GREATER NEW YORK DENTAL MEETING

DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

NOVEMBER 2017 — VOL. 12, NO. 11

www.dental-tribune.com

'GROWING ENAMEL' — REVISITED

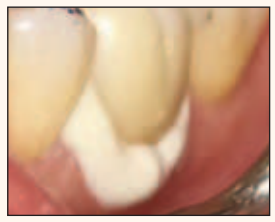
Dr. David L. Hoexter details a surgical technique he developed that's worthy of inclusion in every cosmetic dentist's armamentarium.

▸ page A2

'NEXT GENERATION' CEMENT

Cement can be used in a variety of situations with a wide range of materials, such as PFMs, zirconia and lithium disilicate.

▸ page A14



IMPLANT TRIBUNE

ACP BRIDGING THE GAP

In San Francisco, Nov. 1-4, American College of Prosthodontists ties current practice to future trends.

▸ page B1

Still great and still free: Greater New York Dental Meeting

There's always something big and new at the Greater New York Dental Meeting, but one thing never changes: registration remains free of charge for all dental professionals. For the 2017 incarnation of the meeting, the list of highlights is lengthy: a new Pediatric Dentistry Summit with a concentration on specific dental topics, the inaugural World Implant Expo presented in partnership with the American Academy of Implant Dentistry (AAID) and International Congress of Oral Implantologists (ICOI), the Third Annual Global Orthodontic Conference, the Sleep Apnea Symposium, dental laboratory educational programs and a multiday Invisalign program. Also this year, there will be 10 free live-dentistry programs, and ability to earn C.E. credits by visiting the exhibit floor, Technology Pavilion education, free health fair screening and educational programs in Portuguese, Spanish, Italian, Russian, Chinese and new this year, Korean.

And it all takes place in the heart of one of the world's most awe-inspiring metropolitan areas during its most festive time of year.

Last year, the Greater New York Dental Meeting registration surpassed records and dentists appeared in increasing numbers to continue to make the meeting the largest and, according to the organizers, the best of its kind in the United States.

The total registration was 54,890 with 19,471 dentists from all 50 states and 8,919 international attendees from 151 countries. In addition, the GNYDM registered 4,938 dental assistants and 4,214 hygienists. The GNYDM had the most educational courses in its history with about 400 seminars, hands-on workshops and essays.

The exhibit hall sold out weeks before the show with a waiting list of companies hoping for a cancellation so that they could showcase their offerings. Professionals roamed aisle after aisle and visited the largest exhibit hall in the U.S., which featured more than 1,600 booths occupied by more than 700 companies from across the globe. Meeting organizers report that this year's exhibit hall will feature an increase in exhibitors who specialize in overseas shipping and international sales.

Download the GNYDM 2017 mobile app to plan out your attendance strategy. Visit *www.gnydm.com* for registration and more meeting details.

(Source: Geater New York Dental Meeting)

The Statue of Liberty, on break in Times Square, points the way to the Jacob K. Javitis Convention Center, host site of the 2017 Greater New York Dental Meeting. Photo/ Robert Selleck, Dental Tribune

CLINICAL A2

- Dr. David L. Hoexter: 'Growing Enamel' — Revisited.

EVENTS A3

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- The International Academy for Dental Facial Esthetics to meet at GNYDM, Nov. 27.

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- Designs for Vision LED DayLite Micro HDi and LED DayLite WireLess Mini HDi: More light, uniformly distributed in high-def.
- Flow Dental: 'Uni-Verse-All' positioner holds any size sensor.
- Sulzer Mixpac Unit Dose 0.5 ml: New disposable application system mixes two-component materials.
- Kettenbach introduces Futar Cut and Trim bite registration material.
- Barrier protection is critical with dental gloves, and the Standard Malaysian Glove certification exists to ensure exactly that.
- BISCO TheraCem: The 'next-generation cement.'

