Dental Tribune

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

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Inside this week

Using electric handpieces

Following a regular maintenance schedule will ensure the safe use of your electric handpieces. Staff members should learn how to clean these instruments, and record the dates of regular cleanings. **Page 4**

Cosmetic Tribune: tooth augmentation

Join Dr. Berland and Dr. Kong as they share their reasoning behind a particular case study where an optimal esthetic result was achieved that also allowed the patient to keep her original restorations without damaging them. **Page 7**

Hygiene Tribune: smoking cessation

Dental hygienists are in an ideal position for patient interventions in regard to smoking cessation. By investing as few as three minutes per patient, you could be the impetus that helps patients to quit smoking. **Page 13**

Welcome to Cosmetic Tribune and Hygiene Tribune!

Dental Tribune America has some big news to share with you this month. Earlier this year we gave you a little taste of Cosmetic Tribune during the AACD event and Hygiene Tribune during the ADHA event, but now these two new editions are making their permanent debuts as a part of the Dental Tribune weekly. Once a month you'll benefit from entirely new content that will feature information from experts in the areas of cosmetic and hygiene.

We welcome your feedback, so please do not hesitate to share it with us!

Check out these new editions inside!

Cleft lip, cleft palate links to other congenital anomalies

Oral clefts are the most frequently occurring birth defects in the United States, affecting 1–2 in every 1,000 births. What are the associations between cleft lip and/or cleft palate and other congenital anomalies, such as club foot, ear defects, anencephaly (disrupted formation of the brain and skull) or coronary heart disease? Do these patterns indicate that cleft lips and palates result from different mechanisms altogether, or are they variable severities of the same phenomenon?

A new study in The Cleft Palate–Craniofacial Journal analyzed more than 1,000 cases of newborns with multiple anomalies to differentiate between cleft lip and/or cleft palate and to determine their associations with other congenital anomalies.

Six defects were found to be associated with cleft lip only. Three defects were associated with cleft palate only, including ear canal atresia and club foot. Anencephaly had the greatest association with all cleft types, which probably reflects its disruptive character. Spina bifida and VATER (vertebral, ano-rectal, tracheo-esophageal and renal) complex showed the most strongly negative associations with clefts of all types. The negative association between clefts and neural tube defects invites further investigation.

Coronary heart disease was the anomaly most often found in association with clefts, which is not surprising given that heart defects are the most common defect found in infants with multiple anomalies. Cleft lip and palate (CLP) is more likely to be associated with birth defects than cleft lip alone, which lends support to the notion that cleft lip and palate is a more severe presentation of the same anomaly; however, the patterns of specific defects associated with each condition indicate that different mechanisms and distinct pathways may be involved. Cranofacial defects involving the brain appear to be more associated with CLP, and cleft lip appears to be preferentially associated with ear deformities. (To read the entire study: *www.allenpress.com/pdf/cpcj-45-05-525-532.pdf*)

(Source: American Cleft Palate–Craniofacial Association)

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Meeting on implants informs and inspires

By Michmershuizen,
Managing Editor Endo Tribune

(Photograph by Fred Michmershuizen)

A representative from Town & Country Dental Studios provides information to dentists.

The future of implant dentistry is bright. That was the message delivered at the Long Island Dental Implant Symposium, held Sept. 17 at the Huntington Hilton in Melville, N.Y. The event featured presentations by three well-known speakers and was sponsored by Astra Tech and Town & Country Dental Studios. More than 50 dentists attended, according to organizers of the event.

Dr. Roger P. Levin, whose consulting business, the Levin Group, is dedicated to helping dentists increase production and profitability while having fun at the same time, led off the day with a simple message. Forget the bad news about the economy, he said. The public needs us, and the public wants us. And yes, people are still spending money on elective dentistry. Dentists who are smart — those who want to improve their own practices and their own lives — will embrace implant dentistry, which is undoubtedly going to be a big part of the future.

Levin's advice, for those dentists who focus mostly on basic or comprehensive dentistry, is to implement an annual plan dedicated to increasing the percentage of time devoted to cosmetic and implant dentistry.

"In my grandfather's day, the basics were enough," Levin said. "If you are not doing implants today, it is time to get started. Elective dentistry should be seen as a business within your business."

