GNYDM PREVIEW

DENTAL TRIBUNE

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

NOVEMBER 2011 www.dental-tribune.com VOL. 6, NO. 17

Sum of its parts
NSK's many parts add up to powerful presence.
▶ page 12A

IMPLANT TRIBUNE
The World's Implant Newspaper · U.S. Edition

AAID celebrates 60th
Group's longevity recognized at 2011 meeting.
▶ page 1B

ENDO TRIBUNE
The World's Endodontic Newspaper · U.S. Edition

Striking it rich in Vegas
Endodontists find plenty of action at ADA session.
▶page 6C

ADA, AGD challenge survey's take on non-dentist care model

By Fred Michmershuizen, Online Editor

The W.K. Kellogg Foundation recently released survey results claiming that the majority of Americans support new non-dentist mid-level provider models to address the shortage of access to care. In response, the American Dental Association (ADA) and the Academy of General Dentistry (AGD) issued statements challenging the methodology used for the survey.

The survey asked if Americans support or oppose "training licensed dental practitioners to provide preventive, routine dental care to people who are going without care," and the majority of respondents said yes.

"The Kellogg Foundation's narrow focus on a single idea — so called 'dental therapists' — and its claim that a vast majority of Americans favor creating dental therapists lacks credibility," said outgoing ADA President Raymond F. Gist.

→DT page 2A

GNYDM: Nov 25–30
Friday to Wednesday

The holiday season in Manhattan awaits you as backdrop to the Greater New York Dental Meeting. Use the opportunity to get your shopping wrapped up early; make a beeline to your favorite museum exhibit; and while you're at it, recharge your passion for your profession and gain enough new insights to ensure your business's success in 2012. (Photo/ Provided by Julienne Schaer, NYC & Company)

→ See page 8A

Dental relief in Japan

An interview with Ella Gudwin of AmeriCares

By Daniel Zimmermann, Dental Tribune International Group Editor

With relief efforts in Japan slowly coming to an end, news concerning the natural disaster has become scarce. However, Dental Tribune Asia Pacific found that a large number of relief organizations are still operating in the affected areas to help restore much-needed infrastructure such as dental clinics.

Dental Tribune had the opportunity to speak with Ella Gudwin, vice-president of emergency response at AmeriCares (based in Stamford, Conn.), about the dental needs of the population in the aftermath of the disaster and why organizations such as hers are necessary for a successful reconstruction process.

Ms. Gudwin, you are coordinating the relief efforts of your organization in the aftermath of the earthquake/tsunami disaster in Japan.

→DT page 2A

← DT page 1A AmeriCares

What is the current situation there?
Ella Gudwin: The last time I went to the Miyagi Prefecture was in June and at the time there were mixed feelings about the progress.

Now, with the country entering the reconstruction phase, new issues are arising as decisions are made about where the communities will be built and how they will be set up.

While it is good news that people in the affected areas are finally being moved from the shelters to temporary housing facilities, the process has been difficult for some survivors, especially many elderly people who are not very fond of the idea of being separated from their old communities.

→ DT page 3A

AmeriCares personnel deliver aid to evacuation centers in the early days of the disaster. (Photo/Provided by AmeriCares)

← DT page 1A Survey

"Kellogg's survey question regarding dental therapists implied that care by therapists would somehow cost less than care by dentists. We know of no data to support this. If such data exists, Kellogg should release it."

"The manner in which the questions were posed may have caused some confusion among the public responding to the survey," said AGD President Howard Gamble, DDS, FAGD. "Members of the public may not have been aware that the question was referring to supporting or opposing 'non-dentist mid-level providers.'

"Mid-level providers do not have the same level of education as a dentist; they are non-dentists with as little as two years of post-high school training to perform clinical dental procedures that may be irreversible, on populations with the most complex health conditions, without the direct supervision of a dentist," Gamble said. "Therefore, these midlevel providers could be putting the patient's oral and overall health at risk, and that is a concern to the AGD."

Based on a poll of 1,023 adults, the survey, conducted by Lake Research Partners, found that more than 80 percent of Americans believe it is difficult for people to get free or low-cost dental care in their communities, and think the number of Americans who cannot access dental care is a problem.

