

IMPLANT TRIBUNE

AAID KEYNOTE: NINA TANDON

Sci-fi meets reality at American Academy of Implant Dentistry event.

► page B1



ENDO TRIBUNE

IT'S NEVER WHAT YOU THINK IT IS

Dr. Thomas Jovicich's case was complicated by his preconceived notions.

► page C1



HYGIENE TRIBUNE

HYGIENE SYMPOSIUM PART OF AAP MEETING

Full day in San Francisco focuses on periodontics from hygienist perspective.

► page D1



Ebola outbreak heightens infection control awareness

By Prof. Lakshman Samaranayake

Twenty-two years ago, a seminal report from the Institute of Medicine (IOM) in the U.S., titled "Emerging Infections: Microbial Threats to Health in the United States," warned of the dangers of newly emerging and re-emerging diseases. The concept of "emerging infectious diseases," introduced then by the IOM, is now well entrenched, and to our chagrin we have witnessed many such diseases over the past two decades. These include variant Creutzfeldt-Jakob disease/bovine spongiform encephalopathy, severe acute respiratory syndrome, Middle East respiratory syndrome and, above all, the pandemic of acquired immune deficiency syndrome (AIDS), which has claimed millions of lives the world over. The re-emerging infectious diseases we have seen include diseases caused by meticillin-resistant *Staphylococcus aureus*, and multidrug-resistant and extensively drug-resistant tuberculosis.

Interestingly, the concept of "emerging infectious diseases" is not new. Indeed, ancient Greek, Roman and Persian writers documented the emergence of many new epidemics. In more recent times, the sci-

entist Robert Boyle presciently observed in 1865 that "there are ever new forms of epidemic diseases appearing ... among [them] the emergent variety of exotic and hurtful." Arguably, though, the most noteworthy relatively new emerging infectious disease with the greatest impact on the dental profession has been the human immunodeficiency virus and AIDS.

And now we have a severe epidemic of Ebola virus infection. It is back with a vengeance, this time in West Africa, with more than [1,500 confirmed cases at press time] and a 69 percent case fatality ratio [at the time of writing]. The culprit is the Zaire Ebola virus species, the most lethal Ebola virus known, with case fatality ratios up to 90 percent.

According to the IOM report, there are many reasons that new diseases emerge and re-emerge. These include health care advances with the attendant problems (e.g. transplantation, immunosuppression, antibiotic abuse, and contaminated blood and blood products) and human behavior, including injectable drug abuse and sexual promiscuity. Societal occurrences, such as economic impoverishment, war and civil conflict, too, are critical, according to the IOM. The current

► See EBOLA, page A4



American Academy of Periodontology, Sept. 19-22, San Francisco

San Francisco's heritage electric streetcars on Market Street are among the many historical sights awaiting attendees of the 100th anniversary AAP annual meeting, being held downtown at the Moscone Convention Center. Photo/Robert Selleck, DTI

► See Implant Tribune B1 and Hygiene Tribune D1

NEWS

A2

- Researchers say tooth loss is declining in the United States

MEETINGS

A3

- 2014 Winter Clinic in new downtown Toronto location, Friday, Nov. 14
- Registration is open for the Greater New York Dental Meeting, which runs from Nov. 30 through Dec. 3

INDUSTRY NEWS

A5-A13

- Obsessive quality control starts at molecular level at DENTSPLY Pharmaceutical
- Designs for Vision 1.1-ounce camera system records your operatory perspective in 1080 HD
- Online-review rules you should follow — from Sesame Communications
- LVI Core I three-day course teaches comprehensive patient care process
- Powerfully easy: Crisp, clear intraoral images delivered on a screen your patients can hold in their hands, from DrQuickLook
- AGD, OralID partner to give oral cancer screenings to dentists and public at AGD meeting
- Oral Health America spreads message on importance of oral health with its 'Fall for Smiles' campaign

AD

WIPE AND GO!