The key, Levin said, is to understand today's new breed of patient. People now are increasingly affluent. Most are educating themselves on treatment options by visiting Internet sites before even walking into a practice. They feel pressure to look good, and more than anything they want convenience. "Whoever makes it easiest wins," he said.

At the same time, Levin said, it is important to provide patients with various payment options, such as 5 percent off for cash up front, half up front and half by the end of treatment, or financing via credit. "Have a finance person whose job it is to get an option accepted," he said. "The fact is that it always comes down to money."

It's also vital, Levin said, to educate each and every patient about the benefits of implants, so that if they ever lose a tooth they will think of you. "Everyone in your practice should be familiar with the benefits of implant dentistry," he said. "Your office should 'scream' implants — your staff should be implant evangelists."

Levin said that when talking to patients about implants, it is important to "speak English, not dental." After all, he said, people just want to know five things: What is it? What will it do for me? How long will it take? How much does it hurt? How much will it cost? It is useful to use scripting, he said, to shift the conversation about elective dentistry from money to benefits. "Stop talking technical, talk benefits," he said.

The good news, Levin said, is that advances like the Atlantis abutment, manufactured by Astra Tech and made available through Town & Country Dental Labs, plus diagnostic tools like cone beam scanning, available from companies like i-dontics, make working with implants faster, easier and more profitable than ever before.

Dr. Julian Osorio, inventor of the Atlantis abutment, offered a presentation on the thinking behind the patient-specific, CAD/CAM technology that has dramatically simplified and improved the implant restorative process. Osorio explained how Atlantis abutments eliminate the need for final impressions and cut chair time in half. The final result, he said, is improved clinical outcomes for patients.

Dr. Alan A. Winter, co-founder, president and CEO of i-dontics, a company that provides digital cone beam scanning, explained why 3-D imaging is such an indispensable tool for the pre-surgical planning of dental implants.

Also participating in the daylong symposium was Cadent, a digital impression company whose iTero system is designed to make restorations more predictable and better fitting.

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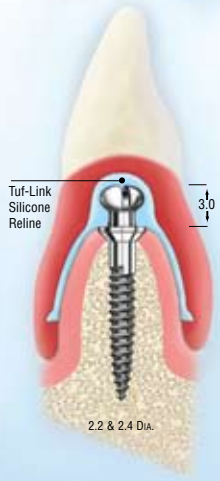

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Join us at the Greater New York Dental Meeting!

First Dental Tribune Symposia to be held from Nov. 30 to Dec. 3

By Robin Goodman, Group Editor

People from around the world flock to the annual Greater N.Y. Dental Meeting, and with very good reasons beyond the fact that there is no registration fee. This year, Dental Tribune America has partnered with the meeting's organizers to offer four days of symposia in the areas of endodontics, implantology, cosmetic and digital dentistry.

Each day's morning session will feature a three-hour symposium on one topic that will be led by experts in the field. The afternoon sessions introduce attendees to Dental Tribune America's educational concept of *"Getting Started in … "*.

The concept follows a proven European model where leading specialists provide a general overview of their specialty for those who are interested in "getting started in" that specialty. Each lecture will provide a thorough introduction to the techniques, products and practice management impact for each dental specialty.

The symposia are free for registered Greater N.Y. Dental Meeting attendees, but pre-registration is required. Also, due to limited seating, register early to ensure preferred seating.

If you are interested in tackling a new specialty area, Dental Tribune's "Getting started in ..." Symposia are an excellent place to start! For registration please visit *www.gnydm.com* or send an e-mail to info@gnydm.com. We look forward to seeing you in New York!

"Getting Started in …"
Symposia Schedule

- *Endodontics: Sunday, Nov. 30*
- *Implantology: Monday, Dec. 1*
- *Cosmetic: Tuesday, Dec. 2*
- *Digital Dentistry: Wednesday, Dec. 3*

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Electric handpiece users: take notice

In March 2008, the FDA issued a MedWatch Safety Alert discussing patient burns from using improperly maintained handpieces. The article points to worn or poorly maintained speed-increasing handpieces (1:5 increasers). While proper maintenance for handpieces is very important, Daniel Call, customer service manager of Bien-Air USA, explains that the main reason electric handpieces have caused patient burns is because the handpiece has been used as a cheek retractor. This causes the button to touch the spindle moving at 200,000 rpm, creating friction and instant heat without warning.