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‘Growing Enamel’ — Revisited

By David L. Hoexter, DMD, FACD, FICD
Dental Tribune US Editor in Chief

One of the dental field’s biggest esthetic priorities, after restoring and preserving health, is enhancing the smile. In 1995, Dentistry Today published an article I wrote about a technique I developed, which I called “Growing Enamel.” The phrase is erroneous, of course, because, after enamel is formed, it does not grow. But this technique creates an image of it doing so. In the years since the article was published, the concept has been copied in articles and books on cosmetic treatment techniques without reference or recognition. However, imitation or replication is a great form of flattery.

When I wrote the article “Growing Enamel,” it was during the early days of a groundswell of esthetic awareness of the mouth, which resulted in the adoption of various oral esthetic techniques and treatments. As a periodontist, I concentrate on the background of a smile to enhance the desired foreground — the appearance of a glowing smile.

Even, symmetrical and appealing

The maxillary anterior teeth are the most visual and the crux of the smile. First impressions are formed here. What we want to see is bright, white, symmetrical teeth; but most teeth fall somewhat short of this desired illusion. When viewed closely, the natural incisal edges are obviously not even. The lateral incisors’ edges are usually slightly shorter than the central incisors’ edges. The cuspids’ shapes are not entirely level to the incisors and typically of a different shape altogether. The technique “Growing Enamel” helps create the image of an even, symmetrical and appealing smile.

There are many causes of an imperfect smile. Perhaps there was an accident that resulted in the breaking of an incisal tooth. Perhaps an anterior tooth changed color. Perhaps incorrect shading was used with an anterior restoration. Virtually anything that changes the desired illusion of a clean, bright, symmetrical flow, might be the culprit. We need to remember that the actual average natural size of the central incisor is 11.5 mm gingival-to-incisal height with an average 9 mm mesial-distal distance.

‘Growing Enamel’

The “Growing Enamel” technique is the manipulation of the periodontia when the tissue is such that it distorts the visual appearance of the visible teeth. There must be no loss of supporting alveolar bone, and there must be a healthy zone of keratinized gingiva.

Of vital importance is the preservation of the interproximal tissue. The keratinized interproximal tissue may be manipulated vertically, but the interproximal tissue must be preserved. There is no new blood supply interproximally, so the area, if removed, will show an undesirable dark interproximal space referred to as a “black diamond.” The resulting final image should end with a healthy zone of attached keratinized, pinkish-white gingiva forming a background to the desired size and shape of the anterior teeth. Using a form of the apically repositioned flap, with healthy tissue as the esthetic goal, the “Growing Enamel” technique serves as a vital approach to achieving a maintainable smile desired by both the patient and the practitioner.

What it’s not

The technique “Growing Enamel” should be part of the esthetic surgeon’s choices of techniques. Techniques such as “crown lengthening” imply the exposure of more tooth structure by removing surrounding tissue and bone. “Growing Enamel” relates to the exposure of only the anatomical crown, which too often is covered by hyperplastic or excessive gingiva, preventing natural esthetic properties from being emphasized.

Terms such as “gingivectomy” or popular words such as “sculpting” are just references to removing hyperplastic tissue. There is no definitive desired goal except removing excess tissue, and there is inconsistency when there is no uniform and desired goal. Sometimes the removal of tissue can result in root exposure or inconsistent proportions of tissue that distort the smile.

A definitive surgical technique such as “Growing Enamel” avoids the recession possibilities and adds predictability to the desired symmetrical background.

Case study

In this example case, a 19-year-old woman wanted a beautiful smile she could be proud of (Fig. 1). Initially, she presented with bleeding gingiva, but after a series of non-surgical treatments, which included oral hygiene instruction, the bleeding ceased.

Her #7 appeared to not look clean, with a worn, stained restoration labially. It also appeared short in height. The centrals had a square appearance, not the length of a normal appearing incisor, but shorter and not streamlined. The cervical line was irregular, the cuspids being higher and the centrals irregular and lower.

Using the “Growing

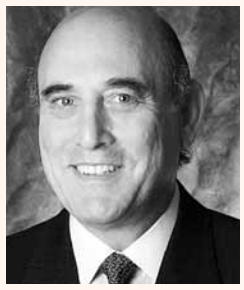
▸ See ENAMEL, page A3

Fig. 1: Before, patient wanted a nicer smile. Photos/ Provided by Dr. David L. Hoexter

Fig. 2: Periodontal tissue repositioned sutured with sling suture technique.

