

IMPLANT TRIBUNE

CHEWING GUM ALERTS IF IMPLANT IS AT RISK?

German researchers aim to create a chewing gum that warns of inflammation.

► page B1



ENDO TRIBUNE

MANAGING SODIUM HYPOCHLORITE

NaOCl has advantages, but its use must be exercised with caution.

► page C1



HYGIENE TRIBUNE

OLDER ADULTS FACING ORAL-HEALTH CRISES

Wisdom Tooth Project aims to close gaps in dental care and oral-health awareness.

► page D1



15,000-patient study links periodontitis to heart disease risk

European Society of Cardiology latest to show possible association

Periodontal disorders such as tooth loss and gingivitis have been identified as potential risk markers for cardiovascular disease in a study released in April. More than 15,000 patients with chronic coronary heart disease provided information on their dental health, with results showing that indicators of periodontal disease were common in this patient group and associated with cardiovascular risk factors.

Conversely, a lower prevalence of tooth loss was associated with lower levels of CVD risk factors, including lower glucose levels, low-density lipoprotein cholesterol levels, systolic blood pressure and waist circumference. Diabetes and smoking were also less prevalent among patients with more teeth, while likelihood of higher education, alcohol use and work stress was greater.

The report, published in the European Journal of Preventive Cardiology, summarized information on self-reported dental health from a clinical trial involving 15,828 participants from 39 countries all with chronic coronary heart disease and

at least one additional risk factor for CHD. All participants had a physical examination and blood testing, and they completed a lifestyle questionnaire that included information on dental health. Participants reported their remaining number of teeth (none, 1-14, 15-20, 21-25, or 26-32/all) and frequency of gum bleeding (never/rarely, sometimes, often or always).

Results showed a high overall prevalence of tooth loss: 16 percent reported having no teeth, 41 percent reported having fewer than 15 remaining teeth, and 26 percent reported gum bleeding when brushing. However, there was some variation in results depending on region, country and ethnic group, with the highest rates of tooth loss and gum bleeding found in Eastern Europe. Almost 70 percent of participants were current or former smokers.

Statistical analysis showed that increasing prevalence of tooth loss was significantly associated with higher fasting glucose levels, LDL cholesterol levels, systolic

► See PERIODONTITIS, page A2



CDA Presents, May 15-17, Anaheim

The spring 2014 CDA Presents, at the Anaheim Convention Center (above), is expecting more than 28,000 attendees, May 15-17. The California Dental Association meeting provides opportunities to learn about dentistry's latest clinical and business advancements. A 150,000-square-foot exhibit hall with 600 companies is used every year to launch new products on the West Coast.

Photo/Provided by Anaheim Convention Center

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MEETINGS

A4-A6

- California Dental Association Presents 'The Art and Science of Dentistry' in Anaheim
- Journées dentaires internationales du Québec in Montreal expects more than 225 companies to be represented in its exhibit hall
- Florida National Dental Convention (presented by Florida Dental Association) focuses on treatment planning and more, June 12-14
- Find this year's Toronto Academy of Dentistry Winter Clinic in new downtown Toronto location
- Greater New York Dental Meeting expands 2014 education and exhibit hall offerings

INDUSTRY

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- The NOMAD Pro 2 from Aribex holds its charge longer, is more durable and reliable
- Utilizing a digital workflow for provisionalization with BioTemps from Glidewell Laboratories
- Porter Instrument releases two new nitrous oxide systems designed for today's dental practice
- Flow Dental expands its digital imaging line
- LVI Core 1 three-day course teaches comprehensive patient care processes

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AD

← PERIODONTITIS, page A1

blood pressure and waist circumference. A higher prevalence of gum bleeding was significantly associated with higher LDL cholesterol levels and systolic blood pressure.

According to the authors, the study is the largest of its kind to assess dental disease in coronary patients, and it demonstrates a heavier burden of CVD risk factors and higher levels of biomarkers among those with more tooth loss and gum bleeding, even after adjusting for confounders (such as age, smoking, diabetes and education level).