Many practitioners have experienced the cap heating issue and have posted articles on the FDA Web site. You can test this cap heating theory by running a speed-increasing handpiece out of the mouth and lightly applying pressure to the cap with your thumb. You will notice that the push button cap will heat up within seconds.

Fortunately, Bien-Air has come up with a solution to this problem. The company has a unique, patented design that helps prevent the cap from overheating. All Bien-Air handpieces are equipped with a patented, anti-heating push button that restricts the contact of the push button cap to the moving parts inside the handpiece head, thus virtually eliminating the potential of push button getting in contact with the handpiece parts rotating at 200,000 rpm.

While it does not completely remove the threat of a heating cap if used as a cheek retractor, it gives significantly more warning than any other 1:5 handpiece on the market.

For a limited time, Bien-Air is offering a trade-in special to all users of electric handpieces. For more information, contact Bien-Air at (800) 433-2436.

Solution: credit recommendations provide insight to patient's ability to pay

By Marla Merritt

Let's face it, patient trends are changing. Whitening used to be just for the super-wealthy and braces were just for teenagers. Today, the average American adult is willing to spend thousands of dollars to improve his or her smile. These changes in patient trends have allowed dental professionals to increase revenues by offering a wide variety of costly treatments to a new generation of appearance-conscious consumers.

Just as patient care preferences are changing, so are patient payment preferences. Cost-conscious patients are exploring their options, literally "price shopping" costly dental procedures, by obtaining several quotes and researching payment options offered by various providers. As a result, consumers with good credit ratings expect no-interest financing — even on their dental treatments.

The problem is that most dentists do not offer office payment plans because they do not want to assume any risk. This often means patients are sent to look for third-party financing or are required to pay the full treatment amount up front. Either of these options can send today's savvy consumer around the corner to your competitor.

A payment model that works for dentists too

For years, orthodontists have offered in-office payment plans while keeping delinquency rates low. They do this by scheduling the payment plan to end before treatment is completed *or* by assessing credit risk prior to offering a payment plan. By adopting these guidelines, your practice can confidently offer payment plans to your patients with very little risk to the practice.

The current economy has even the best paying consumers in a cash crunch. Coming up with "cash up front" for costly procedures may prohibit them from proceeding with treatment. Many of these consumers could afford treatment if the payment was spread out over time. By determining credit risk and extending a no-interest payment plan to credit-worthy individuals, your practice can see improved case acceptance and increased patient loyalty.

Here's how it works

First, determine the treatment period and credit risk. If the treatment is limited to one or two office visits, it is crucial that you assess the risk associated with that patient. Because doctors aren't typically trained in evaluating credit reports, consider a company like DentalBanc that will analyze the information and give you a concise assessment of the findings. DentalBanc's credit inquiry does not affect the patient's credit score — another advantage over third-party financing.

Once you know the patient has an acceptable risk level, offer an affordable monthly payment plan. Ask for a down payment that will cover most of your up-front costs then spread the remaining balance over three to 24 months. This is a great way to win the business of a patient that is a low credit risk, but doesn't have the cash to pre-pay for a costly procedure.

If the treatment is going to be spread out over several months or years, ask for a 25 percent down payment and offer a payment plan for the remaining balance. The payment plan should end before the final treatment is completed. This payment option is perfect for Invisalign, braces or any other treatment that requires multiple office visits over time.

Beyond risk assessment

Once your payment plan has been established and accepted, you will need an efficient and profitable way to manage that payment. Be sure to check out Marla Merritt's article in the next issue of Dental Tribune to learn how to offer payment plans without creating extra work for your staff.

Marla Merritt is the director of sales and marketing of DentalBanc, a payment management solutions provider. She can be contacted at (888) 758-0585, ext. 8304, or by e-mail at mmerritt@orthobanc.com.

AD

Conscious sedation: building upon an inherent trust in dentists

By Robin Goodman, Group Editor

According to the most recent Gallop poll figures available (2006), dentistry is considered to be one of the most honest and ethical professions. While nurses are at the top of the list, dentistry ranks among the top five: nurses, pharmacists, veterinarians, medical doctors and dentists.