"This survey clearly shows that people throughout the country are struggling to get dental care," said Sterling K. Speirn, president and CEO of the W.K. Kellogg Foundation. "We know the impact that poor oral health has on overall health and well-being, so we must look at using midlevel providers, such as dental therapists, to ensure that children can get the preventive dental care they need."

The survey also found that while most Americans value regular dental care, four in 10 lack dental insurance. Those most likely to be putting off care due to cost are those with annual incomes of less than $30,000 (55 percent), those without dental insurance (54 percent), and those with a high school diploma or less (47 percent).

Both the ADA and the AGD support other measures that will increase access to care for all Americans.

"The nation will never drill, fill and extract its way out of what Surgeon General David Satcher, MD, famously called a 'silent epidemic' of oral disease," Gist said. "Oral health education and prevention are the two most important measures that can end that epidemic. Regular care by dentists and their teams will prevent disease from recurring. The ADA believes that everyone deserves a dentist."

"It is unethical and unfair for the underprivileged to be relegated to lesser educated professionals than the rest of the American population," Gamble said. "When it comes to their health, organizations should be working together to create workable and proven solutions needed to improve the health of our fellow Americans."

In November 2010, the W.K. Kellogg Foundation launched a major initiative to improve access to dental care for vulnerable populations. The W.K. Kellogg Foundation is currently working with Ohio, New Mexico, Kansas, Washington and Vermont to establish dental therapists to help expand access to needed dental care. More than a dozen states are considering similar options. DT

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 more articles about? Let us know by e-mailing us at *feedback@dental-tribune.com*. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at *database@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.

Dental Tribune
The World's Dental Newspaper · US Edition

Publisher & Chairman
Torsten Oemus
t.oemus@dental-tribune.com

Chief Operating Officer
Eric Seid
e.seid@dental-tribune.com

Group Editor & Designer
Robin Goodman
r.goodman@dental-tribune.com

Editor in Chief Dental Tribune
Dr. David L. Hoexter
d.hoexter@dental-tribune.com

Managing Editor/Designer Dental Tribune U.S. & Canada
Robert Selleck
r.selleck@dental-tribune.com

Managing Editor/Designer Implant, Ortho & Lab Tribunes
Sierra Rendon
s.rendon@dental-tribune.com

Managing Editor/Designer Ortho Tribune & Show Dailies
Kristine Colker
k.colker@dental-tribune.com

Online Editor
Fred Michmershuizen
f.michmershuizen@dental-tribune.com

Product & Account Manager
Mark Eisen
m.eisen@dental-tribune.com

Marketing Manager
Anna Kataoka-Wlodarczyk
a.wlodarczyk@dental-tribune.com

Sales & Marketing Assistant
Lorrie Young
l.young@dental-tribune.com

C.E. Manager
Christiane Ferret
c.ferret@dtstudyclub.com

Dental Tribune America, LLC
116 West 23rd Street, Suite 500
New York, NY 10011
Tel.: (212) 244-7181
Fax: (212) 244-7185

Published by Dental Tribune America

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 Group Editor Robin Goodman at *r.goodman@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 Dental Tribune America.

Ella Gudwin, AmeriCares (Photo/Provided by AmeriCares)

← DT page 2A

How was the health infrastructure affected by the disaster in the area you are working in?

Secondary and primary care services have definitely been affected most. To give you a number, none of the six dental clinics that existed in Minami Sanriku (coastal town in Miyagi Prefecture) actually survived the disaster. Currently, there are only two temporary dental facilities to serve a population of approximately 10,000 people.

What dental care-related projects are you currently running in Minami Sanriku?

Throughout Japan we are financially supporting the restoration of health services such as mobile and home-based medical care for people still living in temporary housing facilities. In regards to dental care specifically, we are building two dental clinics in Minami Sanriku. It is the first infrastructure reconstruction project we have taken on during this transitional phase.

This is a three-way partnership in which we are providing $200,000 for each structure and clinic interior ($400,000 for both facilities combined), and money from the Japanese government is being used to provide the majority of the equipment and supplies. We selected the site for the clinic after consulting with the Minami Sanriku City Council, which is in charge of the long-term reconstruction planning. The Miyagi Dental Association is working with local dentists to staff and operate the new facilities.

In terms of scale, we are running a smaller operation than many other organizations in the region but we are very targeted and help to get money down to the ground early. We do not know of any other organization focusing on oral health services at the moment, so we are filling a unique gap there.

