps: position, place and pathway. Where do you *position* the jaw relative to the head? How do you make the teeth fit together properly so they have equal simultaneous contact, which we call *place*? How do you not interfere with the envelope of function — or create a new envelope, which we call *pathway*?

Those Ps can be accomplished by appliances, fibrillation, orthodontics, surgery or full-mouth reconstruction. Depending on the problems that the patient presents with, treatment may require a specialist.

Can treatment for occlusal problems occur simultaneous to restoration work?

The key in practice is to understand potential problems with occlusion, even before you begin treatment. And this doesn't necessarily require a functional analysis. To make it a little

more confusing, sometimes what we see doesn't even reflect that there are occlusal problems. For instance, if a patient presents with wear, you cannot tell by looking at the teeth if the wear represents a previous occlusal problem that doesn't exist anymore — or a current problem. In the previous situation, even though patients may look as if they have an occlusal problem the risks would be much lower. If the problem is active, you can't just repair worn teeth and expect success if you haven't resolved why the teeth are worn down.

Again, understanding the mechanical aspects of occlusion that we were taught in school isn't enough. You need to understand the physiological dynamic relationships that actually create the problems. Right working, left working and protrusive or linear movements don't reflect what people actually do with their teeth. If this is all we're really doing when we're rebuilding occlusion, it's not enough to resolve such problems if you later encounter failure that you did not expect.

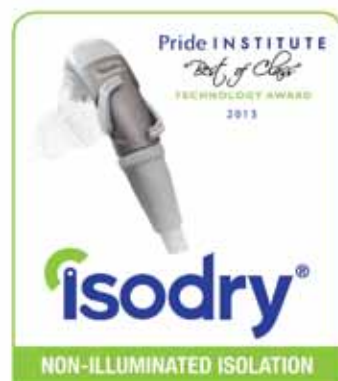
It's extremely frustrating to manage someone's occlusion in a way that you believe everything is correct and done appropriately and still have a problem. Why did that happen? Is it that we made a mistake? Is it that we really didn't do it properly? Or is it that there is something more to the problems we are treating that we haven't yet learned to understand?

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Scenes from Thursday



• Barry Faldner, left, and Vera Faldner invite you to stop by the Blue Apple Health booth, No. 1551, for a comprehensive 20-minute screening that identifies early warning signs for heart attack, stroke or cancer.



• David Goldshaw, left, and Dan Christensen are ready to help you out with Shofu Dental Corp. products in booth No. 1530.



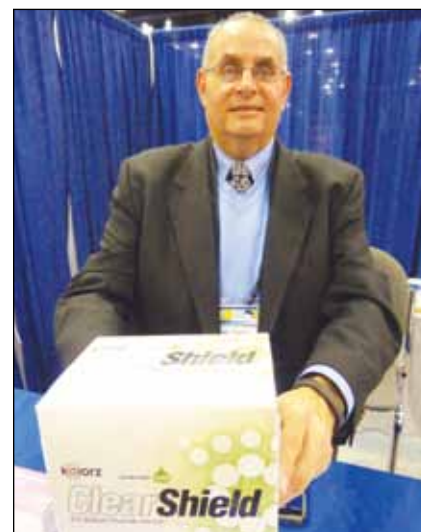
• Simon Wisniewski, senior financial consultant with Investors Group, booth No. 1054, invites you to enjoy a professionally prepared latte, cappuccino or espresso and learn about his firm's wealth planning and management services.



• Annette Tindall, with Zeiss, in the NDI booth, No. 1319, demonstrates the Cinema ProMed 3-D multimedia video glasses, powered by the Zeiss cinemizer OLED (stop by to immerse yourself in a bit of 'Avatar' in 3-D).



