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DENTAL TRIBUNE

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A legacy of giving back

Dental Tribune catches up with Dr. Mario Vilardi, publisher of Dear Doctor – Dentistry & Oral Health magazine. The magazine is for general dentists and specialists interested in practice marketing within a cost-effective business model that uses patient education as the conduit. The beginning of each magazine starts with the dentist's professional profile and is followed with informative articles by leading clinicians and academicians in order to educate patients about the resources available for their dental needs.

How long have you been practicing dentistry and what are your areas of expertise?

I graduated from dental school in 1974 and went on to specialize in periodontics in 1977. I was extremely fortunate to have studied at the University of Pennsylvania with mentors who are legendary preceptors in the field, Drs. Morton Amsterdam and D. Walter Cohen. They instilled not only a desire to attain clinical excellence, but a legacy of "giving back." Through the teachings of



Drs. Amsterdam, Leonard Abrams, Arnold Weisgold, Ed Rosenberg and Jay Seibert, I feel totally confident doing any periodontal plastic surgical procedure or implant surgical procedure necessary to obtain an excellent cosmetic result.

What made you decide to establish Dear Doctor?

I have always been concerned about how much misinformation patients receive and yet, it is often that misinformation that factors into their decision making process.

There are a significant number of consumers who want and need to understand dentistry in order to make their health care decisions. My solution was to create Dear Doctor – Dentistry & Oral Health, a magazine that represents dentistry ethically and professionally, providing credibility but, more importantly, improving the doctor-patient relationship and our position in our communities.

How would you describe the content found in Dear Doctor? Is it broken down into specific topics?

Dear Doctor is an educational vehicle that allows dentistry to be interesting and entertaining while teaching about oral health and its connection to general health. So we provide great graphics, visual appeal, top celebrity interviews for human-interest stories and even a little

See LEGACY, Page 2

Inside this week

Cosmetic Tribune:
Dr. Ronald D. Jackson



Examine six of the possible reasons why many prominent clinicians feel that inlays and onlays (of any color) are underutilized while crowns are overutilized. Do the reasons withstand the glare of scrutiny? **Page 13**

Hygiene Tribune:
Carol Southard

In part 3 of 4 on tobacco cessation, Southard discusses the use of pharmacotherapy. The goal of cessation pharmacotherapy is to alleviate or diminish the symptoms of withdrawal. **Page 17**

Will you have enough to retire?

By Roger P. Levin, DDS

Picture yourself on the beach. The sun is shining, the waves are crashing. For the first time in a while you are completely relaxed.

You smile as you realize that you have few cares or worries. You have no schedules to worry about. No hiring issues. No collections to think about. You have no dental office anxiously awaiting your return. Wel-

come to an affluent, comfortable retirement — every dentist's dream. Unfortunately, in a radically changing economy, it's no longer every dentist's reality.

Today many doctors can't retire when they want to. After practicing 25 or 30 years, they often suddenly realize that financial independence is still years away. The biggest reason doctors don't retire when they want to is failure to plan. As the saying goes, "If you fail to plan, you plan

to fail." In today's economy, planning is more important than ever before.

Did you forget to plan?

I was recently approached by Dr. S, and he expressed anger about his situation. He had worked hard on his day-to-day operations for most of his career, and he never considered that it was possible to increase his 20-year revenue by millions of dollars while saving more for the future.

See RETIRE, Page 4

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LEGACY

From Page 1

humor. It is organized into departments of dentistry and our goal was to create a magazine for patients that had the credibility of the New England Journal of Medicine with cutting-edge knowledge.

Why do you believe patient education is the key to effective marketing?

When a doctor provides patients with information that is credible and reliable, it reinforces his own recommendations, and by educating patients it enables patients to make confident and informed health care decisions and decreases procrastination.

Today many are questioning the doctor-patient relationship because it has eroded to some extent. The doctor-patient relationship is based on trust and this can be created and reinforced by the open communication and honesty that comes through education. Patients want to understand the various options available enabling them to make well-informed decisions.