How important are oral health issues in the affected population?

In the case of natural disasters, oral health often tends to be sidelined as a minor concern but over time, there is usually a slow but significant deterioration of oral health. If you take the demographics of the population in the area we are serving into consideration, which consists of many elderly people with dentures, it has indeed become very important. In addition, there was a lack of running water for almost six months, which had a visible impact on dental hygiene as a whole because people stopped performing daily procedures like tooth brushing.

How has coordination with the local authorities been?

Unfortunately, Japan did not adopt the cluster system established by the United Nations after the devastating tsunami in 2004, which was intended to bring together relief organizations all active in the same sector, such as health or food distribution.

Though the country has a very good mechanism at the macro-level, coordination at the micro-level, e.g. in towns and villages, was rather ad hoc and not as well orchestrated as it could have been.

The further we go now into the reconstruction phase, the more resource gaps are beginning to emerge. In contrast with other organizations, which have tended to send money through intermediaries, we have decided to set up our operational office in Sendai, where we are close to the communities we are serving, and be part of the daily dialogue about what is happening and where the resource gaps really are.

The issue of radiation was highly debated over the course of the disaster due to inconsistent information provided by authorities. How does it affect your work?

Fortunately, our staff in Japan is working outside the no-go zone. Our colleagues there however carry radiation dosimeters and iodide tablets as an emergency precaution. There are also weekly sample checks on water and food, like milk, beef and vegetables conducted by local authorities.

How long do you expect your help to be required?

The clinics are expected to be operational for at least two years — possibly as long as 10 years. As soon as they open, we expect an upswing of visits because the Japanese people place a high value on health care and are accustomed to seeing a doctor more than ten times a year.

Each clinic will have the capacity to treat a maximum of 20 patients per day, although, realistically, we expect them to take care of approximately ten patients per day, depending on the staff available onsite.

Our hope is that this project will help not only to ensure that survivors maintain good oral health, but also to keep them inside the community rather than relocating elsewhere, including the remaining dentists. DT

Marketing your practice on the quick-and-easy

By Sally McKenzie, CEO
McKenzie Management

How many times have you sat down with patients to discuss their treatment plan and they just want a simple fix to the problem. She may need a crown, but keeps insisting that a filling will do. He needs periodontal treatment but promise to just brush better. No matter how you might try to explain the ramifications of such patients' oversimplified decisions, they don't get it. The patients are convinced there must be an easier, cheaper way.

The same can be said for dentists when it comes to marketing. Often they are looking for the cheapest, easiest answer. They don't want to hear that quick and easy isn't the best course of action. They don't want to hear that a one-time ad campaign will not sustain the flow of new patients over the long term — no matter how good "the deal" is. Nonetheless, like the patient who declines appropriate treatment, a few months later the problems for the practice haven't been solved and in many cases they are worse.

Not a blitz or one-time event

The gimmicks will not achieve the results. "If you just purchase this ad campaign, your profits will skyrocket." You'll likely have more patients calling, but it's no guarantee that they will pursue your recommended care. "If you just invest in this new website, you'll have all the patients flocking to your door." Not true, although a website is critical in your overall long-term marketing plan. "Social media is the way to go. All you need is Facebook, Twitter, and email." Those are additional tools in the marketing toolbox, but they are not the only tools you need. "If you just say these words to the patient in the exact order as presented with the correct inflection, they will say 'yes' to treatment every time." While what you say to patients is critical, equally significant is what every member of your team says as well.

Dentists dream of a flood of new patients all clamoring for their care. They imagine treatment acceptance like they've never experienced. They can envision not only meeting their profitability goals, but exceeding them. But few comprehend how critical an ongoing marketing program is in generating the new patients and keeping existing patients interested in practice services. Too many believe that marketing is a one-time event or periodic advertising blitz. In actuality, the successful practices understand that marketing is an ongoing system and is supported with a specific budget.

Effective marketing is hard work. It requires diligence. It's more than a zippy ad or charming logo — although those are important. Marketing is not a single event or one-time "campaign," it is a system. To ensure that the system is effective requires that everyone on staff understand their role in marketing the practice in every patient interaction. More on that shortly; first, effectively marketing dentistry involves a series of fundamental steps, starting with the following.