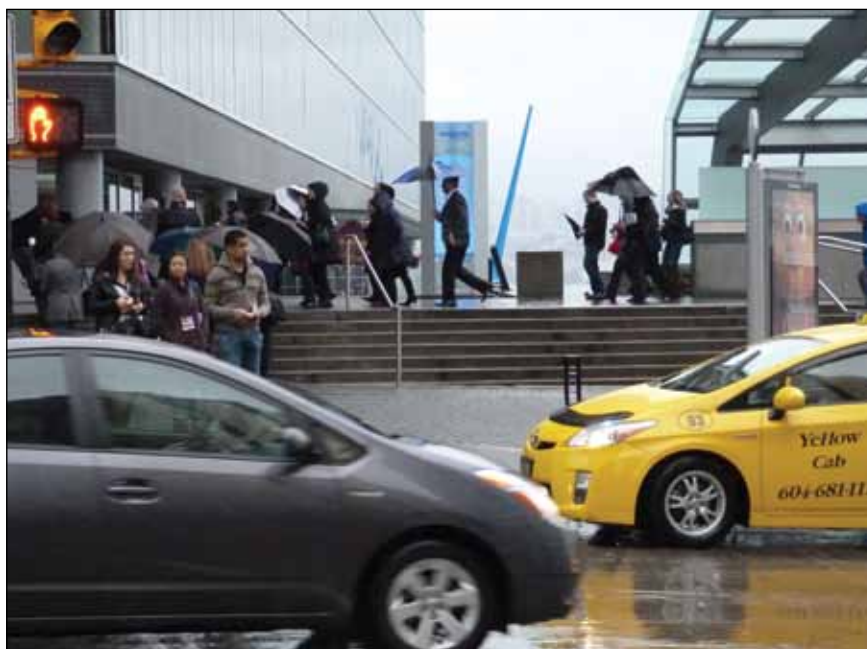
• Janet Andersen invites you to have tea with the Queen in the BAVO The Dentists' Laboratory booth, No. 1546.



• Be sure to say 'Hi' to Mark Eisen in the DMG America booth, No. 1620, and ask him about Kolorz ClearShield sodium fluoride varnish, which is free of gluten, aspartame and saccharin.



• Darcy Murphy, a dentist in New Westminister, British Columbia, tests out the Iveri whitening system, assisted by Gene David, Iveri's Western Canada representative, in the Patterson Dental booth, No. 419.



• PDC attendees lower their umbrellas Thursday morning as they prepare to enter the Vancouver Convention Centre.



• Gary Hunter, in the SciCan booth, No. 1029, provides an overview of the company's STATMATIC handpiece maintenance system, which includes a unique chuck flush feature.

Photos by
Robert Selleck,
Managing Editor

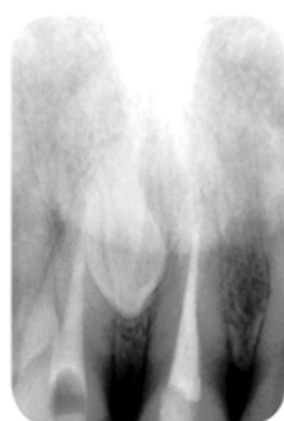
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Q: Why is Barium Sulfate/Iodoform added to Calcium Hydroxide?

A: To provide radiopacity, Barium Sulfate or Iodoform is added.

Q: What is the main difference between Diapaste™ and Diapex®?

A: Diapaste is water based so it is easy to clean. It is also iodoform free. Diapex has iodoform and can disinfect the canal effectively. Both have the convenient premixed syringe delivery system.

Q: What are the indications for Diapaste™ and Diapex®?

A: Treatment for infected root canal, Apexification, Apexogenesis, Root canal filling for primary teeth, Pulp capping, Disinfection after pulp extirpation, Vital pulpotomy in deciduous teeth, Stimulation of hard tissue formation, Traumatic injuries, Root resorption.

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 Co. (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-inch 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).

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.



- Rigid metal transportation case.

