	
<b>The future of implantology</b> Growing teeth from stem cells and nanodentistry are viable options. ▶ <a href="#">page 6A</a>	<b>'Dream Center'</b> The first interactive operatory experience on the ADHA exhibit floor. ▶ <a href="#">page 11A</a>	<b>Endo case study</b> Dr. Konstantinos Kalogeropoulos looks at retreatment of a lower molar. ▶ <a href="#">page 1B</a>

## 'Patient education needs to be woven into the daily activities within a practice'

My Dental Hub, [www.mydentalhub.com](http://www.mydentalhub.com), is a premier web-based dental patient education software. Accessible via computer or mobile device, including the iPad, it provides patients with informative material on major areas in dentistry, including 3-D animations. Patients are then empowered to make educated decisions about the proposed treatment. Dental Tribune spoke to My Dental Hub Director Dr. Reena Gajjar about the idea behind and the benefits of the software.



### How did the idea for My Dental Hub evolve?

My Dental Hub started back in 1996, when I joined my husband's prosthodontic practice. Having a background in computer graphics, I developed printable educational materials using images and simple explanations for our practice. These were used exclusively during patient consultations. It soon became apparent that the treatment plan acceptance rate was increasing dramatically with these materials.

My husband, Dr. Ken Hebel, began employing these materials and experienced the same response. Patients asking about treatment options were presented with the printable materials to review and take home. We both found that in addition to enhanced case acceptance, this material was a referral driver.

This digital educational tool, facilitation of patient comprehension and acceptance of proposed treatment

*Dr. Reena Gajjar's background in computer graphics helped her practice increase treatment plan acceptance.*

manifested in a software program, was originally called Click & Print, which contained printable forms and a few animations that demonstrated dental procedures.

Click & Print was sold on a disk for several years. Four years ago, we started to notice a shift in the way that companies were doing business, becoming cloud based, and we made the investment to convert our disk-based product to a web-based product. The development took over a year, but the investment proved to be a smart decision because we emerged as My Dental Hub, the first cloud-based patient education and practice-marketing solution.

As a cloud-based company, we have

→ [DT](#) page 2A

## September is 'going dental' in Ohio



Dentists will gather in Columbus, Ohio, in September for the 145th Annual Session of the Ohio Dental Association. (Photo/Ohio Division of Travel and Tourism)

→ See page 4A

## ADA Foundation hires new executive director

The American Dental Association Foundation (ADAF) Board of Directors recently announced the appointment of Gene R. Wurth, JD, MBA, as the foundation's new executive director. Wurth, 60, will manage the ADAF, the charitable arm of the American Dental Association, which secures contributions and provides grants for dental research, education, access to oral health care for underserved populations and assistance for dentists and their families in need.

"The ADAF is proud to welcome Mr. Wurth, who brings a tremendous amount of valuable experience in fundraising and public relations," said ADAF President David A. Whiston, DDS.


"His skills will be an asset to the ADAF, which serves as a trusted resource for both those who want to help and for those in need."



*Gene R. Wurth, JD, MBA, will lead the charitable arm of the American Dental Association. (Photo/ADA)*

→ [DT](#) page 4A

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the ability to constantly upgrade and update our product offering and customize our solutions to the needs of our clients. As the dental industry starts moving toward cloud-based solutions, we are well positioned to offer solutions to meet the needs of the individual dental practice, as well as the collaborative needs of dental organizations.

**Convincing patients to invest in dental treatment, e.g., an implant treatment, is a challenging task. How does My Dental Hub help?**

We believe that there are three primary components to case acceptance. Patients will invest in dental treatment if they understand the problem and understand the treatment that is being offered, but more importantly, patients must understand the value of the treatment and how that treatment will improve the quality of their life — whether it is related to improving function or esthetics. The content in My Dental Hub has been specifically developed to address these components of patient education in a language that patients will understand. The 3-D animations are used to visually explain the procedure and the benefits of the treatment, and the printable and “e-mailable” documents serve as reinforcement of the animations and as a resource for patients to review at home.

**What are some of the additional features the software offers?**

One of the key features of the software is the ability to e-mail the animations and documents to patients. This allows the dental practice to extend its consultation from the office into the patient's home, where patients can share and

discuss the recommended treatment with those involved in the decision-making process.