The findings suggest common risk factors for dental disease and coronary heart disease, and raise the question of whether self-described dental health can now be considered a useful marker of CVD risk.

The observed regional variations in the prevalence of periodontal disease "might partly be explained by regional differences

in CV risk factor prevalence; for instance smoking." However, the authors concede that such differences in prevalence "indicate a complex relationship in which demographic, genetic and socioeconomic disparities are likely contributing factors." Smoking and less education also were associated with periodontal disease.

Lead author Dr. Ola Vedin from the University of Uppsala, Sweden, said, "The evident and consistent relationship between self-reported dental status and CV risk in this population could point toward periodontal disease being a risk factor for incident CHD." However, he added, the observation that poor dental health among chronic coronary patients is linked to a heavier cardiovascular risk burden does not prove a causal link between the two conditions.

Vedin said, "It is still a matter of debate whether periodontal disease is an independent risk factor for coronary heart disease. Some studies point to a moderate asso-

ciation while others are contradictory. Our findings show an association between self-reported periodontal disease and several cardiovascular risk factors and as such lend support to a possible association between the conditions." But he was not ready to advocate rigorous dental hygiene measures as a strategy to reduce cardiovascular risk.

Age and smoking are well known risk factors common to both periodontal and cardiovascular disease — and with established biological explanations. "Our findings also support the notion that periodontal disease and socioeconomic status are closely related," added Vedin.

He and his colleagues were "astonished" by the prevalence of severe tooth loss seen in the study but "puzzled" by the marked differences in prevalence between countries within the same geographical region.

(Source: *European Society of Cardiology*)

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California Dental Association and 'The Art and Science of Dentistry'

'CDA Presents' expects 28,000 dental professionals, May 15-17

With an economy consistently ranked larger than Russia's, it's no surprise that in California dentistry is big business.

Effectively illustrating that point are the two annual meetings of the California Dental Association, both of which compare in many ways to the biggest dental meetings in North America.

The spring 2014 CDA Presents is expected to attract more than 28,000 dental professionals to the Anaheim Convention Center, May 15-17. The meeting provides numerous opportunities to learn about dentistry's latest clinical, technological and business advancements.

Sprawling exhibit hall

The 150,000-square-foot exhibit hall, expecting to host approximately 600 companies, is used by many dental-product companies to launch hundreds of new tools, materials and services on the West Coast.

Exhibit hall hours are from 9:30 a.m. to 5:30 p.m. on Thursday and Friday and from 9:30 a.m. to 4:30 p.m. on Saturday.

Attendees who are not members of the

California Dental Association and simply want to tour the exhibit hall can register on site for a one-day pass. The cost is \$175 and is valid for Saturday exhibit hall hours only. It is not valid for continuing education courses. To register, you can visit the membership counter during on-site registration hours on Saturday, May 17.

Family friendly

With the attractions of Disneyland in the immediate neighborhood, meeting organizers keep the event family friendly, including family hours in the exhibit hall all three days from 9:30 a.m. to noon.

Children are not allowed in educational sessions, but full- and half-day children's programs are available for a fee for ages 6 months to 6 years and ages 7 to 12 years, in two separate groups. Licensed and bonded child care professionals (with KiddieCorp) will provide age-appropriate activities at the Hilton Anaheim Hotel.

As always, CDA also will offer discounted tickets to Disney attractions. For advance purchase of specially priced resort tickets, you can visit the custom ticket store.

Get the app

By downloading the CDA app you can access meeting schedules, process C.E., read speaker bios and get real-time updates from the convention floor. The app also has maps and information on exhibitors and local hotels. It's a year-round tool, too, enabling you to get CDA news, access practice support information and subscribe to CDA publications.

Links to the various app-platform options (iPad, iPhone, Android, mobile web) can be found on the CDA Presents website, (www.cda.org/about-cda/mobile-apps). You can also stop by the CDA booth (No. 1107) in the exhibit hall to learn more about the app and pick up some CDA swag.