No more time-consuming polishing of your provisionals

TAKE 3

1. Fast and Economical
2. Durable
3. Aesthetic

Structur 3

Nano-filled, quick setting, strong temporary crown & bridge material with "Wipe & Go" Technology

Call 1-888-658-2584 · www.vocoamerica.com

PRSRRT STD
US POSTAGE
PAID
LAS VEGAS, NV
PERMIT #3026

Dental Tribune America
116 West 23rd Street
Suite #500
New York, N.Y. 10011

Tooth loss declining in United States

The number of edentulous people in the United States will decline significantly, according to a recent study by researchers at the University of North Carolina at Chapel Hill. The research team tracked edentulism over the past hundred years and predict that the number of people with tooth loss will be 30 percent lower in 2050 than it was in 2010.

The researchers investigated population trends in edentulism among U.S. adults at least 15 years of age by creating time-series data from five national cross-sectional health surveys: 1957–1958 (100,000 adults), 1971–1975 (14,655 adults), 1988–1998 (18,011 adults), 1999–2002 (12,336 adults) and 2009–2012 (10,522 adults). Birth cohort analysis was used to isolate age and cohort effects. Geographic and socio-demographic vari-



Researchers predict that the number of people in the United States with tooth loss will be 30 percent lower in 2050 than it was in 2010. Photo/Dana Rothstein, www.dreamstime.com

ation in prevalence were investigated using a sixth U.S. survey of 432,519 adults conducted in 2010. Prevalence through 2050 was projected using age cohort re-

gression models with simulation of prediction intervals.

- See EDENTULISM, page A5

AD

Secure your future in these difficult times!

Modern Advances, Techniques and Procedures that will dramatically enhance the lives of you and your patients!

NEW BRAUNFELS, TX

October 24 & 25, 2014

SAN FRANCISCO, CA

November 14 & 15, 2014

FORT LAUDERDALE, FL

November 21, 2014

Limited Seating

Please register early to avoid disappointment.
Dates and Locations subject to change.
Please call to confirm dates.

Presented by



Five ways to register:

Email: ce@aurumgroup.com

Phone: 1-800-363-3989

Fax: 1-888-747-1233

Mail: 1320 N. Howard
Spokane, WA 99201-2412

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
fmichmershuizen@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

Will Kenyon w.kenyon@dental-tribune.com

MARKETING DIRECTOR

Anna Kataoka a.kataoka@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

Published by Tribune America

© 2014 Tribune America, LLC
All rights reserved.

Dental Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please contact Managing Editor Robert Selleck at r.selleck@dental-tribune.com. Dental Tribune cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Tribune America.

EDITORIAL BOARD

Dr. Joel Berg
Dr. L. Stephen Buchanan
Dr. Arnaldo Castellucci
Dr. Gorden Christensen
Dr. Rella Christensen
Dr. William Dickerson
Hugh Doherty
Dr. James Doundoulakis
Dr. David Garber
Dr. Fay Goldstep
Dr. Howard Glazer
Dr. Harold Heymann
Dr. Karl Leinfelder
Dr. Roger Levin
Dr. Carl E. Misch
Dr. Dan Nathanson
Dr. Chester Redhead
Dr. Irwin Smigel
Dr. Jon Suzuki
Dr. Dennis Tartakow
Dr. Dan Ward

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Dental Tribune? Let us know by sending an email to feedback@dental-tribune.com. We look forward to hearing from you!

If you would like to make any change to your subscription (name, address or to opt out) please send us an email at c.maragh@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to six weeks to process.

Registration open for GNYDM programs and events

Greater New York Dental Meeting schedules new offerings for 2014 event

Online registration for Greater New York Dental Meeting courses and events is now open at www.gnydm.com.

You can browse through details covering more than 300 seminars, hands-on workshops, essays and “live” patient demonstrations.

Additionally, the 2014 printed Program & Exhibit Guide is being mailed and should arrive by Labor Day.

Many new events

A number of new events are on the schedule for 2014. Among the highlights:

- *The World Implant Expo, four days of innovations in implantology.* This new event will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3.