My Dental Hub has several modules within the program. We offer animations, image documents, narrated slide shows, customizable text documents, a document creator, a patient and photo management section allowing the practice to upload and store patient images, as well as a presentation-creation module. Our newest module, Easy Consult, has been extremely popular and is currently our most-used module. Easy Consult allows the busy practice to do a consultation in three simple steps and then e-mail the entire consultation to their patients. It automates the consultation process. It's very simple and highly effective!

My Dental Hub also offers mobile applications, apps, available on iPad, iPhone and Android tablets, containing all our animations and slide shows. The iPad app is extremely popular in dental practices as an easy way to explain treatment to patients. It provides an exceptional presentation on oral-hygiene instruction, which invariably is a significant driver in any dental practice.

In addition, we offer a product called Web Site Content that allows users to place any of our animations and slideshows on their websites or link to their website. High-quality animations on a website allow patients to obtain information about the procedures offered by the practice and offer a powerful branding and marketing tool for a practice.

**In your opinion, what are the most common mistakes dentists make in patient education and/or marketing their dental practice?**

There are two types of marketing

that dental practices should do, internal and external. Internal marketing includes posters, brochures, discussions, etc., delivered within the facility. External marketing includes websites, advertising, mailings, etc., that are done virally through e-mail or regular mail. Many dentists are not trained in marketing and find it inherently difficult to embrace marketing to grow their business. Many do not know how; many just don't think they need to.

Many dentists do not take the time to educate their patients or understand the value of patient education. Many feel that patients will accept treatment on the sole basis that the dentist told them they need it. That may have been the way it was, but we now live in an information-based society, and if patients do not receive adequate information from their dentist, they will seek it elsewhere. Hopefully, that won't be the competitor down the street!

We did a survey of our My Dental Hub clients to determine how effective patient education was in their practices. Our end users told us that they had experienced an increased case acceptance of 55 percent. This number indicates the importance of educating patients and the impact it has is apparent in any business, including the business of dentistry.

The process of patient education needs to be woven into the daily activities within a practice. This requires enhanced staff training and implementation. Many dentists do not invest the time to integrate the process into their practice procedures. Acceptance of a practice philosophy mandates that training for implementation is as important as training in the procedure.

**In your opinion, how will digital tools change the dental practice and the way in which doctors communicate with their patients?**

The entire world is digital; it's not “becoming” digital. Dentists must embrace this new means of doing business simply because it is now a component of everything, from paying a bill in a restaurant to travel, shopping and doing something as basic as reading.

In terms of communication, digital tools enable a dental practice to communicate quickly, easily and effectively with patients or referrals. No more printing, no more mailing, diminished expense and waste.

Society is changing. People are more aware of their environment and doing their part to go “green.” With simple tools, a dental practice can deliver high-quality education directly and exemplify “environmental friendliness” as well. Ten years ago, if you had told people you could e-mail animations to patients to show them a dental procedure, no one would have believed it possible. Today, this is the way of the world and the way business is being done.

I believe that with the incorporation of digital tools into a dental practice, “elegant simplicity and seamless connectivity” with patients and colleagues will become the standard. Those who embrace today's technology will be tomorrow's industry leaders. DT

## DENTAL TRIBUNE

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# Get ready for the 145th Ohio Dental Association Annual Session

The 145th Ohio Dental Association (ODA) Annual Session will take place Sept. 15-18 (Thursday through Sunday) at the Greater Columbus Convention Center (GCCC) complex in downtown Columbus, Ohio. The event will feature more than 60 continuing education courses, networking opportunities, unique social events and an expansive exhibit hall.

According to meeting organizers, the entire dental team can find valuable opportunities for learning, growth and fun.

All annual session events and courses will be held in the GCCC or the Hyatt Regency, which is connected to the GCCC. Continuing education courses and events are scheduled Thursday through Sunday. The exhibit hall will be located in the GCCC and will be open Thursday, Friday and Saturday.