Dear Doctor is not just providing information, it is providing educa-

tion. It talks about the pros and cons, the indications and contraindications, and gives an explanation as to why certain treatments are needed by patients.

What is the current circulation of Dear Doctor? How many copies of Dear Doctor do you suggest a practice should purchase in order to distribute?

Dear Doctor has, in just over a year, more than tripled its circulation from 30,000 to 100,000. We are very proud of that growth, particularly in this economy.

The nice thing about Dear Doctor is the flexibility it provides. Our total marketing program is extremely comprehensive, allowing internal marketing, external marketing [direct mail] and Internet marketing in addition to patient education all in one magazine. And it's very cost effective, about \$1.45 per magazine plus shipping. It is the most cost-effective promotional tool available for professionals today. You can choose any component of our marketing program or select sections you need that supplement your current strategies. Your circulation can be as few as 300 magazines per quarter or as many as you want.

We are also releasing two excit-


ing new products in early 2009. One is the Spanish version named Dear Doctor – Odontología y Salud Oral, en Español of which we are very proud. The other product is the online version of Dear Doctor magazine where doctors can purchase our educational material for their Web sites so that they will be able to direct patients to their Web site for additional educational support. One of the biggest challenges practices face with their Web sites is keeping content fresh. Our digital online edition of Dear Doctor is a great way to keep patients going to your dental practices for their health care information.

How is your time split up now that you are doing Dear Doctor and running your own practice?

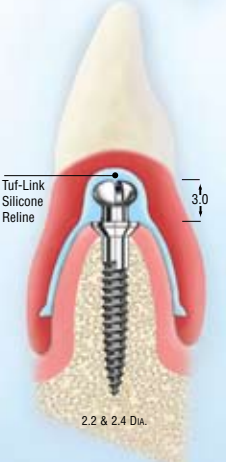
That is obviously the most challenging part, running a practice and creating Dear Doctor magazine. There are some things that I did give up, one being teaching, and I am reducing my lecture schedule, so that frees up a fair amount of time.

On the practice side, I have a very experienced support group that allows me to handle a lot of things. Importantly, Dear Doctor is an extension of who I am and what I do, so family, practice and magazine are all intertwined. I won't say it's easy, but it is a labor of love when you are doing something you really believe in.

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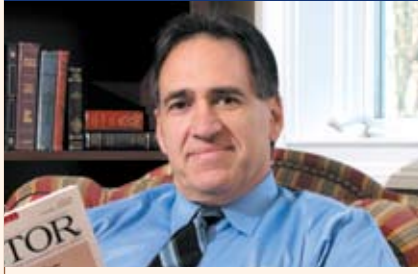
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RETIRE

From Page 1

While he should have focused on the bigger picture, Dr. S concentrated on his day-to-day expenses and neglected to consider how much he would need to retire. After all, retirement always seemed so far away.

Dr. S is not alone. He, along with many other doctors I've encountered, failed to plan for a better future. They did not budget how much money they would need to retire and they did not save enough to get there. They didn't realize that you need to start planning for financial independence as soon as possible. At Levin Group, we believe that part of total success is being able to comfortably

retire at an appropriate time.

And now these doctors are entering a difficult phase of a dental career — the phase in which they are strictly working for money. That's a tough place to be in. Fortunately, it's not too late. There are three things you can start doing right now to preserve your practice and your retirement.

Three action steps to retirement

No. 1: Get a practice analysis.

Get a practice analysis performed by experts to find out the true potential of your practice. It is often difficult to make an objective assessment from the trenches. In addition, dentists often do not have appropriate industry data to make an accurate assessment of their full



potential. Expert analysis and advice can often lead to breakthroughs in performance!

No. 2: Take financial planning seriously.