- *An expanded ColLABoration Dental Laboratory Meeting.* Bringing together dentists and lab technicians, this meeting, is expected to surpass its inaugural 2013 numbers: 1,183 technicians and technician students and 50 exhibitor booths.

- *An expanded exhibit floor with more than 1,700 exhibit booths filled by more than 700 companies.* The 2014 GNYDM exhibit hall dates are Nov. 30 through Dec. 3.

Again for 2014, the GNYDM, which is sponsored by the New York County Dental Society and Second District Dental Societies, will remain free of any registration fee. Other distinctions that help make the GNYDM stand out include:

- This is the only major annual dental meeting with a four-day exhibit hall.
- The meeting features more than 300 educational programs.
- One C.E. unit can be earned simply by exploring the exhibit floor.
- The live dentistry arena on the exhibit floor features eight live patient demonstrations during the course of the meeting. There is no admission charge.
- Multilingual programs are presented in Spanish, Russian, Portuguese, French and Italian.

- A laser pavilion features a variety of educational sessions focusing on all aspects of laser dentistry.

Tickets are required for all free and paid programs with the exception of the alumni/affiliated group programs and the “live” dentistry arena.

Three airports — Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) — and hotel discounts make it easy to attend the meeting and enjoy New York City during the holiday season.

(Source: Greater New York Dental Meeting)



2014 Winter Clinic in new Toronto location

The 77th Annual Winter Clinic, the largest one-day dental convention in North America, is on the move, with its 2014 meeting set for Friday, Nov. 14, at the Toronto Sheraton Centre.

This year’s clinical program covers a broad spectrum of topics, including an examination of the way digital technology is transforming workflow; demonstrations of cutting-edge tools and equipment; specialized techniques for prosthetic tooth repositioning; the use of lasers in peri-

odontal therapy; a discussion of X-rays as a diagnostic tool; advice on the latest legal requirements for health and safety in the dental office; and how to meet the demands of your modern dental practice through healthy habits and humor.

You can bring the whole team to share the knowledge. The single-day event features 24 separate programs in contemporary dentistry, offering something for all.

(Source: Toronto Academy of Dentistry)

The Toronto Academy of Dentistry Winter Clinic, in the heart of downtown Toronto, packs a full-scale convention into a single-day event. Photo/Provided by www.dreamstime.com.

Core I: Advanced Functional Dentistry —

The Power of Physiologic Based Dentistry

The Future of Dentistry Awaits You

The LVI Core I program encompasses the principles in physiologic restorative concepts creating excellence in care for your patients and prosperity for you. This program will start you on a path to greater understanding and enjoyment of our profession while creating loyal, enthusiastic and grateful patients!

This exciting three-day, hands-on program shows you how to evaluate cases and educate your patients for advanced restorative dentistry and more comprehensive case acceptance. For many of your patients you will learn how to eliminate a lifetime of pain that no other medical professional has been able to address, and for some learn how you can actually save their lives!

In essence, become a mouth doctor with ability to do things you never were taught in dental school. You have patients in your practice RIGHT NOW that can benefit from these concepts and you have the opportunity to change their lives starting the day you return to your office.

Dr. Bill Dickerson, Dr. Heidi Dickerson and Dr. Mark Duncan will present this information in a practical, easy to understand manner where you will feel comfortable presenting these exciting and practice building new options to your patients on Monday. Don't miss this golden opportunity to find out about this incredible world of dentistry that awaits you!

Core I guarantee: We are so sure you will be satisfied with this course that we offer a money back guarantee!