## Continuing education

A wide range of continuing education opportunities is available to the entire dental team, featuring such speakers as:

- Dr. Ellen Byrne
- Dr. John Cranham
- Dr. Howard Glazer
- Dr. Lou Graham
- Dr. Robert Lowe
- Dr. Michael Miyasaki
- Dr. Udell Webb
- Karen Davis, RDH
- Kristy Menage Bernie, RDH
- Anne Guignon, RDH
- Lois Banta

In addition to nationally known speakers, the ODA Annual Ses-

sion features unique educational formats to enhance your learning experience, including several hands-on courses, dynamic lectures, panels and luncheons. Free courses are also available each day.

Course handouts will be available online only, in late August, at [www.oda.org](http://www.oda.org). Hard copies of handouts will not be available at the meeting. (Remember that not

all speakers provide handouts.)

The exhibit hall is not only an exceptional shopping experience, but a learning opportunity as well. Attendees are invited to take advantage of the many different companies and products assembled under one roof to learn about new technologies, comparison shop and take advantage of show specials.

Bring your dancing shoes, or even just your comfortable ones,

to the special events planned this year. They include a "Lunch with the Chef" cooking adventure, a culinary tour of the Short North area, a tour of downtown Grandview Heights, a "Women DDS" luncheon, the Callahan Celebration of Excellence, The BASH and more.

Planning to attend a meeting, reception or luncheon event sponsored by a dental organization during the ODA Annual Session? Visit

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—Dr. William Simon, City Smiles, Chicago

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← DT page 1A

Wurth most recently served as president and CEO of the Orthopaedic Research and Education Foundation (OREF), which raised more than \$150 million for research and education during his 11-year tenure. Prior to joining the OREF, Wurth served as assistant dean for development of alumni programs at the University of Illinois College of Law, and he served as president and CEO of Provena Covenant Medical Center Foundation in Urbana, Ill.

Wurth earned a bachelor's degree in English, a law degree and a master's degree in business administration from the University of Illinois at Urbana-Champaign. Wurth and his wife of 38 years, Mary, have a son, Stephen, who works as an attorney in Chicago, and a daughter, Melissa, who works as an educator in North Carolina. DT

(Source: ADA)

## What to see in Columbus

There is plenty to see and do in Columbus, Ohio. Here are some possibilities for those who are attending the upcoming ODA meeting.

### Short North Arts District

What has 27 galleries, 30 restaurants, 60 specialty shops and 25 pubs? If you guessed the Short North Arts District, then you are correct. Located only one block north of the convention center, this unique neighborhood is a must-see during your stay in Columbus. Relax after a day of continuing education courses at R.J. Snappers, voted the best seafood restaurant by Columbus Monthly, or go see contemporary paintings at the trendy Gallery V.

### North Market

Calling all foodies! The North Market, located just west of the Greater Columbus Convention Center (at Vine and Spruce streets), features a wide variety of specialty markets, ethnic food vendors, fresh produce, coffee shops, sweets, spirits and more to satisfy even the most particular palate.

the related events page at [www.oda.org](http://www.oda.org) for a schedule and contact information.

The Dental Assisting National Board (DANB) will offer a special administration of the Certified Dental Assistant (CDA) examination on Saturday in conjunction with the ODA Annual Meeting.

### About the ODA

The Ohio Dental Association advances and supports members and the dental profession in the delivery of quality oral health care. The association is guided by an executive committee, whose members are elected each year at the annual session. A full roster of the current executive committee, council chairs and priority projects can be found in the ODA Governance Structure section of the ODA website.

A benefit of membership is members-only access to specialized information and services of the ODA. This includes access to the online version of ODA Today, the association's monthly news publication. Other members-only access areas on the website include Practice Resources, Member Forum, ODA Governance Structure, Member Directory, Continuing Education and Call to Action.

There are numerous tangible benefits to membership in the ODA — professional and practice-related — that are available only to members. [DT](#)

(Source: Ohio Dental Association)

### Jack Nicklaus Museum

For the true golf fan, no stop to Columbus would be complete without visiting the Jack Nicklaus Museum, located on the Ohio State University campus. Since its opening in May 2002, attendees have enjoyed thousands of artifacts and memorabilia that chronicle the Golden Bear's accomplishments.