Fig. 3: Healed periodontia. Enamel exposure full and natural. Tooth #7 restored.

Fig. 4: Patient loves and is motivated to care for her new, bright, symmetrical smile.



DAVID L. HOEXTER, DMD, FICD, FACD, is director of the International Academy for Dental Facial Esthetics and a clinical professor in periodontics and implantology at Temple University, Philadelphia. He is a diplomate in the International Congress of Oral Implantologists, the American Society of Osseointegration and the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 12 fellowships, including FACD, FICD and Pierre Fauchard. He has a practice in New York City limited to periodontics, implantology and esthetic surgery. Contact him at (212) 355-0004 or *drdavidlh@gmail.com*.

AD

DENTAL TRIBUNE
The World's Dental Newspaper · US Edition

PUBLISHER & CHAIRMAN
Torsten Oemus *t.oemus@dental-tribune.com*

PRESIDENT & CHIEF EXECUTIVE OFFICER
Eric Seid *e.seid@dental-tribune.com*

GROUP EDITOR
Kristine Colker *k.colker@dental-tribune.com*

EDITOR IN CHIEF DENTAL TRIBUNE
Dr. David L. Hoexter *feedback@dental-tribune.com*

MANAGING EDITOR U.S. AND CANADA EDITIONS
Robert Selleck *r.selleck@dental-tribune.com*

MANAGING EDITOR
Fred Michmershuizen
f.michmershuizen@dental-tribune.com

MANAGING EDITOR
Sierra Rendon *s.rendon@dental-tribune.com*

PRODUCT/ACCOUNT MANAGER
Humberto Estrada *h.estrada@dental-tribune.com*

PRODUCT/ACCOUNT MANAGER
Maria Kaiser *m.kaiser@dental-tribune.com*

PRODUCT/ACCOUNT MANAGER
Jordan McCumbee *j.mccumbee@dental-tribune.com*

CLIENT RELATIONS MANAGER
Leerol Colquhoun *l.colquhoun@dental-tribune.com*

EDUCATION DIRECTOR
Christiane Ferret *c.ferret@dtstudyclub.com*

ACCOUNTING COORDINATOR
Nirmala Singh *n.singh@dental-tribune.com*

Tribune America LLC
116 West 23rd St., Ste. #500
New York, N.Y. 10011
(212) 244-7181

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IADFE to meet during GNYDM

International Academy for Dental Facial Esthetics 21st annual meeting is Nov. 27

The International Academy for Dental Facial Esthetics (IADFE) holds its 21st annual meeting with the Greater New York Dental Meeting on Monday, Nov. 27.

The convocation of awarding fellowships will be held at the historic house designed by Sanford White, which today is called the Harmonie Club, 4 E. 60th St. (between Fifth and Madison avenues.)

The ceremony will begin at 6 p.m. Last year's commencement speaker was the always popular Dr. Gordon Chistiansen, who presented to a packed audience.

This academy is a blend of dentists, physicians and other professionals involved in enhancing facial esthetics. Last year's meeting included participants from more than 28 countries. The ceremony concludes with the academy's traditional cap tossing in celebration of the awarding of fellowships.

To learn about the IADFE, contact Dr. David L. Hoexter at (212) 355-0004 or *drdavidlh@gmail.com* or Dr. George Freedman at (905) 513-9191 or *info@iadfe.org*.

(Source: IADFE)

From left, IADFE 2016 leaders and honorees Dr. J.Massad (United States), Prof. E. Lynch (United Kingdom), Dr. G.Christensen (United States), Dr. N. Nogoro (Japan), Dr. G. Freedman (Canada), Dr. D.L.Hoexter (United States) and Dr. J. Ochoa (Peru). Below: The traditional tossing of motar boards to celebrate newly conferred fellowships. Photos/ Provided by Dr. David L. Hoexter

'Raising the Bar' at Yankee Dental Congress

GNYDM BOOTH NO. 3729

Yankee Dental Congress 2018 (Yankee) will be held from Jan. 24 to 28 at the Boston Convention & Exhibition Center. Yankee, which is known as New England's largest dental meeting, is sponsored by the Massachusetts Dental Society, in cooperation with the dental societies of Connecticut, Maine, New Hampshire, Rhode Island and Vermont.