Patients implicitly trust their dentists, which makes dentists the best resource for patients to learn about how oral health affects overall health. Given the abundant messages over the last few years of how oral health greatly affects systemic health, one would hope that this knowledge would encourage patients to visit their dentists more often. So are patients listening?

If one considers that among adults in the United States as many as 75 percent experience dental fear ranging from mild to severe, it is clear that many aren't even making it across the threshold of dental practice doors. Further, anywhere from five to 10 percent among this group have what is called dental phobia, a condition that causes them to avoid visiting the dentist at all costs.

In fact, a recent survey published by the Academy of General Dentistry showed that a whopping 31 percent of baby boomers never go to the dentist or only do so in an emergency. The survey, conducted by Opinion Research Corporation International (ORCI), queried 1,000 American adults in private households. If one considers that the baby boomer population is some 76 million strong, a mere 31 percent of that represents an astounding number of patients that dentists have yet to meet.

It's not always the dentists themselves that these patients fear, it's also the procedures the dentists perform and the instruments they use. A fear of needles or the sound of the dental drill, as well as difficulty becoming numb can compound the anxiety that keeps these patients from seeking a dentist's care. Of course, invasive procedures, such as oral surgery, tend to cause more fear than less invasive ones like prophylaxis. So how can a dentist encourage this large segment of the population not currently seeking care to set foot into his or her practice?

First, a dentist can build upon the trust that patients inherently have by educating them about oral conscious sedation. A properly trained dentist can reassure his or her patients that oral sedation treatment can help them overcome their fears and anxiety by creating a calming, relaxing and safe dental experience.

Informing patients of the numerous other benefits of oral sedation is also helpful — such as enabling the dentist to complete more dentistry in a single visit, reducing postoperative pain, and leaving patients with little to no memory of their treatment due to the amnesic effects of many of the medications.

Having an appropriately trained team, both business and clinical, also facilitates the process by building trust and rapport with the patients. This aids in developing the long-term, trust-based, doctor-patient relationships necessary for helping patients complete full treatment plans.

Oral sedation dentistry has the ability to help millions of fearful patients currently avoiding care. The trust is already there, it is simply up to each individual dentist to build upon it.

For more information about oral sedation dentistry, visit DOCSeducation.org or call (877) 325-3627.

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Cosmetic Tribune

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Tooth augmentation

By Sarah Kong and Lorin Berland

This attractive and fashionable woman came to us seeking our assistance to improve the appearance of her smile (Fig. 1). She said, "It's just not me!" Teeth #5 and #6 were part of a double abutment cantilever bridge for the pontic on tooth #7. Teeth #8 and #10 were implant crowns, and #9 was a porcelain crown (Fig. 2). All the restorative work was done less than two years ago in China. Although it was functional and healthy, the patient felt like her teeth looked old and unhealthy, as they were short, dark, uneven and intruded.

The patient had seen other "cosmetic" dentists who wanted to re-do all her restorations, but she remembered the experience, although necessary, was not pleasant, and more important, she did not want to jeopardize these teeth, crowns and implants. At her initial consultation appointment, we did a mock-up of teeth #8 and #9 to see what her smile could look like if she decided to improve their look by building them out facially and increasing their length.

Then we showed her what her smile might look like with a mock-up to include her lateral incisors as well (Fig. 3). We knew that her low lip line was on our side, as even her fullest smile did not show her gum line. This was an ideal case for a tooth augmentation procedure. She loved the way her teeth looked in the mock-up, but she loved even more the fact that we offered a way for her to preview her options! We also discussed the wear on her lower teeth and recommended veneers or composite, but she wanted to focus on her upper front teeth at this time.

Fig. 1: Before full face

After

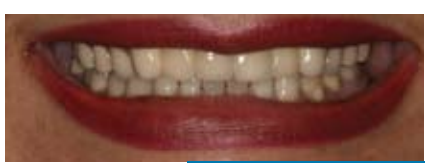

Fig. 2: Before close-up smile

We presented our patient with her treatment options, and because neither of us was looking forward to redoing these restorations, I suggested laboratory-fabricated, no-prep resin veneers. The resin was chosen over porcelain due to its more flexible properties. The brittle nature of porcelain would have been more likely to cause fractures due to the under-

See Tooth, Page 2

Is he a dentist? Is he the mayor? He is both!