### Columbus Crew

Visit the country's first major league stadium built specifically for soccer! The Columbus Crew website ([www.thecrew.com](http://www.thecrew.com)) has more information about the Crew and how to purchase tickets.

### Center of Science and Industry

The Center of Science and Industry (COSI) is a great educational

adventure for the whole family during your stay in Columbus. Located just minutes from the Convention Center, it offers 10 themed exhibits, three theaters and the world's only high-wire unicycle.

Gadgets, one of the most popular exhibits, is an interactive display of pulleys, gears, lasers and electrical circuits. While there, you can become an engineer for a day and build your own bridge or split laser beams.

### Columbus Zoo & Aquarium

Celebrate the 75th anniversary of the Columbus Zoo & Aquarium with an enjoyable visit to the largest municipally owned zoo in the United States! Attractions include the African forest region, where you can hear the roar of a leopard

or see the largest primate in the world, the western lowland gorilla. The entire family is sure to have fun with more than 600 species and 7,000 specimens of animals.

### Cameron Mitchell restaurants

A visit to an upscale Cameron Mitchell restaurant is a must during your education vacation in Columbus. From seafood to Italian cuisine, Cameron Mitchell's 14 area restaurants are sure to satisfy any taste buds. Martini Italian Bistro, a Top Ten Italian eatery, is located right across from the convention center, and Mitchell's Steakhouse is just minutes away in downtown. [DT](#)

(Source: Greater Columbus Convention & Visitors Bureau)

AD



ANNUAL DENTAL TRIBUNE STUDY CLUB

## SYMPOSIA AT THE GNYDM

NOVEMBER 27<sup>TH</sup> - 30<sup>TH</sup>, 2011, STARTING AT 10:00 AM DAILY



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**For the fourth year in a row, Dental Tribune Study Club hosts its annual C.E. Symposia at the GNYDM, offering four days of focused lectures in various areas of dentistry. Find us on the exhibition floor in aisle 6000!!**

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<p style="background-color: #003366; color: white; padding: 2px; text-align: center; font-weight: bold;">TUESDAY, NOVEMBER 29</p> <p> 11:15 - 12:15 TBA // COURSE NO. 5700 <b>THE IMPORTANCE OF THE FLAP DESIGN IN RELATION TO THE TYPE OF THE UNDERLYING BONE DEFECT</b></p> <p> 12:45 - 1:45 DR. GEORGE FREEDMAN AND DR. FAY GOLDSTEP // COURSE NO. 5710 <b>THE DIODE LASER: THE ESSENTIAL SOFT TISSUE HANDPIECE</b></p> <p> 4:30 - 5:30 DR. MARIUS STEIGMANN // COURSE NO. 5740 <b>MY FIRST ESTHETIC IMPLANT CASE - WHY, HOW, &amp; WHEN?</b></p>	<p style="background-color: #003366; color: white; padding: 2px; text-align: center; font-weight: bold;">WEDNESDAY, NOVEMBER 30</p> <p> 10:00 - 11:00 DR. MARIUS STEIGMANN // COURSE NO. 6600 <b>MY FIRST ESTHETIC IMPLANT CASE - WHY, HOW, &amp; WHEN?</b></p> <p> 11:15 - 12:15 DR. GEORGE FREEDMAN AND DR. PAT ROETZER // COURSE NO. 6610 <b>CEMENTING ALUMINA AND ZIRCONIA RESTORATIONS</b></p> <p> 12:30 - 5:00 <b>OSTEOCLAMMITE</b> DR. DAVID HOEXTER // COURSE NO. 6620 ALONG WITH VARIOUS IMPLANT EXPERTS <b>THE 2ND ANNUAL OSSEO UNIVERSITY SUMMIT: REVOLUTIONARY IMPLANT DESIGN UNVEILED</b></p>

THIS PROGRAM IS SUBJECT TO CHANGE

# Looking forward: the dental implantology of tomorrow

By Arun Garg, DMD

Technology promises to be the driver of medical and dental advances in the years to come. New imaging modalities, better diagnostic and therapeutic strategies and even improvements in data storage and the implementation of electronic medical records are all changing health-care delivery as we know it.