Nearly 27,000 dental health professionals and guests from around the U.S. are expected to attend the 2018 event.

The theme of Yankee 2018 is "Raising the Bar." According to meeting organizers, this theme exemplifies how dental professionals can find innovative continuing education opportunities for clinical development in the dental field to grow the profession for the future.

Among the education highlights, Yankee has teamed up with Pride Institute and Tufts University Dental Continuing Education to offer a nine-day practice management continuum program. The program will kick off with a two-day event at Yankee beginning on Wednesday.

Yankee is again bringing recent legislation efforts to the forefront with the "Interprofessional Symposium: High Stakes — Medical Marijuana Pitfalls and Considerations." This program will illustrate how dentists and the dental team need to be aware of the treatment considerations for medical and recreational marijuana users. This symposium will broaden attendees' understanding of marijuana and how it impacts patients.

The new "CE RECHARGED" program offers continuing education like no other, meeting organizers say. On Thursday, Planmeca USA will immerse attendees in digital technology, and Henry Schein Dental will explore how innovations and concept modifications shape skills and treatment-planning solutions.

On Friday, the team that produces Dentsply Sirona World will present Digital Summit 2018, where attendees will experience live-patient dental education. Successful cone beam computed tomography (CBCT) and ethical patient education with more world-renowned speakers will end the week brought to attendees by KaVo Kerr.

Along with more than 300 C.E. and hands-on courses and events presented by leading experts in the dental profession, Yankee is bringing together dental peers and industry experts for a day of sharing programs and clinical practices. The "Yankee FAST TRACK: Enhance Your Practice, Boost Your Revenue" program will demonstrate strategies for cost effectiveness and practice enhancement.

Yankee also features a wide range of the latest dental technologies and products from more than 450 exhibitors, along with several education pavilions located on the exhibit hall floor.

Special presentations include Olympic medalist Nancy Kerrigan, as well as best-selling author Michael Patrick Macdonald, a leading activist and organizer who has developed gun buyback programs and local support groups for survivors of poverty, violence and the drug trade.

For registration and details, visit *www.yankeedental.com* or call (877) 515-9071.

(Source: Yankee Dental Congress)

◂ ENAMEL, page A2

Enamel" technique, I locally numbed the area with lidocaine. A sharp blade incising intrasulcullar was done, followed by an elevator to reflect the flap. Before any surgery, radiographs — in conjunction with probing of all areas of the periodontia — were taken, detailed, listed and used. Repeating a major point: No interproximal tissue was removed.

The tissue was now placed at the desired level, usually at the symmetrical cervical height. Using the cuspid cervical height, in this case, the laterals and the centrals were positioned and sutured with a sling suture technique (Fig. 2) at the desired symmetrical level. Notice that the natural length of the incisors are exposed, but not the roots. The interproximal tissue is maintained to avoid the previously mentioned black-diamond appearing spaces that result when the interproximal tissues are removed. Notice the now exposed full enamel covering of the teeth involved, giving the length of the teeth the exposure required for the goal of "that smile" (Fig. 3). After the final stage, the young woman was ecstatic about her new bright smile. Her #7 was restored with a composite restoration. She maintains her oral health enthusiastically with oral hygiene, keeping the now healthy anterior periodontia maintained. The homogeneous color of the gingiva is symmetrical in lateral and vertical dimensions. There are no dark spaces interproximal, and the cervical symmetry of the teeth aid her ability to enjoy her glowing smile. The previously square-appearing teeth, are now restored to a natural, longer-appearing crown length, with the cervical gingiva on an even, lateral-linear appearance.

This case presentation exemplifies the "Growing Enamel" technique and its ease of use when correctly diagnosed to turn an undesirable-appearing smile into a bright, glowing and symmetrical one that the patient will love and enthusiastically maintain.