“LVI has given me a new driving force in my career. It has recharged my enthusiasm for dentistry and made me realize that my career choice was not a mistake.”
—Dr. Charles Shin, Stouffville, ON

“I wish I would have attended LVI earlier in my career. I still have time to make a difference but this info is too valuable to not be used throughout an entire dental career.”
—Dr. Tim Stirneman Algonquin, IL

“Not only did I learn what I didn't know about dentistry, I learned how to help my own long history of pain in the head and neck. Thanks for the missing link.”
—Dr. Paul Bell, Denver, CO

Upcoming 2014 DATES
 October 1-3 - LVI (Las Vegas)
 December 10-12- LVI (Las Vegas)

Upcoming 2015 DATES
 February 25-27
 April 22-24
 September 23-25
 December 2-4

TO REGISTER
Email Concierge@lviglobal.com or Call 888.584.3237
www.LVIGlobal.com

Follow LVI TV for your weekly dental news @ youtube.com/user/lvity

ADA CERP® | Continuing Education Recognition Program
Las Vegas Institute for Advanced Dental Studies, LVI Global, is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp.

Academy of General Dentistry Approved ACE Program Provider
 FAGD/IMAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.
 6/1/11-5/31/15

Program Approved for Continuing Education

A member of the Centers for Disease Control and Prevention team leads a training session on Ebola infection control in Lagos, Nigeria, on Aug. 11. Health officials say the Ebola outbreak in West Africa is the deadliest ever.

Note that the instructor has donned the personal protective equipment needed to avoid viral contamination when in contact with infected patients: head-to-toe white impermeable suite, goggles, filtered breathing mask and blue rubber gloves.

Photo/Benjamin Park, provided by CDC



◀ EBOLA, page A1

outbreak of Ebola virus infection is a perfect storm created by a lethal combination of some of these factors and also including rampant deforestation, poverty and the war-stricken situation in many African countries.

So how does Ebola spread? According to World Health Organization reports, Ebola virus disease (EVD) is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. Human-to-human transmission is through direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids, such as saliva, of infected people, and indirect contact with environments contaminated with such fluids.

Transmission through the air has not been documented in the natural environment, nor have there been any case reports of transmission through saliva contamination. Infection in health care settings has been due to health care workers treating patients with suspected or confirmed EVD, especially when infection control precautions were not strictly practiced. Reports indicate that those who recovered from the disease could transmit the virus through their semen for up to two months after recovery.

EVD is a severe acute illness characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, impaired kidney and liver function, and both internal and external bleeding in some cases. Oral manifestations, such as acute gingival bleeding, have been reported. The mortality rate of EVD is very high and 50–90 percent of patients die owing to the profound systemic hemorrhage or its complications. The incubation period of EVD is two to 21 days.

Up to now, there have been no reported cases of transmission of EVD in any dental settings. However, the fact that it is transmitted through human secretions, which includes saliva, and that the incubation period could last up to 21 days implies that dental care workers in the endemic areas of the virus, such as West Africa and sub-Saharan Africa, may run the risk of acquiring the disease if strict standard infection control measures are not routinely followed.

In dentistry, we are constantly exposed to these emerging and re-emerging infectious threats, and we cannot afford to let our guard down. Vigilance, awareness and good clinical practice with standard infection control at all times are fundamental to prevention, as-yet-unimagined new diseases surely lie in wait. Although we have made spectacular technical and scientific advances since the release of the original IOM report some two decades ago, it appears that humans are still defenseless in the face of the relentless march of our microbe foes.

AD



ELEVATE your expertise

A TWO DAY COURSE, 11 CE CREDITS
SPONSORED BY MICRODENTAL

In this exciting regional course, attendees will learn how to:

- Identify the relationship between occlusion, esthetics, airway and overall patient wellness
- Utilize modern techniques and technologies for analyzing and simplifying occlusion
- Employ a comprehensive patient exam to enhance the lives of patients and strengthen your practice
- Understand the latest principles of smile design, prep and cementation
- Discuss the TENS bite technique
- Recognize the risks of obstructive sleep apnea and treatment options

TO REGISTER OR FOR FULL COURSE DETAILS

Call MicroDental at 925.803.8618 or email
Events@MicroDental.com

LOCATIONS & DATES

Cincinnati, OH: 9/19-9/20
Ottawa, ON, Canada: 10/17-10/18



This activity is supported by funding from MicroDental Laboratories. Ivi Global has a number of corporate partners who contribute products and services that enhance the educational experience of those attending Ivi Global courses and events, which are disclosed to participants at the activities.