C.E. everywhere

The heart of CDA Presents, of course, are the courses and lectures, most worth C.E. credit. Opportunities include hands-on workshops with cadavers, learning the latest restorative techniques and gaining an international perspective on dentistry with experts from Mexico and Germany.

Among the meeting's many noteworthy



Photo/Provided by Anaheim Convention Center

speakers this year are Pascal Magne, DMD, PhD, professor of esthetic dentistry in the division of restorative science at the Herman Ostrow School of Dentistry at USC, and Gerard Chiche, DDS, who is the Thomas P. Hinman Endowed Chair of Restorative Dentistry and the director of the Center for Esthetic and Implant Dentistry at the Medical College of Georgia School of Dentistry in Augusta.

(Source: California Dental Association)

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JDIQ expects more than 225 companies in exhibit hall

The Journées dentaires internationales du Québec will take place from May 23-27 at the Palais des congrès de Montréal.

Working with the the Association of Prosthodontists of Quebec, this year the JDIQ also will host the Association of Prosthodontists of Canada. This is attracting a larger number of top speakers in

implant and restorative dentistry and attendance by more prosthodontists. The meeting is one of North America's highest-attended dental meetings, and more than 12,000 attendees are expected this year.

Described by organizers as Canada's most highly attended bilingual convention, the meeting will feature a scientific program

with more than 100 lectures and workshops presented in English and French. More than 225 exhibitors will occupy approximately 500 booths in the exhibit hall, making it one of the largest in Canada. The exhibition will be open Monday and Tuesday, May 26 and 27, and it will feature a continental breakfast on both days for the

early risers as well as a wine and cheese reception to close out both afternoons.

For more information about the meeting, you can call (800) 361-4887, visit online at www.odq.qc.ca — or you can send an email to congres@odq.qc.ca.

(Source: Ordre des dentistes du Québec)

Florida meeting focuses on treatment planning, more

The Florida National Dental Convention, hosted by the Florida Dental Association, will take place from June 12-14 at the Gaylord Palms Resort & Convention Center in Orlando, Fla.

This year's scientific program — "Creating a Masterpiece!" — offers more than 93 lectures and 30 workshops, as well as three mini-residencies/mastery series. Because developing a sound comprehensive treatment plan is the cornerstone of a successful dental practice, this year's FNDC continuing education program focuses on that and other aspects of clinical excellence and office concepts to help the entire dental team.

The meeting offers educational opportunities for the entire dental team — hygienists, lab technicians, dental assistants and administrative personnel.

The keynote speakers this year are Dr. Irwin Becker, Kirk Berhendt and Kelli Vrla. The variety of topics include "Ceramic Treatment Options," "Three-Appointment Dentures," "Your Online Checkup" and "A Women's Guide to Health."

In addition, the meeting offers a selection of team courses and a business mastery series designed to improve overall practice management, regardless of current challenges or success.

The meeting's "live dentistry" courses will provide first-hand knowledge of innovative, proven clinical techniques. And workshops will provide tools you can immediately put to use the day you're back at work following the meeting.

Included in the speaker lineup is Dr. Samuel Low sharing his expertise with "The New Periodontal Disease: Inflam-

matory and Risky." Dr. Nader Sharifi will present "Anything but the Denture" as a lecture and workshop. And Dr. Gerard Kugel presents a the lecture/workshop combination, "The Do's and Don'ts of Porcelain laminate Veneers."

The meeting makes a point of keeping the cost of the C.E. programs as affordable as possible; and all are designed to directly improve both clinical knowledge — and a practice's bottom line.

More than 250 exhibitors will be in the exhibit hall, which will be open from 9:30 a.m. to 5:30 p.m. on Thursday and Friday, and from 9:30 a.m. to 2:30 p.m. on Saturday.

New this year, attendees will be able to schedule one-on-one sessions prior to the meeting with specific exhibitors. Appointments can range from 10 to 15 min-

utes. Attendees who complete six or more appointments during the three days will be entered to win one of five \$200 American Express gift cards.