Five denstistry marketing basics

No. 1. Create Your Brand: Branding is making a statement about who you are — it's your practice name, your logo, and the message that these convey. For example, you see the swoosh on the t-shirt and you immediately recognize it as "Nike." You don't have to spot the name to know that under those golden arches is a Big Mac. These images convey the "brand" that you know and recognize.

Your brand is unique to your practice, and I dare say that it is not the image of an extracted tooth. Rather, your brand should clearly convey a credible and professional image. It is the cornerstone of an effective marketing strategy, which includes everything from letterhead, to brochures, to advertising.

Speaking of advertising: Too often dentists spend thousands in advertising campaigns that are better described as smattering campaigns. They smatter ads here and there with little thought as to whether the ad is targeted to the market the dentist wants to attract.

No. 2. Determine Your Market: Who is your market? Who do you want to be your market? For example, perhaps your practice has focused more on adult patients and high-end procedures, but you would like to expand to include more families. Desire alone won't deliver patients to your door. Understanding the demographics of your community, however, will. At a minimum, they will help you to best target your advertising efforts to appeal to the specific patient audience you seek to attract.

No. 3. Advertise in Multiple Media: When you have a better understanding of your market, you can make more effective use of your advertising dollars. Advertising comes in many forms, from direct mail, to ads, to social media, to coupons, and the list goes on. There is no single form of advertising that is the "silver bullet." Depending on your patient demographics and the market you want to reach, some forms will be more effective than others. Traditional advertising is the best approach to attract certain patient populations, while social media, including Facebook, Twitter, and YouTube, are more effective for others. The key is understanding what appeals to which patients and using the right advertising mix.

No. 4. Create Your Website: The next item on our list of marketing fundamentals is a customized website that is unique to your practice, not a template; and it is consistent with the look of the rest of your marketing materials. It is the Yellow Pages of the 21st century and it's where patients look first to purchase products and services.

No. 5. It's Not a DIY Job: Dental practice marketing is a team effort. It begins with examining each position in your practice and together with your staff evaluating their role in the overall practice-marketing process. Let me assure you, there is no one on your team who doesn't play a role in marketing. For example, assistants should be doing far more than merely passing instruments and turning over treatment rooms. For starters, they are champions of treatment acceptance. They should regularly emphasize the excellence of care provided. They need to build positive rapport with patients and look for opportunities during conversation to mention other practice services, such as whitening, veneers, implants, etc. They should readily provide educational materials to patients that clearly convey the practice brand.

Do more than just talk marketing, incorporate specific marketing duties into staff job descriptions and evaluate those during performance reviews as you do with other duties. Most importantly, if staff members struggle with their marketing roles, seek training and assistance. Their confidence and success is critical to your "campaign" and your ability to reach your marketing goals over the long-term.

Finally, don't travel the marketing route alone. This essential practice system, when properly funded and supported, will yield true long-term success. To successfully carry out each of these fundamentals as well as an overall effective marketing strategy requires time and the guidance of a dental-practice marketing professional who isn't in it simply to sell you a quick fix and walk away. DT

'Let me assure you, there is no one on your team who doesn't play a role in marketing.'

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist's Network Newsletter at *www.the dentistsnetwork.net;* the e-Management Newsletter from *www.mckenziemgmt.com;* and The New Dentist™ magazine, *www.thenewdentist.net.* She can be reached at (877) 777-6151 or *sallymck@mckenziemgmt.com.*

Cosmetic periodontal surgery: Multiple gingival graft techniques (Part 2)

By David L Hoexter, DMD, FACD, FICD

In today's new information age, patients want a better quality of life. They want to keep their youthful, brighter-appearing smile more than ever; keep their natural teeth; have their teeth feel and look better; and have a glowing smile. In recent years, dentistry seems to be concentrating almost exclusively on accomplishing this "smile" by focusing on the crown portion of the tooth. Restorative materials are creatively being made available to help dentists create the crown's natural coloring, whitening, and hues. The crown has been lengthened, squared, made ovoid, rounded, and shortened. Reproduction of the crown's original shape and color has also been attempted.