Meet with a Certified Financial

Planner. Besides increasing production, you can either change your lifestyle or investigate ways to increase the amount you can save. Certified Financial Planners (CFPs) are experts at finding all of the ways you can save money in the best tax scenario. Dentists receive no training in this area and CFPs are there to help.

Let your new CFP create a lifetime financial plan that evaluates and analyzes every year for the rest of your life. These plans need to be reviewed and updated on a quarterly basis. The world will keep changing and your plan will as well. But a financial plan tells you where you are and what you have to do to get where you are going.

No. 3: Consider a life plan.

Attend a life-planning course. This course should be more than a financial plan. It should encompass your professional and personal life, including your practice potential, your family's future, financial involvements, etc.

In a course that I teach called *Life Plan*, participants map out each phase of their future by working through a series of educational modules and exercises. This course is completed by practitioners and their spouses in a unique setting where they chart their financial and personal goals year by year. The objective is to get the most out of your practice and your life. You should create a life plan so that you completely understand where you are going and what it will take to get there.

Conclusion

I have worked with many dentists who neglected to plan for their financial and personal future. It is these individuals who have been hit hardest by the economic meltdown. These doctors are now unable to retire when they had anticipated. The good news is it's not too late for any dentist. By making the decision to implement the action steps in this article, you are preparing for your future. You'll never have to look back say, "I wish I had..."

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Eliminating sensitivity with a fluoride varnish: Duraflor Halo

Howard S. Glazer, DDS, FAGD

Dental sensitivity is one of the most common, yet often, one of the most difficult problems that we, as dentists, are required to treat and prevent. Our diagnostic task, first and foremost, is to ascertain the cause of the sensitivity. Is the underlying cause of the discomfort for the patient dental decay? Perhaps it is a leaky margin of an existing restoration? Or is it erosion or recession, either due to mechanical or chemical causes, such as, tooth brush abrasion or GERD, respectively? Or possibly just postoperative sensitivity? Once the cause of the dental sensitivity has been correctly determined, then treatment and prevention can proceed accordingly.

If a patient's complaint is due to decay or a leaky margin, the solution is quite simple. Remove the old restoration and/or the decay as appropriate, and restore the tooth to healthy form and function. In many cases this process is enough to solve the problem. The solution, however, may not be so simple with other types of sensitivity.

For example, some of the situations cited above, such as erosion, recession and tooth brush abrasion can all be precursors to decay. However, they are likely to cause patient sensitivity well before they ever become a detectable carious lesion. In these situations, the best course of action is to treat the affected areas with some type of preventative approach that will stop the active process as well as eliminate the patient's discomfort.

Fluoride varnishes have been available for many years. In fact, they have been used in Europe since the mid 1960s. In the United States, the Food and Drug Administration approved fluoride varnishes as desensitizing agents and cavity liners in the early 1990s. Fortunately for the dental practitioner, the application of varnishes requires no special equipment and can be easily administered chairside by the dentist or the auxiliary. There is also considerably less fluoride ingestion than with conventional in-office fluoride treatments using trays. This is particularly useful for younger patients who tend to swallow the fluoride. The fluoride, acting as a powerful emetic on their stomach contents, may cause them to vomit while still in the operatory (a rather messy situation for both the patient and the practitioner).

Patients can eat and drink immediately after the application of fluoride varnishes but should be warned that they may feel a "film-like" substance on their teeth for several hours after the application. Any remaining film that is still on the teeth will be easily removed when they brush and/or floss their teeth. Fluoride varnishes flow very readily, and this is a major clinical advantage; they can be applied to both smooth and non-smooth surfaces including pits, fissures, grooves, as well as inter-

proximally.