MICRODENTAL
LABORATORIES



LAKSHMAN SAMARANYAKE, HON DSC, BDS, DDS (GLAS), FRCPATH, FDSRCSE (HON), FRACDS, FCDShK, FHKCPATH, FHKAM, is head and professor of oral microbiomics and infection at the University of Queensland School of Dentistry in Brisbane, Australia. He can be reached at dent.execassistant@uq.edu.au.

Obsessive quality control starts at molecular level

DENTSPLY Pharmaceutical controls quality at every step, all the way to your office door

**AAP
BOOTH
NO. 809**

By DENTSPLY Pharmaceutical Staff

For more than 100 years DENTSPLY International has been supporting dentists worldwide in their profession.

The company's trusted and comprehensive range of anesthetics enables dentists and hygienists to start every procedure right. DENTSPLY Pharmaceutical ensures quality at each step of the product's journey — from collection of active molecules all the way through to when the packages arrive at your office.

Each cartridge is twice sterilized with sterilizing filter followed by autoclave method.

Cartridges are then visually inspected with electronic laser for defects and impurities, including but not limited to: cracks, foreign particles, color and density, *et al.* Each cartridge is mylar-pack labeled to restrain the individual pieces in case of a break — thus avoiding any injuries. Each set of 10 cartridges is then blister packed to avoid breakage.

Finally, each cartridge is color coded as per industry standard ADA system.



Ensuring quality of DENTSPLY pharmaceuticals begins when collecting active molecules and continues through double-sterilization of cartridges, laser inspection for defects, safety-focused individual packaging and breakage-avoidance shipping. Photo/DENTSPLY International

← EDENTULISM, page A2

Across the five-decade observation period, edentulism prevalence declined from 18.9 percent in 1957–1958 to 4.9 percent in 2009–2012. The single most influential determinant of the decline was the passing of generations born before the 1940s, whose rate of edentulism incidence (5–6 percent per decade of age) far exceeded that of later cohorts (1–3 percent per decade of age). High-income households experienced a greater relative decline, but a smaller absolute decline, than did low-income households.

By 2010, edentulism was a rare condition in high-income households and had contracted geographically to states with disproportionately high poverty. With the passing of generations born in the mid-20th century, the rate of decline in edentulism is projected to slow, reaching 2.6 percent (95 percent prediction limits: 2.1 percent, 3.1 percent) by 2050. The continuing decline will be offset only partially by population growth and population aging, such that the predicted number of edentulous people in 2050 (8.6 million; 95 percent prediction limits: 6.8 million, 10.3 million) will be 30 percent lower than the 12.2 million edentulous people in 2010.


“While it’s encouraging to know that this study by Dr. Gary Slade illustrates a steep decline in U.S. edentulism over the past five decades, these health gains in absolute terms have not been distributed equally,” said American Association for Dental Research President Dr. Timothy DeRouen. “Additional public health measures must be taken to reduce tooth loss in low-income populations.”

The paper, titled “Projections of U.S. Edentulism Prevalence Following Five Decades of Decline,” was published online on Aug. 21 in the Journal of Dental Research ahead of print. The journal is a publication of the International Association for Dental Research (IADR) and the American Association for Dental Research, a division of the IADR. The IADR is a nonprofit organization dedicated to advancing research and increasing knowledge for the improvement of oral health, among other objectives.