An interview with the mayor of Ormond Beach, Dr. Fred Costello

By Robin Goodman
Group Editor

How long have you been a dentist and when did you become mayor of Ormond Beach?

I graduated from University of Iowa in 1974. After serving in the U.S. Air Force for three years, I moved to Ormond Beach in 1977 and entered private practice. I am blessed to have always enjoyed my chosen profession. I am 58 and still practice full time and expect to continue for another 10 years or so. After being interested in and involved in giving back to my community for many years — including serving as president of civic groups and of both the Volusia County Dental Association and Florida Academy of Cosmetic Dentistry and serving on and being chairman of both the Ormond Beach Planning Board and Development Review Board — I first ran for Ormond Beach city commissioner in 1999 because the candidate I supported had health issues and was unable to serve. I did not support the vision of the other candidates. I had absolutely no intention to run for office. After serving as a city commissioner for three years, our mayor resigned to run for Volusia County Council and I was faced with the choice to run for mayor in 2002 or serve as a commissioner under the leadership of a mayor with whom I had significant disagreements. I am now in my fourth term and still enjoy the opportunity to shape the future of my chosen community!

Likability or capability, which is more important? Or are they both equally important?

Great question! I believe capability is by far more important … but you can't get elected without likability. Bottom line, I believe likability gets you elected and capability — perceived or real — keeps you in office. I am of the opinion that professionals should be more involved in community public service. I still prefer the public service description as opposed to the term politics for folks who are interested in serving and not in establishing a new political career. We professionals benefit from the credibility we have worked so hard to establish and the public knows we are in it for the right reasons and not for enhanced status or additional income … so voters already believe we are capable and hopefully they decide we are likable and they will elect us. It is a tough balance to promote capability without morphing into self-promotion. I have never referred to myself as "Dr. Costello" and I think most folks appreciate that I don't think being a dentist should automatically give me an edge because I am a professional.

How does managing a city compare with managing a dental practice?

Ormond Beach has a population of about 40,000. Most Florida communities of our size have a city manager who runs the day-to-day operations of the government. Ormond Beach's annual budget is about $100 million.

Dr. Costello with Ms. Florida USA 2008 Jennifer Rafalowski after he enhanced her smile.

As the mayor and City Commission, we are in essence the chairman and board of directors who set the policy for the city manager — who functions as the president of the company and follows the directives of the board — and who is directly responsible to the elected officials. So there really is a great deal of similarity. As mayor I work with the commission to set policy and direct the city manager of Ormond Beach, and as a dentist I work with my partner and associates to set policy and direct my dental practice office manager to carry out our directives. The main difference is that the bureaucracy of government means that we don't do things very efficiently and government rewards longevity as opposed to merit, which can be very frustrating.

Any pearls of wisdom you can share with us from your work in dentistry and politics?

Whether in politics or dentistry, it's all about making sure they are smiling when you're done. Do the right thing for the right reason no matter what the consequences. Build on your strengths and staff your weaknesses. In other words, don't try to do things others can do better; work to improve on what you already do well as that will energize you instead of frustrate you. Your team is an extension, and a reflection, of you … continually improve, elevate, refine and reward your team. My dental team of 12 and our Ormond Beach city employees of about 360 are considered to be outstanding! And we are always striving to get better!

Dentistry and public service both demand high integrity and commitment to excellence and a willingness to give more than expected in order to accomplish a defined objective. And both are rewarding to those who care more about improving the quality of life for others than about using every spare minute in a financially productive fashion. I am a believer that "to whom much is given, much is expected" and I have been given much so I try to give back more than is reasonably expected. I encourage all dentists to get involved in your local community public service arena, including elected offices. As you give, you will grow and get more out of it than you give to it.

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Letter from the Editor in Chief

Dear Cosmetic Dentists,

Welcome to the second edition of Cosmetic Tribune. Our first edition was dedicated to the annual AACD meeting in New Orleans this year. Starting with this edition, Cosmetic Tribune will now be a monthly publication.

Something we hope you will notice is that our clinical articles will primarily focus on the "Why?" behind the cases presented. This is because we want to share with you, our readers, the entire thought process that was involved with each case. We want to feature our authors' work and understand why they made the choices they did.