One of the most important indications for fluoride varnishes is for children with poor oral hygiene. Fluoride varnish helps to prevent cavities and is totally controlled by the dentist or the auxiliary, requiring little or no patient compliance in order to have beneficial effects. One area that is often overlooked is the great value for those patients who are undergoing orthodontic treatments, those who are "regular" sugar-sweetened gum chewers, and for those patients who may be on medications that cause a decrease in salivary flow. In older individuals, where there is often a greater degree of gingival recession and therefore

more exposed root surface, very often combined with decreased salivary flow, a fluoride varnish will go a long way to preventing sensitivity and reducing the incident of root decay.

For most cases, the application of fluoride varnish requires only a single visit and needs to be repeated twice per year, most readily in conjunction with routine recall care. The accepted recommendation is that the tooth surfaces be cleaned of debris, plaque, etc., prior to application so that the varnish can best adhere to the dental surfaces.

Duraflor Halo (Medicom, Montreal, Quebec) is an excellent solution to delivering fluoride to tooth surfaces predictably at all age levels and in all

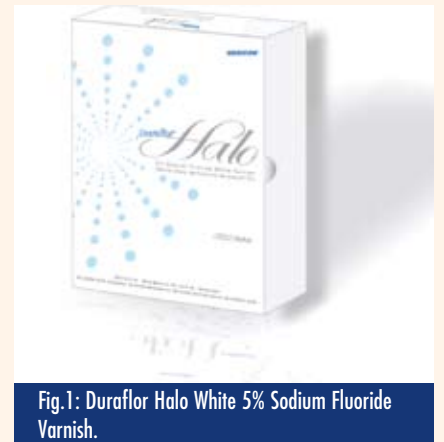


Fig.1: Duraflor Halo White 5% Sodium Fluoride Varnish.

patient groups (Fig. 1). Duraflor Halo White is a five percent sodium fluoride. See DURAFLOOR, Page 6

AD

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Fig. 2: Patient prior to prophylaxis.



Fig. 3: Prophylaxis complete and patient ready to receive fluoride varnish.



Fig. 4: Applicator brush in unit dose mixing well.



Fig. 5: Varnish is applied to the teeth.



Fig. 6: Varnish is applied around orthodontic brackets.



Fig. 7: Continued application for entire arch.



Fig. 8: Completed application of fluoride varnish.



About the author

Dr. Howard S. Glazer is a fellow and past president of the Academy of General Dentistry, and former assistant clinical professor in Dentistry at the Albert Einstein College of Medicine (Bronx, N.Y.). For the past several years, he has been named as one of the Leading Clinicians in Continuing Education by Dentistry Today. He lectures throughout the United States, Latin America, Canada, Europe, Scandinavia, India and Korea on the subjects of cosmetic dentistry, forensic dentistry and patient management. Currently he publishes a monthly column in AGD IMPACT titled "What's Hot and What's Getting Hotter!" He maintains a general practice in Fort Lee, N.J.

ride gel that is quite thixotropic yet easily dispensed onto the tooth surface. The package contains an applicator brush and a detachable cup that fits nicely into a prophylaxis paste ring so that the gel is conveniently located where it can be accessed, close to the area(s) being treated. Duraflor Halo White 5% Sodium Fluoride Varnish is available in either spearmint or wild berry flavors, and is sweetened with xylitol, a progressive sweetener, which helps to prevent decay.

Duraflor Halo White 5% Sodium Fluoride Varnish has an added benefit in that it is white in color, eliminating the objection that some individuals had to fluoride treatment. Many other varnish products left a yellowish appearance on tooth surfaces. The concern for color is particularly important as many patients have undergone, or are considering having, whitening procedures. Such procedures are often accompanied by a transient sensitivity and Duraflor

Halo White is an excellent product that can be used to combat such sensitivity without causing concerns to patients color sensitivities. In today's climate of caries prevention and minimal intervention restorative procedures, Duraflor Halo White is an excellent product that focuses on the patient's remineralization and desensitization needs as well as the conservative and clinical goals of the dental practitioner.