(Sources: University of North Carolina at Chapel Hill and the International Association for Dental Research)


AD

MAKE THE INTERNET WORK FOR YOUR PRACTICE



97%

of patients would rather click than call the practice for information




90%

of online users are influenced by online reviews when deciding whether to purchase a product or service




61%


of patients leave your site if it's not mobile friendly




Your trusted partner to Integrate and Energize all of Your Digital Communications to Drive More New Patients and Increase Production




Website Design




SEO



Social Media



Patient Communications




Healthgrades

Find out more at the ADA Booth 4349

866.489.7778

sesamecommunications.com



PIEZOSURGERY[®] *touch*

by **mectron**

medical technology

INDICATIONS INCLUDE:

Implant Site Preparation
Atraumatic Extractions
Lateral Sinus Elevation
Crestal Sinus Elevation
Ridge Expansion
Block Grafting
Corticotomy
Apicoectomy
Tori Removal
Crown Lengthening
Harvest Particulate Bone
Root Scaling and Planing
Retrograde Endodontics

Get a special deal on your new
Piezosurgery[®] Touch
at the
AAOMS Booth #743
AAP Booth #527!



www.piezosurgery.us
www.odontotrade.com
(614) 459-4922

 **PIEZOSURGERY[®]**
INCORPORATED

1.1-ounce camera system records your perspective in 1080p HD

AAP
BOOTH
NOS. 632
& 1512

The NanoCamHD system also includes 2.5x, 3.5x and 4.5x lens systems to match your loupe's magnification to capture your true point of view.
Photo/Designs for Vision



Designs for Vision's NanoCamHD also lets you grab high-def still images live or later

Designs for Vision's new NanoCamHD™ records digitally at 1080p high-definition resolution. The NanoCamHD records magnified HD images from your perspective. The complete system includes 2.5x, 3.5x and 4.5x lens systems to match the magnification you are using — providing a true user's point of view.

As an added feature, still photographs can be taken from live video feed or during playback mode. The video or still images can be uploaded into a patient file, included in a presentation or course or shared with a colleague or laboratory for collaborative consultations.

Camera and mini LED headlight attach to loupe or headband

The NanoCamHD complete system includes a color corrected ULTRA Mini LED DayLite® headlight. The combination headlight/NanoCamHD weighs 1.1 ounces and can be attached to your loupes or can be worn on a lightweight headband.

The system also includes a foot pedal to enable hands-free operation of the NanoCamHD. Record/pause, mute/unmute and still photography are controlled by the operator hands-free via the foot pedal.

For best results, Designs for Vision recommends that users combine the NanoCamHD with the company's dental telescopes. Matching true magnification levels of 2.5x, 3.5x or 4.5x will produce the most realistic simulation from the user's perspective, according to the company. The NanoCamHD can also be attached to the new Nike® Retro frames or the new DVI Sport frames.

At the AAP annual meeting

To "See the Visible Difference®" yourself, you can visit Designs for Vision in booth No. 632 (level 1) or booth No. 1512 (level 2) at the American Academy of Periodontology annual education meeting, Sept. 19–22 in San Francisco

Source: Designs for Vision

AD

TORONTO ACADEMY OF DENTISTRY 77th ANNUAL WINTER CLINIC IS ON THE MOVE FRIDAY, NOVEMBER 14, 2014



CONTINUING EDUCATION FOR THE ENTIRE DENTAL TEAM

TORONTO CENTRAL DENTAL SOCIETY
TORONTO EAST DENTAL SOCIETY
NORTH TORONTO DENTAL SOCIETY
WEST TORONTO DENTAL SOCIETY

For more information visit us at
www.tordent.com



Winter Clinic 2014 is the opportune time for the entire dental team to network with colleagues in an engaging environment.

Get ready for the latest trends, techniques and technologies presented by a host of high level professionals.

Now in its 77th year, Winter Clinic is the most information-packed, dynamic program ever. Look forward to an exceptional line-up of sessions including **Core1** programs delivered by noted professionals in the dental industry.

Winter Clinic is your last opportunity to choose from a variety of **CE** credits before year end.

Mark Your Calendars today for Friday, November 14th, 2014. Toronto Sheraton Centre

Look for our regular updates in Oral Health and Oral Hygiene magazines and our website www.tordent.com. Join our Facebook page for updates and engage your peers in conversation.

See you at the Toronto Sheraton Centre!



<https://www.facebook.com/TorontoAcademyOfDentistry>

right anesthetic from DENTSPLY.



DENTSPLY
PHARMACEUTICAL

Your trusted partner in dental anesthetics