The FNDC also will host a number of evening social events. Thursday will feature a performance of "Karaoke Live" with you and your team as the entertainment. "Fan Frenzy" will be on Friday, giving you the chance to show your team spirit at an ultimate tailgate with activities for the entire family.

The social activities are capped off on Saturday with an evening at Epcot.

For more information about the convention, you can call (850) 681-3629, email fndc@floridadental.org, or visit online at www.floridadentalconvention.org.

(Source: Florida Dental Association)

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Find this year's Winter Clinic in new Toronto location



The Toronto Academy of Dentistry Winter Clinic, Friday, Nov. 14, has a new home: the Toronto Sheraton Centre in the heart of downtown Toronto. Photo/Provided by Starwood Hotels & Resorts Worldwide Inc.

The 77th Annual Winter Clinic is on the move, with its 2014 meeting day scheduled for Friday, Nov. 14, at the Toronto Sheraton Centre.

The new venue presents a great opportunity to add an evening or even the rest of the weekend in downtown Toronto to the end of the single-day conference. The Sheraton Centre is connected to the financial and entertainment districts by way of the PATH, a 16-mile underground network of shops and services.

A wide selection of shopping destinations, the Mirvish Toronto theatres, world-class dining and major Toronto museums are steps away.

Among the attractions: Art Gallery of On-

tario, Royal Ontario Museum, Hockey Hall of Fame, Harbourfront, Casa Loma, Ontario Science Centre, Niagara Falls, Casino Niagara, Casino Rama, Ontario Place, Air Canada Centre, Rogers Centre (formerly SkyDome), Eaton Centre, Holt Renfrew and Yorkville Shopping District.

The Winter Clinic is the largest one-day dental convention in North America, attracting dental professionals who come to learn from world-class speakers and explore and save on products and services.

This year's clinical program covers a broad spectrum of topics and includes: an examination of the way digital technology is transforming the workflow in the dental office; demonstrations of cutting-edge

tools and equipment; specialized techniques for prosthetic tooth repositioning; the use of lasers in periodontal therapy; a discussion of current views on the use 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 humour.

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.

Learn more and register for the meeting by visiting www.tordent.com.

(Source: Toronto Academy of Dentistry)

Greater New York Dental Meeting expands 2014 offerings

By Jayme McNiff Spicciatie
Program Manager, GNYDM

Among the many reasons to attend the 2014 Greater New York Dental Meeting:

- It's the only dental meeting with a four-day exhibit hall.
- There are more than 300 educational programs.
- You can earn C.E. by exploring the exhibit floor.

- The exhibit hall features eight live-dentistry demonstrations.

- There are bilingual programs with real-time translation in Spanish, Russian, Portuguese, French and Italian.

- A laser pavilion focuses on all aspects of laser dentistry.

In addition to the above, the meeting this year has added a number of new events:

- *The World Implant Expo, four days of*

innovations in implantology will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3.

- *An expanded CoLABoration Dental Laboratory Meeting, connecting dentists with lab technicians, expects to attract more than 1,100 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 will run from Nov. 30 through Dec. 3.

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

To preregister for the meeting or to get more details, you can visit the website www.gnydm.com.

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For almost a decade, Aribex has been quietly ripping the X-ray system off the wall and putting it into the hands of the dental team. Aribex manufactures a handheld, completely mobile X-ray system called the NOMAD.

According to the company, one NOMAD does the work of multiple, wall-mounted X-ray systems, which can save the typical dental practice thousands of dollars in equipment costs. Moreover, because the NOMAD enables dental team members to safely and effectively stay with their patients during X-ray procedures, a bitewing series can be completed in half the time required by a wall-mounted system.

Unlike conventional wall-mount and portable X-ray systems, the NOMAD is lightweight, rechargeable (battery-powered) and can go anywhere. Dental professionals around the world have been choosing the NOMAD as their preferred X-ray device, in and out of the office, with almost 13,000 NOMADs now in use.

Building upon the successes of previous innovation and design, Aribex recently introduced the NOMAD Pro 2, providing the same mobile convenience and cost savings as previous models while increasing durability and performance.