The clinical technique is quite straightforward. When the patient presents (Fig. 2), a prophylaxis and a scaling is done first to eliminate all stain, plaque and tartar from the tooth surfaces. Once the prophylaxis is complete and the teeth are relatively plaque and tartar free, then they are ready for the application of the Duraflor Halo White 5% Sodium Fluoride Varnish (Fig. 3). The applicator brush that is included with the individual varnish dispensers is used to mix the varnish and apply it

directly to the tooth surfaces (Figs. 4, 5). For application in orthodontic cases, the varnish is applied all around the brackets (Fig. 6).

All the teeth are covered in sequence with the Duraflor Halo White Varnish, a process that should not take more than 15 seconds per arch (Fig. 7). Once the varnish is on the teeth (Fig. 8), the patient is ready to leave the office and resume normal activities, including eating and drinking, although ideally, these are to be avoided for 30-60 minutes.

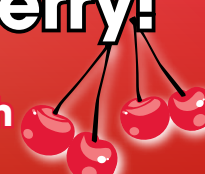
As evident in the photo (Fig. 8), Duraflor Halo White provides no yellowish appearance to the teeth. This avoids creating an esthetic liability where the patient is in a rush to eliminate the varnish from the tooth surfaces. Because the fluoride varnish is able to release more fluoride over a period of several hours, the longer the varnish stays on the teeth, the more effective it is for desensitization and remineralization.

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A perfect 10

Las Vegas Institute celebrates its 10th anniversary

By Dan Jenkins, DDS

As I drove down the Town Center off-ramp and looked to my right I saw the Las Vegas Institute (LVI). This visit was special and unique — like no other visit. I was attending the celebration of the 10th anniversary of the opening of the Las Vegas Institute Summerlin campus in Las Vegas on Oct. 11, 2008. I remembered overhearing two dentists discussing LVI at a convention in 1997. They did not think LVI would last because of the high costs — but it's still here.

The ceremony started with Congressman Jon Porter giving a speech on the importance of LVI to Las Vegas to the crowd seated in white chairs in the parking lot. Then Dr. Ron Jackson spoke. Ron is a dynamic and inspirational speaker. For this 10-year celebration Ron outdid himself. When Ron spoke, the wind started to blow hard and snow with hail started to fall — so the celebration was quickly moved inside.

Indoors, Ron finished his speech on LVI. Initially, Bill Dickerson held the classes in his own office with lectures conducted in the team lounge. Later he found more room in a warehouse. In 1997 Bill took a hard swallow and sought funding to build a dream campus in Summerlin. It was opened in August 1998.

Dr. Heidi Dickerson narrated slides of the construction of the LVI campus, and Bill's years of dental school and teaching at Baylor. Heidi spoke about how Bill purposefully never named LVI after himself because he felt the bigger picture is the purpose of LVI. However, Bill was then honored with the rotunda being named after him. Bill humbly accepted the honor. He said, "LVI has lasted because it has a mission, a purpose — it is not about a building — it is about changing dentistry and changing lives."

The evening activities were at the Red Rock Casino. Bill was presented an amazing painting of The Rolling Stones painted by Ron Wood, a member of The Rolling Stones. While the song "Bad to the Bone" was playing in a video, a loud Harley Davidson motorcycle came along the back and down toward the front of the room. To Bill's surprise it was being ridden by clinical instructor Hamada Makarita. This was a gift for Bill from both the clinical instructors and many LVI sponsors including Aurum Ceramic, Las Vegas Esthetics, Microdental DTI, ProWest Laboratories and Williams Dental Laboratory. It is a beautiful bike with brilliant royal blue flames, and it also has a Rolling Stones type mouth and tongue on the back fender with "Bill D" on it and a front fender with the Las Vegas Institute logo going up in flames. Everyone in the room was gasping,

laughing, smiling and beaming, so proud to be a part of honoring the person that has inspired us.

For the first time that anyone could remember, Bill was speechless! With moist eyes, Bill thanked his clinical instructors and the labs for something he liked so much, but "probably would not have gone out and purchased" for himself. The crowd spent the rest of the evening dancing in celebration.