Beyond novel ultrasonic scaling devices and cone-beam computed tomography, however, lies the next phase of implant technology, pioneered by scientists in a lab working on what once might have been described as science fiction. Their use in modern implant dentistry is not too far off. Here's what lies ahead ...

## New drug slows alveolar bone loss in the jaw

A 2010 *New England Journal of Medicine* article highlighted a novel approach to alveolar bone loss seen in patients with chronic, severe periodontitis.<sup>1</sup> Teriparatide — a parathyroid hormone (PTH) analog and a drug more commonly used in the treatment of osteoporosis — used daily for six weeks was shown to increase alveolar bone volume, strength and density. The drug mimics PTH; that is, it stimulates osteoblasts that will elicit an osteoclastic differentiation leading to further bone turnover and remodeling with an end result of increased bone mineral density and bone mass. The drug had already been shown to decrease fractures

in postmenopausal women with osteoporosis.

The impact of this type of discovery on the world of dental implants is not small: that it might be used to enhance osseointegration and reduce failure rates or reduce recovery time or even, perhaps, make implants available to those who might otherwise not be thought of as good potential candidates for the therapy are all concepts for further study.

## Nanodentistry

Nanotechnology is the science of small: the study of matter and its application on scales of one billionth of a meter. It is what has allowed for the development and use of smaller and smaller cellular phones and computer processors; items that were once the size of a room now discretely fit into a shirt pocket. Nanodentistry has its promises as well.

On the nanoscale, drug delivery is a very different concept; coatings are particularly relevant and tissue engineering can occur at the level of an individual's DNA. Some scientists have heralded nanodentistry as the opportunity for individuals to achieve near-perfect oral health.

Indeed, implant experts are particularly interested in what is to come in this field as it pertains to improved osseointegration of implants with various new surface technologies and impregnation of growth factors and mineral proteins at the level of the implant itself. The modification of osteophyllic and osteoconductive phases

could yield a shorter peril-implant period and better overall outcomes.

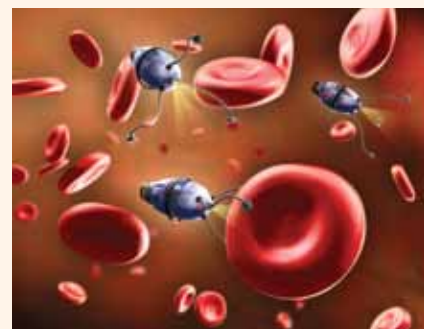
Elsewhere in dentistry, nanotechnology may be the solution to widespread oral issues such as dentine hypersensitivity and periodontitis, with novel approaches to the interception of pain receptors and the assessment of dentin tubules as well as the application of antimicrobial compounds at the precise local microenvironment.

## Growing dental implants with stem cells

The debate over the use of stem cells remains somewhat controversial; still, their application in the medical and dental sciences is evolving and holds tremendous promise for the future of biotechnology and, for this reason, stem cells are of special import. Dr. Jeremy Mao and fellow scientists at Columbia University are particularly interested in growing teeth, which might one day make the traditional metal-based implants obsolete.

Mao designed an experiment using growth factors, a tooth-shaped scaffold and stem cells to see if tooth regeneration was possible with only the raw materials. In fact, results were positive and *de novo* alveolar bone was present with evidence of neovascularization and mineralization at the scaffold.<sup>2</sup>

All told, there are great things on the horizon for the future of implant dentistry. What will and won't change the mainstay of functional restoration for edentulous patients remains to be seen, though these



(Images/Provided by the ADIA)

concepts certainly hold tremendous opportunity to modernize current dental care. ■

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## 'Dental Spouse Business Network Roundtable' added to AADOM pre-conference

The American Association of Dental Office Managers (AADOM) is pleased to announce the 4th Annual Dental Spouse Business Network (DSBN) Roundtable. The DSBN was created by AADOM to address the specific needs and challenges of office managers whose spouses are the dentist in the practice. This popular event has filled a need for this group of dental office managers. The requests for this group began years ago, and AADOM has listened by continuing this tradition at every annual conference.

Dental spouses attending the AADOM conference are invited to attend the event, but registration is necessary. The gathering will take

place at the annual conference and is expected to draw increased attendance.