What challenges did the clinician face? Were there cost or time restrictions placed upon the dentist by the patient? Were there any specific difficulties that required a unique solution? There are always different factors that affect why a certain path was chosen for a particular case and that is what we want to share with you.

Of course, these clinical articles will also present the "How?" This will be covered in brief, but still shared as concisely as possible. The reason for such brevity is that we want to concentrate on the pictures that best illustrate the situation.

In the future, Cosmetic Tribune seeks to feature the work of doctors who have "been there" and who can share their insight and unique case studies with fellow practitioners. Further, we want to feature the work of our readers so that we can all learn from one another.

We want to encourage all of you to submit articles on cosmetic dentistry cases you would like to share for future editions. If you are interested in publishing within our pages, please contact Group Editor Robin Goodman (r.goodman@dtamerica.com) and she can give you all the details. Also, if you have any feedback to share, we would both be glad to hear it, so please contact Ms. Goodman or myself directly (drberland@dallasdentalspa.com).

In short, I hope you enjoy the first monthly edition of Cosmetic Tribune and we look forward to hearing from you!

Sincerely,

Dr. Lorin Berland
Editor in Chief
Accredited and a Fellow of the AACD

Tooth

From Page 1

cuts in the old crowns and cantilever bridge. Also, we had more flexibility finishing the facial contours with resin as opposed to porcelain, especially since we had to over-contour in certain areas to account for blocked out undercuts. In this particular situation, these areas could be adjusted and polished in the mouth far better than porcelain.

Invaluable to the case was the Smile Style Guide, a comprehensive library for smile design (Fig. 4). She has round canines, and since we did not want to change her canines, we looked at the possibilities with round cuspids. She instinctively chose R-2, square centrals, square-round laterals, and round canines. For the length she selected L-3, the laterals significantly shorter than the centrals and cuspids (Fig. 5).

As with most cases, we were able to show our patient side-by-side images of her smile before and with a mock-up using Dexis software. With this technology, the capability to e-mail radiographs and photographs with a few clicks gave us an almost instant response from our periodon-

Fig. 3a: After mock-up, four front teeth.

Fig. 3b: Before mock-up, two front teeth.

Fig. 4: Smile Style Guide.

Fig. 5: L-3, laterals shorter than centrals and canines.

Fig. 5: R-2, round canines, square centrals, square-round laterals.

Fig. 6: E-mail message with Gendex digital PANO and photographs.

Fig. 7: Premise indirect veneers on model.

Fig. 8: Isolation with liquid dam and dead metal foil.

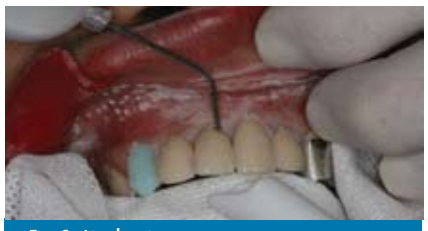

Fig. 9: Air abrasion.

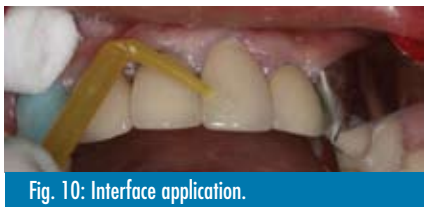

Fig. 10: Interface application.

Fig. 11: Surpass application.

Fig. 12: Cement removal.

Fig. 13: Quik strip for cement removal interproximally.

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Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Cosmetic Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!

Fig. 14: DEXIS hub with patient's before and after images.

tist regarding our implant concerns before starting her case (Fig. 6).

To begin, we placed Expasyl (Kerr) on the facial gingiva to retract her tissues and liquid dam on the lingual interproximals, especially at the gum line to protect her existing restorations from loosening or coming off with the impressions. Full arch upper and lower PVS impressions such as Take 1 Advanced (Kerr) or Virtual (Ivoclar Vivadent) were taken along with SuperDent Bite Registration. The impressions were then sent to Dental Arts Laboratory in Peoria (*www.dentalartslab.com*) along with specific instructions to accompany the digital images and selected smile design. Within two weeks, the no-prep resin veneers were ready to be seated (Fig. 7).