Rethinking provisionals

The many advantages of premade custom temporaries

By Steven Barrett, DDS

As a partner and clinical director of a large private group practice, I often speak of modern dentistry's esthetic possibilities. Our practice highly prioritizes working with committed laboratories, using quality materials and focusing on predictable processes. BioTemps® Provisionals consistently help our doctors materialize the esthetic vision we create for our patients.

Rethinking provisionals

When working with new dentists, I emphasize that temporaries are as critical to the success of their case as their crown preparations and impression quality.

To be successful, cosmetically minded dentists need to visualize esthetic possibilities for patients. If that vision firmly incorporates smile-design fundamentals and highly detailed products and processes, they are setting themselves up for predictable final outcomes.

More than a temporary

After I started using BioTemps Provisionals about 18 years ago, I instantly noticed several things. These custom-made temporaries were far better than any I could make from any acrylic or bis-acryl material. With custom-made BioTemps, I can include esthetic changes, choose custom shades, deliver a much stronger temporary (using fiber or wire reinforcement), reduce chair time and, if relined and trimmed properly, ensure the patient's soft tissue will be in great shape at the seating appointment. I can also make the arch form more ideal, precisely add or reduce tooth length, create ovate pontics, and even add pink acrylic if needed.

I often do a composite mock-up chairside to help the patient and me visualize the changes that I would like to make. Many dentists often overlook this simple process. Photographs and/or the mock-up study model are then sent to the lab to aid in BioTemps fabrication. And I can even mark the model and simulate potential gingivectomy or crown lengthening sites.

Patient presentation

I detail benefits of BioTemps to patients, emphasizing how vital they are to success. I typically start by explaining the necessity of a custom temporary. Then I show the patient a presentation model with BioTemps and explain how I will customize the shade — and I assure the patient that the temporaries will not discolor.

Due to many patients' bad experiences with temporary crowns, I want them to know these temporaries are made using a vastly superior process.

'With custom-made BioTemps, I can include esthetic changes, choose custom shades, deliver a much stronger temporary (using fiber or wire reinforcement), reduce chair time and ... ensure the patient's soft tissue will be in great shape at the seating appointment.'
Photo/Provided by Glidewell Dental

GNYDM BOOTH NO. 5001

Smile makeovers

For cases involving esthetic changes, I explain to the patient how BioTemps allow me to create the best smile possible for them. I use BioTemps as a model for the final restorations, and if needed, I can make changes while the patient is wearing the temporaries. Once the temporaries are exactly as the patient desires, I ask the lab to duplicate them in the final restoration.

Extractions, esthetic emergencies

While BioTemps are a part of my typical extraction treatment plan, convincing patients of post-extraction benefits is not difficult. I explain to them that with BioTemps, they will never have to walk around with a missing tooth or worry that the temporary will break. I will match the temporary color to the natural, surrounding teeth.

For cases in which a patient needs to have an anterior tooth removed immediately, I extract the tooth and make an acrylic temporary chairside. At the end of the appointment, I take impressions to order a custom BioTemps provisional. Ten days later, I replace the chairside acrylic temporary with a BioTemps provisional.

Conclusion

In addition to being ideal for multi-unit esthetic cases, extraction cases or cases involving an entire quadrant, BioTemps work well for single-unit anterior cases. Many of my patients have benefited from a custom anterior temporary because they were public speakers or actors, they were getting married — or they just needed a custom shade for that single tooth.

Regardless of your experience level, premade custom temporaries like BioTemps Provisionals can be an integral part of your restorative protocol. Incorporating BioTemps as a transitional tool within your office will lead to predictable results, happy patients and more confidence for your entire team.

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More light, uniformly distributed in high-def

High-definition headlights optically focus the light from the LED to provide 45 percent more light with uniform distribution. Photo/Provided by Designs for Vision

By Designs for Vision Staff

Designs for Vision is introducing an advanced photonic design that provides uniform light distribution with maximum intensity. The patent-pending headlights optically focus the light from the LED to provide 45 percent more light with uniform distribution.