Pat Lutz, AADOM member and the office manager of her husband's practice said, "AADOM provides a way for other office manager spouses to network and discuss situations in a safe environment. It's great to know that other spouses are there to collaborate on ways to make your practice better." Some topics for DSBN this year include team morale, separating home and work life business and establishment of boundaries with the team and the spouse.

"Last year's group was particularly cohesive; some participants kept in touch with each other to continue

the discussion. I anticipate that this year's meeting will be just as productive," Lutz said.

AADOM's 7th Annual Conference will be held Sept. 8-10 in Nashville, Tenn. The 4th Annual Dental Spouse Business Roundtable course will be held on Sept. 7, prior to the conference. Registration information and course specifics can be found online at [www.dentalmanagers.com/dentalspouse](http://www.dentalmanagers.com/dentalspouse).

## About AADOM

The American Association of Dental Office Managers is an organization of professional office managers, practice administrators, patient coordinators, insurance and financial



(Image/Provided by the AADOM)

coordinators and treatment coordinators of general and specialized dental practices. The largest association of its kind, the organization's mission is to provide its members with networking, resources and education to help them achieve the highest level of professional development. For more information, please call (732) 842-9977 or e-mail [info@dentalmanagers.com](mailto:info@dentalmanagers.com). ■

## Oxford temp: a provisional crown and bridge material

The role of dental restorations used for provisional and indirect restorative procedures has changed dramatically in the past several years. These restorations are no longer regarded as temporary restorations but rather as provisional restorations with distinct functions and purposes. Provisional restorations have become a vital diagnostic and assessment tool to evaluate function, color, shape, contour, occlusion, periodontal response, implant healing and overall esthetics. An accurate fit and margination is essential to ensure and maintain pulpal health.

### Material selection

It has always been said that patients don't know what they like until they see something they don't like. Start by talking to patients about the steps during the restorative phase and give reassurance that the provisional restorations are a blueprint for the final restorations. We will need their help in the shade selection and functional aspect in this stage of the restoration.

Choosing a provisional material that not only blends with the natural shade of the teeth is easy while choosing a material that mimics natural tooth structure, polishes well and has an appearance of translucency and vitality but performs with strength and outstanding elastic modulus is more difficult. Oxford Temp by Oxford Scientific Dental Products is a provisional crown and bridge material formulated with multi-functional methacrylic esters but without methylmethacrylate.

### Shades of material

If a patient is looking for a standard shade to blend with his or her natural teeth, the assistant can choose any standard shade for anterior or posterior provisionals. If the patient has chosen a whiter shade based on the Chromoscope Shade Guide (Ivoclar Vivadent) or the Vita 3D Bleach Shade Guide (Vident), Oxford Temp has shades that reflect on these choices by offering the Oxford Bleach shades for those patients that want whiter than A1.

### Fabrication of direct anterior provisional restorations

Before fabricating the provisional, fabrication of the putty matrix is formed with Express Putty (3M ESPE) over the wax up. After removal of the putty matrix, reline the matrix with a light body wash (Imprint 2, 3M ESPE) and seat back on the wax-up to capture all the detail that was designed in the wax-up. Allow the impression material to set.

Lubricate all gingival tissues facially and lingually along the gingival margins with a vitamin E oil

that is very viscous, such as Elieve from Centrix.

Load the Oxford Temp toward the facial, making sure that the tip of the material is kept submerged in the material as it is extruded and not lifted until the teeth in the matrix have been entirely filled. This will help eliminate voids and bubbles. Seat the putty matrix on preparations and allow Oxford Temp to sit for four minutes, and do not remove until that time.

Using a timer will help to make sure that you don't pull the matrix too soon. After the timer has gone off, remove the putty matrix.

Remove all material with an explorer or scaler off the margins and tissue. By using Oxford Temp, the material is released at the margins, which allows the assistant to remove the excess without asking the dentist to come and remove the excess with a carbide bur. Make sure all material is removed off the tissue and occlusal surfaces.

With Oxford Temp you'll notice that the material is flexible and allows one to perform these steps with ease. In most cases, the Oxford Temp provisional is only polished with a Jiffy brush, by Ultradent, as the final step.