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, 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



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

- 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

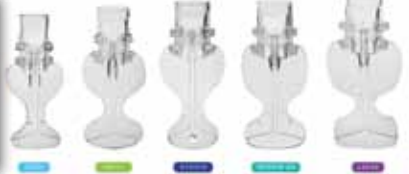
Other innovative solutions from Oral Science include the X-PUR line of “purely effective” oral hygiene products, Curaprox Swiss premium tooth and interdental brushes, Cetacaine topical anesthetic liquid and Periostat doxycycline hyclate (sub-antimicrobial dose). Many of the X-PUR and Curaprox products 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



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



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-

Micro-powered LED illuminates handpieces' operative field

Position of the LED enables AirLight V3 to deliver a brighter, larger light pattern

By Beyes Dental Canada Staff

■ The AirLight V3 handpiece uses an innovative technology — an LED powered by a micro-generator to provide the operator a clearly illuminated operative field — without a fiber optic system.

According to the company, the AirLight V3 provides powerful torque to ensure easy cutting. The position of the LED provides a brighter and larger light pattern than the traditional fiber optic system.

Other features of the AirLight V3 include a triple water spray that effectively cools the entire surface of the bur to avoid overheating and a "micro-tex" coating that creates a micro-textured scratch-proof surface to enhance handling and durability. AirLight V3 has a variety of connections available to fit other coupling systems and treatment units.

The handpiece received "TOP 100 Product" and "Top 50 Technology" awards from Dentistry Today in 2013. In addition, the AirLight series received four stars from The DENTAL ADVISOR.

What AirLight customers say

"I'm a general dentist practicing more than 40 hours a week for the past 13 years. So far, I did work with many different handpieces. I feel lucky to have found and be able to work with the new AirLight V3 from Beyes.

"This feels great in my hand: a good grip, a solid construction, strong power for prepping crowns, a nice swivel. Above all, the V3 has a new smart feature — a bright self-powered LED light.

"Even with my five-times magnification loupes and headlight, I still appreciate this powerful light. I found it brighter than my other actual LED fiber-optic handpieces. I am happy to contribute to the success of a Canadian company. For all these reasons I recommend the AirLight V3 without any hesitations."

Dr. Matthieu Menard, Quebec

"It's light, fits well in hand and is easy to operate. The water spray is awesome, effectively cooling down the bur — and at the same time does not fill the patient's mouth with water. The fiber-optic system is even better; light is bright and white, giving a wider vision

Here at the PDC

Learn more about the AirLight V3 and other high-precision dental products from Beyes Dental Canada in booth No. 229 (231/330/328). You can call the company at (416) 800-7475 or toll free at (877) 703-3562. Visit the company online at www.beyes.ca.

and not focused on a single spot. Having all these cool features in a single handpiece is really great."

Dr. Pierre Hayek, Quebec

"I was intrigued by the new technology of [this] handpiece, a fiber-optic handpiece without an external light source and without the cumbersome fiber-optic hose. Having practiced pediatric dentistry for 32 years, and having used these handpieces for the past six months, I can say that this is one of the best dental purchases that I have ever made.

"The balance and the quality of this handpiece is exceptional. The torque is excellent. The best feature is the bright white light. It really is amazing, to have such a small generator that can produce such an intense light, all housed within the handpiece. This handpiece is competitive, if not better, than any of the best branded handpieces. For the money, it is the best value out in the market".

Dr. Allen Gaw, Texas

"The incorporation of the Beyes AirLight high-speed handpiece has proven a valuable tool for our clinical armamentarium, with great advantages of the light weight, high torque and brightness of the fiber-optics compared to other handpieces.

"The handpieces work great, have good power and water spray. [Beyes'] products are great and its prices are way better than other manufacturers."

Dr. Jaspal Singh Sarao, British Columbia

About Beyes Canada

Based in Toronto, Beyes Dental Canada takes advantage of a highly educated workforce and well-established manufacturing chain to provide high-quality, high-precision dental products at competitive prices.

All products are manufactured in compliance with Health Canada regulations, ensuring quality.

Its manufacturing facility is ISO 13485 certified under the Canadian Medical Devices Conformity Assessment System (CMDCAS).

The company serves dental communities in Canada, the United States, Colombia, Argentina, Mexico and elsewhere.



• The AirLight V3. (Photos/Provided by Beyes Dental Canada)

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