The new LED DayLite® Micro HDi™ uses the new high-definition imaging in an ultra-lightweight headlight in combination with the new Micro power pack. According to the company, the Micro is the market's lightest and smallest power pack. The complete unit includes two power packs, and each power pack can run up to 10 hours.

Designs for Vision also has added high-definition imaging to the LED DayLite WireLess Mini HDi, providing a lightweight cordless solution with light intensity comparable to many corded headlights. You can choose high-definition imaging with either a wired or wireless design to meet your preference, and either HDi headlight will illuminate the entire oral cavity.

Designs for Vision's WireLess headlights free you from being tethered to a battery pack. The simple modular designs uncouple the headlights from a specific frame or single pair of loupes. Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame. The compact design of the LED DayLite WireLess headlights are independent of any frame/loupes.

Designs for Vision is also featuring the "REALITY five-star-rated" Micro 3.5EF Scopes, which use an innovative optical design that reduces the size of the prismatic telescope by 50 percent and reduces the weight by 40 percent — while providing an expanded-field, full-oral-cavity view at 3.5x magnification.

Building on an established award-winning design, the newest addition to the Micro Series line is the Micro 4.5EF Scopes, which reduce both the size and weight of the telescopes by 44 percent.

New location

Designs for Vision has expanded into a new 67,500 square foot location at 4000 Veterans Memorial Highway in Bohemia, N.Y. You can visit *www.DesignsForVision.com/move.htm* to check out some photos of the new facility.

You can see the "Visible Difference®" at the Greater New York Dental Meeting by visiting Designs for Vision's booths Nos. 1813, 2012 or 4026. Or you can arrange a visit in your office by contacting the company at (800) 345-4009 or via *info@dvimail.com*.

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‘Uni-Verse-All’ positioner holds any size sensor

With Flow Dental’s new Uni-Verse-All positioner, you could take every imaginable X-ray while using only one positioner and one aiming ring. Photo/Provided by Flow Dental

GNYDM BOOTH NO. 1110

Digital X-rays are changing how you manage patient diagnostics. But while digital is faster and easier to use, it poses some unique challenges too. Sensor positioning is one such challenge. Unlike film, sensors are rigid and thick. And unlike film, there is no standard size to a “size-2” sensor. All this makes finding a quick and easy way to position your sensor somewhat more difficult than when you were using film.

With Flow Dental’s new Uni-Verse-All positioner, you could take every imaginable X-ray while using only one positioner and one aiming ring. Sounds impossible, yet Flow’s Uni-Verse-All sensor positioner does just that. It will hold just about any size sensor. The Uni-Verse-All sensor holder lets you reposition the sensor along the bite plane so you can go from a periapical to a bite wing in seconds, and without changing parts.

The Uni-Verse-All is easy to use and set up is fast. You choose from two sizes of sensor holders (both included in Flow’s starter kit). You then snap the sensor holder into the Uni-Verse-All positioner and slide on the aiming ring. Just like that you’re ready. Move the holder down for anteriors or periapicals, up for bite wings. Lightweight for added patient comfort, Uni-Verse-Alls are re-useable and autoclavable. A starter kit with everything you need retails for less than $ 57.

For more information, or to order, you can contact your local dealer or visit *www.FlowDental.com*.

(Source: Flow Dental)

New disposable application system mixes two-component materials

GNYDM BOOTH NO. 4421

The time-saving Unit Dose 0.5 ml from Sulzer Mixpac is a single-use hygienic application system for two-component dental materials such as cements and bleaching materials. MIXPAC™ T-Mixer mixing technology produces high-quality, reliable mixing results, according to the company. The ergonomic and easy-to-use system has a range of safety features including transport protection and a safety fastener. Clear visual indicators ensure that the user can see at a glance whether the system has been activated and is ready to use.

(Source: Sulzer Mixpac)

The Unit Dose 0.5 ml from Sulzer Mixpac has clear visual indicators to ensure that the user can see at a glance whether the system has been activated and is ready to use. Photo/Provided by Sulzer Mixpac

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Digital Accessories

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