"The Pro 2 is exactly what our customers want," said Ken Kaufman, general manager of Aribex. "We asked our customers how we could improve our marquee product. We listened, designed prototypes, asked for feedback and iterated until we met their requests. The end result of all of that hard work is the Pro 2. It's simply the world's best handheld X-ray system yet."

The newly designed battery handset, with infrared connectors, together with a new charging cradle, improves the system's durability and boosts battery performance. "One consistent comment we heard from our customers focused on the charging station," said Kaufman. "Our engineers spent hours working with customers, researching new solutions. Our final design is a big improvement, and our customers will agree."

Durability also is enhanced by a re-engineered user interface that is more scratch and moisture resistant. "The operator environment can be hard on equipment, particularly with our products that are easily carried from operator to operator," said Kaufman. "The NOMAD Pro 2 will stand up to repetitive antiseptic and cross-contamination control."

Use your old NOMAD Dental to save on (or win) a new NOMAD Pro 2

If you have an old, 8.5-pound, working NOMAD Dental, and the improved, sleeker, 5.5-pound NOMAD Pro 2 sounds appealing, visit www.aribex.com/trade-in to learn how you can get a \$1,400 rebate when you trade in for a NOMAD Pro 2. Trade in the oldest working NOMAD out there, and you'll be in the running to win a free NOMAD Pro 2.

To learn more, contact your equipment dealer, an Aribex sales representative or visit www.aribex.com. "We're excited to show our customers our new innovations and enhancements," said Kaufman. "We invite our customers to visit our exhibit at booth No. 1547 at the CDA Presents spring meeting for a special demonstration of our new NOMAD Pro 2."

(Source: Aribex)

The NOMAD Pro 2 has a newly designed battery handset with infrared connectors that in tandem with a new charging cradle improves the system's durability and boosts battery performance. Your old, working 8.5-pound NOMAD Dental can earn you a \$1,400 rebate as a trade-in. Visit www.aribex.com/trade-in to learn more. Photo/Provided by Aribex

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Fig. 1: Preoperative photograph of the patient's existing longspan PFM bridge. Note the bulky and gray margins, unesthetic contours and 'patch' composites used to repair areas of chipped porcelain.



Fig. 2: The original abutment preps are cleaned and reduced to the appropriate margin thickness.

Photos/Provided by Glidewell Laboratories

By Tarun Agarwal, DDS, PA

CDA
BOOTH
NO. 1474

Today's digital impression technology enables dentists to create a virtual, computer-generated replica of the hard and soft tissues in the mouth quickly and accurately using their choice of optical scanning device. As an ardent supporter of digital impressions, I make every attempt to digitize our restorative workflow. There are numerous benefits to a digital impression:

- *Efficiency:* It takes less time to take a digital impression than a traditional impression.
- *Quicker turnaround time:* Clinicians often forget or fail to realize the true value of this. Getting restorations back faster is better for the patient, the practice and the overall case outcome.
- *Cost savings:* Have you ever calculated the cost of taking a traditional impression for a final restoration? If you add up what your office spends on impression materials, chair time and case shipping fees, you will be amazed at how much is spent on traditional methods.

Case presentation

The female featured in this article has been a patient in our practice for nearly eight years. She has a porcelain-fused-to-metal bridge from tooth #5 to #12 replacing missing #7 to #10. She is not terribly unhappy with the look and feel of the bridge, but the bridge has been no stranger to the big issue facing PFM restorations: the chipping of porcelain from the metal substructure. During the past eight years, we have patched various corners and lingual surfaces.

Recently, the patient agreed to replace her long-span PFM bridge with an implant-supported bridge on #7 to #10 and individual crowns on the abutment teeth. However, she was adamant about not going a day without teeth. We advised her that this would not be an issue.

Because of the complexity of her implant surgery, immediate loading was not possible. This meant we needed a long-term esthetic provisional that would last the duration of the treatment, could be removed for surgery and was adjustable for post-surgical contouring. A BioTemps® provisional bridge (Glidewell Laboratories; Newport Beach, Calif.) was the quick and easy answer.