### Fabrication of posterior provisional restorations

The dentist finalizes preparations and now the patient is ready for the provisional restoration. In most cases, dentist are leery of fabrication of a four-unit provisional.

Oxford Temp's superior properties of compressive and diametric tensile strength with elastic modulus allow us to feel comfortable that we are fabricating a provisional restoration that is going to last for the patient, without breaking for the duration of the final restor-

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# New Piezon Master 700

*Get a feel for perfection with the new Piezon Master 700: versatile, simple and hygienic*

## The formula for no pain

The new Piezon Master 700 is a symbiosis of intelligent technology and unequaled precision. A perfect match between the Original Piezon LED handpieces and the Piezon No Pain module for instrument movements perfectly aligned with the tooth. An incomparable fit when used with EMS Swiss Instruments made of ultra-fine biocompatible surgical steel.

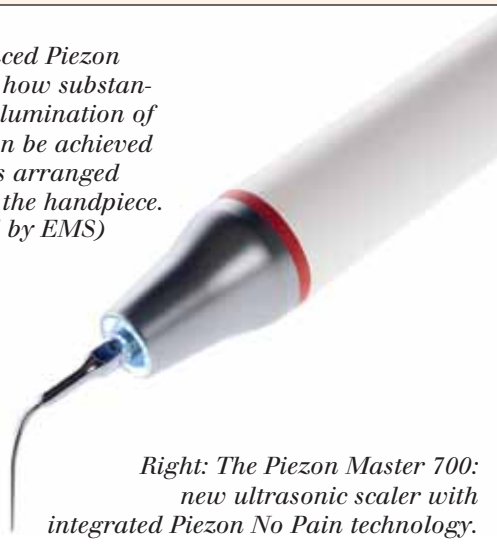
The result is a treatment, which irritates neither teeth nor gingiva — and which delivers extra smooth tooth surfaces without abrading the oral epithelium. This development from Swiss-based E.M.S. Electro Medical Systems comes close to perfection. Still more features result in an easier and quicker handling for more efficiency without affecting patient comfort. Everyone benefits, all feel good — patient, practitioner, the whole practice.

## Features

### Versatile

Two integrated bottles, two handpieces, two magnetic handpiece holders and a multifunctional foot control allow for a versatile use of the Piezon Master 700. Customers choose and easily switch between different antiseptic solutions, a variety of handpieces and tips, between endo and standard mode. By simply switching on or off ultrasound, irrigation or power

*Below: The balanced Piezon handpieces show how substantially improved illumination of the oral cavity can be achieved with the six LEDs arranged around the tip of the handpiece. (Photos/Provided by EMS)*



*Right: The Piezon Master 700: new ultrasonic scaler with integrated Piezon No Pain technology.*



boost, they personalize the PM700 for each treatment and application. Versatility means personalization.

### Simple

With the Touch N' Go front panel, the customer benefits from a hygienic and user-friendly interface. All settings (power, treatment mode) are operated by touch on a highly sensitive panel, which reacts even through surgical gloves.

Blue LEDs clearly display the current setting. Moreover, a modern flat design without joints or gaps is easily wiped and cleaned, and does not leave any space where debris, residue or bacteria may hide.

### Hygienic

Benefit from the unit's intuitive and automatic cleaning mode and follow the exact progress of the cleaning process. Of course, the Piezon handpiece LED, EMS Swiss Instruments and accessories are sterilizable up to 135 degrees Celsius. Safe for you and your patient!

### Unique

With its 17 increments, the power setting perfectly suits any individual clinical requirement. The gentle start for endo applications will be gradually enhanced for scaling and preparation applications and finally boosted for restorative treatments. Simultaneously, continuous feedback control combines with intelligent Piezon

No Pain technology to deliver a smooth sinus signal for gentle and pain-free treatment. Optimum instrument control and maximum visibility thanks to the LED's circular light emission result in foremost efficiency in all applications.

The right formula for smooth tooth surfaces, maximum protection of the gums and virtually painless treatment. **DT**

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ative fabrication in the laboratory.