I could not help but think about the two dentists who wondered if LVI



would last. In 10 years, 7,800 dentists have attended LVI and caused it to expand to 65,000 square feet. And now LVI has two additional programs in Canada and Australia. This event was perfect for celebrating an exceptional institution of learn-

ing for dentists. It was also perfect for acknowledging the person whose vision, drive and self-sacrifice of personal life experiences has persisted to make LVI what it has become. This celebration was, like the Las Vegas Institute, a perfect 10.

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Hands-on workshop educates dentists about narrow diameter implants

By Fred Michmershuizen
Managing Editor, Endo Tribune

These are exciting times to be working with dental implants. Advances continue to be made at places like the Ashman Department of Periodontology and Implant Dentistry at New York University's College of Dentistry. At the same time, companies like Dentatus facilitate these advances with new products that are smaller, less expensive and more efficient than ever. As a result, options are increased for practitioners, and — even more important — results are improved for patients.



Dentists learn about narrow diameter implants at New York University College of Dentistry during a workshop sponsored by Dentatus.

Among recent advances is the Anew implant system, a narrow-bodied, screw-attached restoration developed by Dentatus. This new implant is ideal for placement in slim, limiting spaces, and it can also



Dr. Sang-Choon Cho is an expert on implantology.

be used for “first-visit” replacement of missing teeth.

Anew implant restorative protocol was developed by Bernard Weissman in conjunction with the Department of Implant Dentistry, NYU College of Dentistry. To help explain and demonstrate, Sang-Choon Cho, DDS, an assistant clinical professor and associate director of clinical research at NYU, recently offered a hands-on workshop for dentists. The title of the workshop, which was conducted at the NYU College of Dentistry Department of Continuing Education on Oct. 31, was “Advanced Narrow Diameter Implant Technologies for Replacement of Patients’ Missing Teeth in Narrow Bone and Limiting Spaces.”

During the lecture portion of the workshop, Cho explained how Anew implants can be used for patients with thin bone, limiting inter-root spaces or narrow teeth. Special characteristics of Anew implants make them ideal for physically compromised patients, or for those with systemic problems. They provide an immediate, economical interim and customized restoration. They can also be used for ridge augmentation procedures. Cho also explained the osseointegration process of immediate-loaded narrow-bodied implants and identified the non-invasive, cost savings procedures and benefits to patients.

In the hands-on portion of the course, Cho took attendees, using hard plastic models, through the sequential steps involved in placing Anew implants. Each participant fabricated a single tooth and a three-unit posterior bridge.

At the conclusion of the workshop, participants were able to keep their models with constructed restorations for use in training assisting staff in their practices.

Dentatus regularly offers similar educational events throughout the country. For more information, visit Dentatus online at www.dentatus.com or call the company at (800) 323-3136.

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Trade news

- Cadbury's Trident, Dentyne Ice and Stride chewing gums received the Seal of Acceptance by the American Dental Association.
- Ameritas Group will begin to pay for in-office tooth whitening procedures every two years.
- Aspen Dental opened a new office in DeWitt, N.Y.
- Dentsply International will have its common stock included in the S&P 500 index.
- 560imaging in Georgia is offering a new package of marketing materials to promote image centers with cone beam CT dental scanners.
- Aetna in Connecticut introduced i.Choose, a new dental, life, accident and disability insurance program.
- Man & Machine in Maryland introduced a new keyboard designed especially for dental offices.
- Cadbury North America in New Jersey is donating \$1.5 million to Oral Health America's Smiles Across America program.
- Dentsply International in Pennsylvania purchased a majority interest in Zhermack in Italy.
- Smile Reminders in Utah is now offering dentists a digital tool called vSling that captures and distributes patient video testimonials that can be uploaded to YouTube and other sites.

For more dental industry news in detail, visit www.dentalfax.com

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