Esthetic dentistry must now turn its focus toward achieving an aesthetic totality, not just the perfect crown or restoration. Many materials have been developed to help achieve an artistic tooth color, but the desired aesthetic result still depends on the background accentuating the desired image — something great painters have long known and created in fine oil paintings. This background must drape around and significantly contrast the object to be emphasized. It can make or break the object that clinicians wish people to see. If the background is distracting, the object loses its importance.

For example, cosmetically, if a crown is restored correctly against a healthy, pinkish-white gingiva, the patient's illusionary smooth smile line can be successfully achieved and viewed. However, if that same crown is placed against an unhealthy, inflamed, reddish gingiva, the eye's focus will be toward the unaesthetic area. A porcelain laminate placed against a natural pink gingival is simply more pleasing and compatible to its background.

As mentioned in part one of this series, achieving consistently successful dental aesthetics is mostly a function of creating desired illusions. The first step is ensuring that certain fundamental principles of health are preserved, respected and maintained.

Achieving a healthy periodontia is the prerequisite and basis for sustaining this illustration of oral health. It is essential for restorative aesthetics, as well as natural dentition, enabling clinicians to better their chances for successful restorative results and maintenance of the results. By incorporating the use of tissue colors, hues, shapes, forms, and symmetrical appearances one can achieve and maintain the desired aesthetic goal.

As in other forms of art, a symmetrical appearance tends to focus the observing eye on the overall illusion. Assuming there is no pathology, symmetry of color zones and hue are vital to gain the desired illusion and distract attention from a defective area.

The gingival layer of keratinized tissue is at the margin of natural teeth and around the crowns. The mucogingival junction separates the outstanding color demarcation of the pinkish keratinized attached gingival from the mobile alveolar mucosa, which is a bluish-red zone. Nature's colorations of these zones in symmetrical form are what clinicians must strive for to achieve and maintain health and aesthetics.

If, for example, an adequate zone

→DT page 6A


Fig. 1

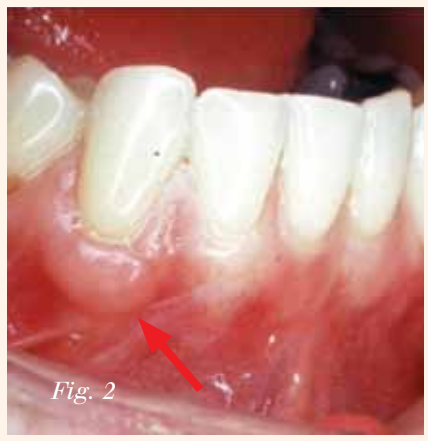


Fig. 2

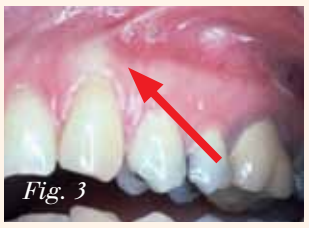


Fig. 3


Fig. 4a


Fig. 4b


Fig. 5


Fig. 6

← DT page 5A

of attached gingival were unevenly distributed in the same quadrant, the reddish blue alveolar mucosa would be out of place and draw negative attention. In contrast, if the attached gingiva locally encroaches on the alveolar mucosa, a color reversal would occur, resulting in a large, uneven pink zone against an uneven reddish-blue background.

In the past, oversized free gingival grafts have frequently been used to replace absent or inadequate zones of attached gingival. Those large donor grafts were protective but had an unaesthetic appearance; an encroachment of colors into the alveolar mucosa would usually occur. Even though this pink invasion was subtler compared with the reddish-blue of the alveolar mucosa invading the gingival, it nevertheless broke the background symmetrical illusion.

As a further example, overgrowth of tissue, i.e., fibrous hyperplasia, changes the shape of the tissue, thereby partially covering the tooth and changing the appearance of its size. If covered by hyperplastic keratinized gingiva, the tooth appears smaller, especially when compared with the adjacent tooth. This overgrowth may be of developmental, iatrogenic or systemic origins. The result is unaesthetic. These can and should be corrected, which will be discussed in future parts of this series.

When referring to cosmetic illusion using gingival colors, it is important to reflect on examples of nonsymmetrical color breaks of the gingiva. They represent an unhealthy situation and are an eyesore because they disrupt esthetics.

In a case of inflammation, permanent pathology may occur, resulting in irreversible unaesthetic root exposure (recession). A vertical reddish color at the gingival margin may warn that pathology is starting.