## The procedure

A pre-operative impression is taken and set aside before preparation of a four-unit bridge. After preparation, Oxford Temp is placed in the pre-operative impression and placed back into the patient's mouth on the preparations. After about 90 seconds, the pre-operative impression is removed and the provisional is trimmed for detail.

After marking the provisional margins and contact areas, mark the interproximal lines on both the buccal and lingual surfaces of the provisional to contour the interproximal separations. Place the separating disk in the handpiece and start with the interproximal separations between the margins to a depth of around 1 millimeter.

Use the separating disc in the interproximal area of the occlusal to give the look of single teeth. On the pre-molars, use carbide to contour the areas shown to define the buccal cusps. Make the mesial

cusps on the lower first molars bolder than the distal cusps.

Contour buccal and lingual cusps. Work down into the depressions, rounding off the sharp interproximal edges. This gives the look of individual teeth. When trying in the provisional, check to see that there is going to be plenty of room for the patient to floss.

Starting in the central fossa, carve through the occlusal surface and down the buccal surface through the middle third area. With a pin grasps, apply enough pressure with the carbide to create a well-defined groove. Start in the distal fossa and work toward the distal at a 45-degree angle to produce the extra dissection groove. Contour through the occlusal table and curve down the buccal surface toward the distal. On the lower second molar, start in the central fossa and go through the occlusal table. Curve the groove slightly toward the distal on the buccal surface and polish.

By using occlusal stains (Tetric Color, Ivoclar/Vivident; or Kolor Plus, Kerr), you can give the



*Before (Photos/Provided by Oxford Scientific)*



*After, with Oxford Temp in place.*

appearance of natural stain. Use a small amount, as this can be intense.

Dry the preparations, then with the dual cure Oxford Temp Cem, load the restoration and seat. Allow the material to set and remove the excess and adjust the bite.

## Conclusion

With increased demands being placed on provisional restorations,

new materials and techniques are being developed and some existing protocols are being refined to accomplish desired goals.

With the increase in patient demands for immediate esthetic results, provisional restorations need to mimic the final result in all aspects of shade, length, form and position, and the choice in dental material needs to be esthetic and functional like the final restoration. **DT**



# Have you discovered what regular use of the Zuelke Automated Credit Coach can do for your practice?

By Marla Merritt  
OrthoBanc Director of Sales & Marketing

You've heard it on the news: banks just aren't lending. In addition, more and more practices are discovering that third-party financing isn't the best option for their patients who need high-dollar dental work. One of the main reasons for this shift is that third-party companies have started approving fewer patients due to stricter credit criteria. This can mean that a person with good credit, who would have qualified for an interest free payment plan in the past, is no longer able to receive financing for dental work.

DentalBanc offers an alternative to third-party financing via credit checks and managed payment plans. Read below to learn about the benefits of assessing a patient's credit risk and then contact DentalBanc to learn how Zuelke Automated Credit Coach (ZACC), used in conjunction with outsourced payment plans, can increase your case acceptance without creating extra work for your staff.

With ZACC ...

- You can identify the patients whose risk of non-payment is close to zero.

This allows you to offer flexible, internal, financial arrangements, which assures measurably bet-

ter case acceptance. (Even a tiny improvement to the rate of case acceptance in the average dental practice will generate thousands of dollars per year in additional net income!)

- You can identify patients whose credit history or financial instability yields a significant risk of non-payment.

With ZACC's seven degrees of risk, you can structure your financial arrangements in a manner that will keep these risky patients from wreaking financial havoc on your practice.

- You can significantly reduce the number of failed and/or cancelled appointments as well as have far few instances of clinical non-compliance.

High credit-risk patients typically present a practice with more missed appointments and less clinical cooperation. Identifying these high credit-risk patients in advance will greatly diminish both of these issues.

- You can prioritize patient contact. An appointment coordinator

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AD

## About the author



Marla Merritt is the director of sales and marketing for OrthoBanc LLC (OrthoBanc, DentalBanc and PaymentBanc). She has more than 22 years of experience in credit reporting and payment management. She wrote this article in conjunction with Paul Zuelke, developer of the Zuelke Automated Credit Coach (ZACC.) OrthoBanc, LLC, currently serves some 3,500 practices nationwide and maintains a 99 percent on-time rate for its clients.

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