Traditionally, BioTemps are made prior to preparation and relined chairside. In this case, I wanted to have the BioTemps made to fit the final preparations of the abutment teeth, which would later be converted to individual restorations. As an advocate of digital impressions, I chose to follow a digital workflow.

The provisional BioTemps bridge offers the following important advantages in this case:

- 1) *Trial smile:* The patient gets a "trial" of

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Porter Instrument releases new nitrous oxide systems

Porter Instrument has released two new nitrous oxide systems.

Porter Digital MDM

Porter Digital MDM is the company's newest cabinet-mount nitrous oxide flowmeter system. According to the company, it has the smallest footprint in the industry, with remote control panel dimensions that are less than 8 inches long by 3 inches high — important because contemporary cabinet designs in offices today place a premium on space. According to Porter, the Porter Digital MDM makes it easy to design-in or add nitrous oxide into any dental office.

The extremely small footprint and remote faceplate enable the convenience and flexibility of multiple installation options. The faceplate can easily fit into convenient locations in cabinets, under counters, on counter tops, and in walls (its dimensions are 7.875 inches long by 2.75 inches high by 1.25 inches deep).

The Porter D-MDM digital control system delivers the precise percentage and volume mix of nitrous oxide and oxygen with the touch of a finger.

Porter Sentry Sedate

Sentry Sedate is the company's newest portable nitrous oxide sedation system. According to the company, the Sentry Sedate packages Porter quality and its precision flowmeters into a sleek, contemporary system to provide an upscale, reliable mobile nitrous oxide sedation option for dental offices.

The top working surface allows for improved utilization of floor space in the operatory. Dual locking doors provide security and hide the often-unsightly gas cylinders supplied by the gas company.

The cast-aluminum and steel construction makes the system extremely durable — but also incorporates the precision and safety that Porter is known for.

Flowmeter options include the Porter MXR-1 analog or Porter MXR-D analog/digital hybrid systems.

Features include: top working surface, dual locking doors for security and sim-



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licity of cylinder placement, dual handles for easy movement and positioning, four cylinder swivel yoke block (two O₂ and two N₂O), large locking wheels for stability and ease of movement, bag tee quick disconnect, storage bag and options for automatic vacuum switch or in-line vacuum

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Learn more by contacting your authorized Porter dealer or Porter sales representative, or visit www.porterinstrument.com/dental, or contact Porter customer service at (215) 723-4000.

(Source: Portal Instrument)

The Porter Sentry Sedate (above) is Porter Instrument's newest portable nitrous oxide sedation system. The company's newest cabinet-mount nitrous oxide system, the Porter Digital MDM, has a remote faceplate (above left) that can fit virtually anywhere in the operatory.

Photos/Provided by Porter Instrument

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the new contours. Any modifications to length or contour can be made chairside, avoiding costly remakes and unhappy patients.

2) *Long-term durability:* This case's complexity requires treatment taking more than 12 months. An acrylic provisional fabricated chairside won't hold up this long.

3) *Removability:* For implant surgery, the specialist will need the ability to remove and re-cement the provisional with relative ease.

4) *Adjustability:* The necks of teeth #7 to #10 will need to be adjusted after surgery to remove any pressure to the surgical sites. BioTemps are easily adjusted.

5) *Surgical assistance:* The contours and esthetics of the BioTemps will serve as a "guide" to the surgeon for grafting and placement of the implants.

As this case illustrates, digital impressions are not just limited to final restorations, and certainly not just to single units. It's time for you to take a closer look at digital restorative technologies and see how they can benefit your practice and your patients.



Fig. 3: A digital impression is taken using the CEREC Omnicam (Sirona Dental Systems Inc., Charlotte, N.C.). This occlusal view illustrates how precisely the Omnicam captures a full-color digital impression.



Fig. 4: Labial view of the abutment teeth preparations captured with the CEREC Omnicam. An added benefit of digital impressions is that changes don't require an entire new impression — only a new digital capture of the changed area.



Fig. 5: The BioTemps bridge at delivery, seated with provisional cement.

About the author

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