Several techniques are reported to correct recession, but in reality, the result is not predictable for restored health. Therefore, it is predictably easier and aesthetically more achievable to treat the inflammation earlier. Without a healthy zone of attached gingiva, a crown's margin will become exposed, thus exhibiting an unattractive contrasting color. It might be the underlying metal margin of the crown or the yellow color of the recessed tooth's root.

Without a healthy zone, a laminate's margin will probably collect plaque and lead to inflammation and bleeding gingiva. As mentioned previously, this can draw negative attention and most likely lead to recession and an irregular gingival pattern variations

Part two of this series discusses and illustrates cosmetic periodontal surgery, utilizing various gingival graft techniques to correct defects, obtain health, and produce symmetrically appearing color, hues and form.

This type of surgery is an ideal tool for making happy patients who smile with brilliant confidence.

Case presentation

A young woman was referred to my office with exposed, unsightly longer-looking teeth. They appeared longer due to her receding "gums." Although the patient had a low caries rate and a good oral hygiene technique, she had been told by a previous dentist that she had weak and ugly gums. She noted that her gums bled periodically when brushing, and complained about their unattractive appearance, which made her stiffen her lower lip when smiling. She was intelligent and self-consciously aware of her problem. She desired to have the recession stopped and the aesthetics to smile with confidence.

Examination revealed that the lower right cuspid had recession (Fig. 1), showing an exposed buccal root. There was an absence of attached gingival, leaving the area surrounded by alveolar mucosa. Therefore, the tooth was surrounded by reddish tissue, which made the root more visibly unattractive. The contrast of deep red color surrounding an exposed root was accentuated when the lip was retracted, showing a frenum pull. This made it difficult for her to keep the area free of plaque. In contrast, adjacent teeth had pink attached gingiva.

The surgical technique chosen to correct this defect, restore her health, and enhance her aesthetics was a variation of the lateral oblique pedicle graft technique.

Case No. 1: Treatment

The LR Nos. 28, 27 and 26 area was anesthetized using lidocaine 1:100,000. The local anesthetic was infiltrated locally both buccal and lingual. A No. 15 blade was used to incise an outline, which included all the interproximal keratinized tissue of Nos. 28 and 27 as well as the buccal of No. 28. The poor, small buccal zone of tissue was removed from the No. 27 buccal area.

The recipient site was then prepared. The tooth was lightly scaled. A periodontal elevator (Hoexter elevator by Hu-friedy) was utilized to reflect the tissue. The incision also included into the alveolar mucosal area, allowing ease of mobility. The graft flap was rotated so the largest portion of the keratinized area could be employed to cover the recessed area and the newly exposed recipient buccal blood supply of No. 27. To stabilize the graft in our desired position, a sling-type suturing technique was utilized. The area was covered with a periodontal dressing (Coe Pak). Tetracycline 250 mg was prescribed qid for seven days. An analgesic was also prescribed.

The results present an obviously healthy and restored symmetrical, pink zone of attached gingival and continuity with the adjacent area. The recession was gone, the length and width of the attached gingival was symmetrically blended with the adjacent area, and the frenum-pull was corrected. Figure 2, taken 15 years postoperatively, attests to the durability of the results using this technique.

The result enabled the patient to smile with confidence, without hesitation; she no longer had the reflexive action of holding her lip back. The procedures also permitted her to maintain good oral hygiene, made her feel that she was keeping her teeth (recession indicates age to some), and achieved a maintainable, normal color balance, which collectively created an aesthetically pleasing appearance.

Case No. 2

Predictability of results of root recession coverage has been improved in recent years with the utilization of Guided Tissue Regeneration (GTR).

This case demonstrates another gingival graft technique: the coronal repositioned gingival graft. It uses guided tissue regeneration using an acellular collagen membrane, which adds to the predictability of acquiring a blood supply. The resultant zone of attached gingival and root coverage blend aesthetically into the background with a symmetrical width and lateral flow of healthy, pink keratinized tissue.