For the seat appointment, dead foil matrix (DenMat) was used to isolate tooth #10 from #11, but no divider could be placed between teeth #6 and #7 since they were connected. Instead, liquid dam was applied and cured (Fig. 8). Next, the porcelain surfaces were prepared for bonding with the Groman Etch Master air abrasion unit to increase surface area and mechanical retention (Fig. 9). Because the margins of her porcelain restorations were below the gumline, hydrofluoric acid use was avoided to protect her gingiva. In this case, Interface (Apex) was used as an etchant and porcelain primer (Fig. 10). This was followed with Optibond Solo Plus air thinned on the porcelain (Fig. 11).

The four Premise indirect veneers were tried on with A-1 and B-1. Ultimately, B-1 Premise flowable composite (Kerr) was used for the centrals and A-1 for the laterals to cement the restorations. I chose flowable composite rather than veneer cement to fill in any undercuts due to the no prep nature of this case. The veneers were cured with the Kerr Demi Light at all angles. Because it is an LED, there is no heat generated that could result in sensitivity from over curing. The excess composite was removed with an American Eagle Gethro periodontal knife along the gingival margins (Fig. 12) and Axis Qwik Strip interproximally (Fig. 13).

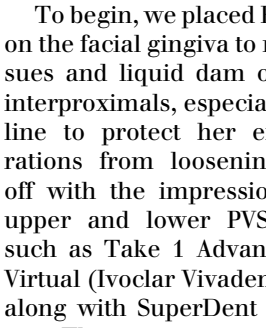
The patient's previous restorations were taken to her high gum line, which was a bit uneven. Now her gum line appeared more symmetrical after having the resin veneers placed. Though she chose to wait to do her lower teeth, experience shows that she will do them in the future, especially after seeing how beautiful her upper teeth turned out. The patient loved her new smile!

When the case was finished, we took digital images of the patient's new smile, both full face and close-up. This is a very important step, as patients tend to forget what their teeth looked like prior to the dental work. Being able to see their before and after images side by side helps them to appreciate the work that was involved in improving their smile.

Not only was an esthetic result achieved, the patient was able to keep her original restorations without damaging them. People forget what you say and people forget what you do, but they never forget how you made them feel. Digital communication in this manner serves as a constant reminder. And with a click of a button, they can share the experience with their family and friends (Fig. 14).

Author info

Dr. Lorin Berland is an internationally acclaimed cosmetic dentist and one of the most published authorities in the professional dental and general media. He is a Fellow of the American Academy of Cosmetic Dentistry, the co-creator of the Lorin Library Smile Style Guide; *www.denturewearers.com;* and the founder of Arts District Dentistry, a multi-doctor specialty practice in Dallas that pioneered the concept of spa dentistry. The American Academy of Cosmetic Dentistry honored Dr. Berland with the 2008 Outstanding Contribution to the Art and Science of Cosmetic Dentistry Award.



Dr. Sarah Kong graduated from Baylor College of Dentistry, where she served as a professor in restorative dentistry. She focuses on preventive and restorative dentistry, transitionals, anesthesia and periodontal care. She is an active member in numerous professional organizations such as the American Dental Association, the Academy of General Dentistry, the American Academy of Cosmetic Dentistry, the Texas Dental Association and the Dallas County Dental Society.

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[1] Harkavy, J., Kleinknecht, R.A., McGlynn, F.D., & Thorndike, R.M. (1984). Factor analysis of the dental fear survey with cross-validation. J Am Dent Assoc. 108 (1): 59-61.
[2] Getka, E., Glass, C.R. (1992). Behavioral and cognitive-behavioral approaches to the reduction of dental anxiety. Behavior Therapy. 23 (3): 443-448.
[3] Getz, T., Milgrom, P., Weinstein, P. (1995). Treating fearful dental patients: A patient management handbook. University of Washington.
[4] Academy of General Dentistry. (2007). National survey reveals baby boomers miss links between oral and overall health. Retrieved May 30, 2008, from: http://www.agd.org/support/articles/?ArtID=1287
[5] Hamilton, J.G. (1995). Needle phobia: A neglected diagnosis. Journal of Family Practice. 41: 169-175.

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