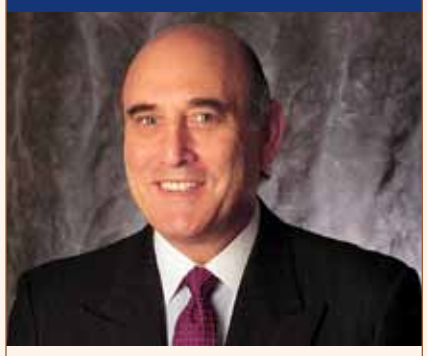
Viewing the initial appearance of #11, it displays the longer-appearing cuspid with recession (Fig. 3), which makes it stand out and causes the area to be unattractive and noticeable. Figures 4a and b show the acellular membrane placed over the exposed buccal root of No. 11, after the buccal flap is reflected. The tissue is sutured with a continuous suture covering the exposed root in the desired final position and the acellular membrane (Fig. 5). Figure 6 shows the healed area four months later. The recession is now reclaimed by a healthy attached gingival zone. The acellular collagen preferred in this technique in my office is supplied by CK Dental. The results allow a symmetrical appearing zone of pink, keratinized tissue to blend in the area. The cuspid is no longer "long in the tooth." The linear, even shape of the teeth is aesthetically pleasing. The overall result is easily maintained by the background of correct color, texture, and symmetrical zone of appearance and health. Now the restoring of the #10 incisal edge will have options toward the desired appearance.

Summary

Fortunately, in these particular cases, the patients' dental awareness made it possible for them to request correction of their oral health and aesthetics. These illustrations demonstrate the aesthetic awareness and desires of today's society. Practitioners must be able to recognize and work toward these goals. By creatively using variations of techniques to achieve such results, the art of dentistry is recovered. Achieving health is primary, but providing a maintainable, healthy and pleasing appearance is also significantly desirable and important. DT

Editorial Note: Part 1 appeared in Dental Tribune U.S., Vol. 4, No. 13 & 14

About the author



Dr. David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery.

He can be reached at (212) 355-0004 or *drdavidlh@aol.com.*

THE LOW RADIATION SENSOR WITH THE BEST IMAGES

SuniRay
DIGITAL RADIOGRAPHY

LOW RADIATION +-40 ms

CRYSTAL CLEAR IMAGES

NEW AUTOMATIC IMAGE ENHANCEMENT FILTER

FASTER ACQUISITION

COMPACT & PORTABLE USB SYSTEM

SAFETY CABLE RELEASE

DENTISTRY TODAY
2011
TOP 50
Technology Products

Visit us in New York at the GYNDM, booth# 425

NOW, SHARE AND REFER IMAGES INSTANTLY VIA THE WEB.

INTRODUCING WEB-BASED IMAGE SHARING POWERED BY DENTALSHARING.COM. THE INNOVATIVE DENTALSHARING FEATURE SET ALLOWS PRACTITIONERS TO SHARE ALL IMAGES AND PATIENT DOCUMENTS EASILY AND INSTANTLY, AND ALLOWS DENTAL PROFESSIONALS TO MANAGE THE PATIENT INFORMATION IN A SAFE AND SECURE WEB-BASED HIPPAA ENVIRONMENT. CALL TO BEGIN YOUR FREE 30 DAY TRIAL TODAY!

1 800 GET SUNI | WWW.SUNI.COM

FREE DOWNLOADABLE BROCHURE ON WEB.
CALL NOW TO HAVE A FREE BROCHURE MAILED TO YOU.

suni
MEDICAL IMAGING INC

Big value and no admission fee

Greater New York Dental Meeting offers six high-value days in New York City, Friday, Nov. 25 – Wednesday, Nov. 30

The biggest dental convention in the United States — and one of the biggest in the world — opens on Friday, Nov. 25 and runs through Wednesday, Nov. 30 in New York City.

The Greater New York Dental Meeting features lots of big numbers: It's in its 87th year as an annual session; it expects 59,000-plus attendees from more than 130 countries; it offers hundreds of continuing education courses; and its exhibit floor features more than 500 exhibitors in more than 1,500 booths.

But the meeting features an impressive low number, too: a zero-dollar preregistration fee for all dental professionals and their guests. (If you don't preregister, you'll need to pay a $30 administrative fee at the door.)

The entire program, with rare exception, is under one roof: the Jacob K. Javits Convention Center on 11th Avenue between 34th and 39th streets.

Here's what you get:

Exhibit Floor

The exhibit floor is open for four full days, providing ample opportunity to connect with providers of the products and services that will most benefit your business.

You can touch, use and compare the newest materials and technologies in dentistry. Hours are 9:30 a.m. to 5:30 p.m. on Sunday, Monday and Tuesday and 9:30 a.m. to 5 p.m. on Wednesday.

Live Dentistry Arena (no tuition!)

This revolutionary concept offers eight live-patient demonstrations on the exhibit floor, all tuition-free.

Two large screens on either side of the stage and smaller screens throughout the audience provide up-close views of the procedures in real-time. Attendees can earn up to 24 hours of free CE credits.

Educational programs

The meeting offers an unparalleled educational program, featuring some of the most highly regarded educators in dentistry.

You are able to choose from 300 essays, full-day and half-day seminars as well as hands-on workshops, including educational programs such as "Salivary Diagnostics" (offered in English and Spanish), "Botox/Dysport and Dermal Fillers," "Lasers," "Orthodontics," "Endodontics" and much more.

International Pavilion

The GNYDM has significantly expanded its international program, having attracted 6,970 international visitors in 2010.

All education programs are discounted by 50 percent for international attendees, and there is never a registration fee for international attendees.

Free multi-language courses are offered in Portuguese, French and Spanish; and this year Italian and Russian are included the mix.

New York City holiday magic

The greatest city in the world has so much to offer during the holiday season.

Attendees have access to: discounted tickets to highly acclaimed Broadway shows (through *www.gnydm.com*); listings of top-notch restaurants with breathtaking views; countless historical sites within walking distance of the meeting; and access to the most spectacular holiday festivities in the world (the annual tree lighting at Rockefeller Center coincides with the final day of the meeting this year, Wednesday, Nov. 30).

Easy access

With three major airports serving the city, Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA), and special discounted hotel rates, it's easy to schedule a visit to New York City during this delightful time of year.

To make hotel reservations and register for the meeting visit *www.gnydm.com*. DT

(Source: Greater New York Dental Meeting)

One of many iconic NYC holiday scenes: the lighted tree and ice skaters at Rockerfeller Center. (Photo/Provided by Will Steacy, NYC & Company)

Greater New York Dental Meeting Live Dentistry Arena (Aisle 6000)

(Photo/Provided by GNYDM)

Sunday, Nov. 27
10 a.m.–12:30 p.m.
VOCO America presents "Anterior Composites" with Dr. Frank Milnar
2:30–5 p.m.
Discus Dental presents "Cosmetics and Restorations" with Dr. Michael Miyasaki

Monday, Nov. 28
10 a.m.–12:30 p.m.
VOCO America presents "Class IV Restorations" with Dr. Frank Milnar
2:30 p.m.–5 p.m.
OcoBioMedical presents "Implant Placement" with Dr. Aza Nazarian

Tuesday, Nov. 29
10 a.m.–12:30 p.m.
Discus Dental presents "Whitening Techniques" with Dr. Marilyn Ward
2:30–5 p.m.
Henry Schein Dental presents "Implants, Restoration and Technology" with Drs. Ruben Cohen and Gary Kaye

Wednesday, Nov. 30
10 a.m.–12:30 p.m.
Nobel Biocare presents "Prosthetic Rehabilitation" with Drs. Hooman Zarrinkelk and Joseph Massad
2:30–5 p.m.
"Bar Retainer Prosthesis and Implants" with Dr. Joseph Massad

(Source: Greater New York Dental Meeting)

New York City skyline on the Hudson River. (Photo/Provided by Marley White, NYC & Company)

Save the Date! 11/24 - 11/30
Visit the Citi Health Card Team at the
Greater New York Dental Exhibit
Booth #436

HENRY SCHEIN® | citi

What's good for your patients is good for your practice.

Payment plans included.

Offering the Citi® Health Card can help you increase treatment acceptance and patient loyalty. Be there for your patients, and they'll be good to your bottom line.

Plus, benefit from:

- **Lowest No Interest and Budget Plan MDR's in the dental industry** – save up to 41% compared to other products*
- No enrollment fees or special equipment required
- Payment in 2 – 3 business days
- Less time, cost and risks than funding yourself
- Focus stays on patient care, not collections

Speak with a Patient Financing Specialist today.

Call 1-800-443-2756 and mention code **11RADHDTA10**, or email hsfs@henryschein.com.

*Merchant Fee is the cost to your practice and is calculated as a percentage of the total sale.