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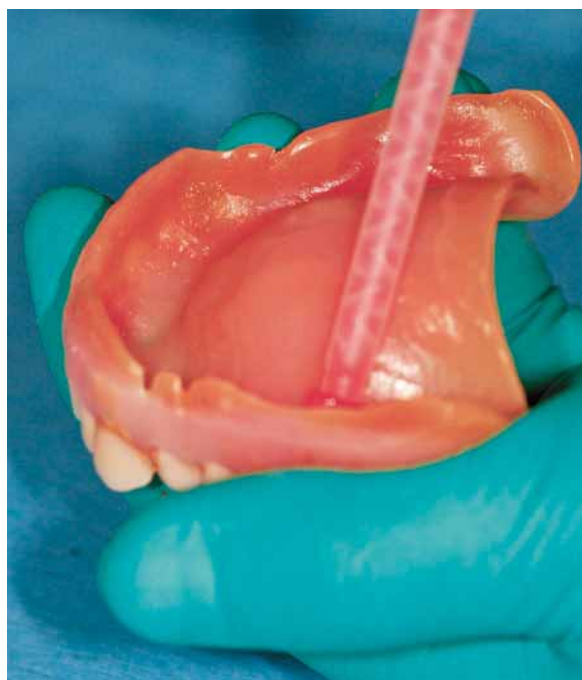
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CUT PROCEDURE TIME IN HALF

Dr. Ed Lowe on his experience using Ivoclar Vivadent's Tetric EvoCeram Bulk Fill for posterior restorations.



THE LIST

Top 5 ways to get your yes

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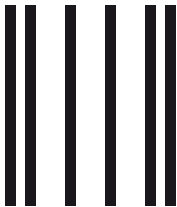
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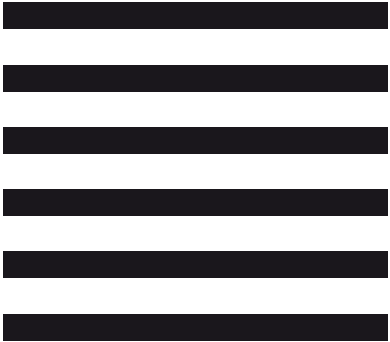
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Christina Do, DDS
Costa Mesa, Calif.



"It kind of invigorated me in dentistry other than just drilling and filling, and doing the same old, same old. If I can do it faster and easier and better for the patient and more comfortable, who wouldn't want that for their practice. It's just fun."

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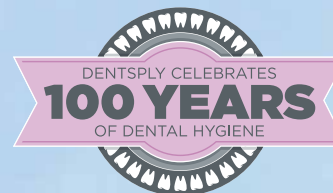
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Let us know about the great ladies in dentistry



With the arrival of summer here, that means one of Dental Products Reports' most exciting annual issues is just around the corner. In September we will once again honor 25 wonderful ladies in dentistry with our Top 25 Women in Dentistry issue. We're not just talking about great women dentists here, as the industry is filled with great women who hold a variety of roles. In my tenure with DPRI've had the pleasure to work with many women who

have held every type of role in the industry, from educators, to product managers, company presidents, marketing directors, researchers, team members and yes, dentists. Last September on this very page, Director of Content Thais Carter said the September issue is easily her favorite issue of the year because we get to focus on some of the many outstanding women.

I'm here this month to remind you we're accepting nominations through mid-June and will then begin the selection process. There are 5 categories—Dentists, Team Members, Industry People, Lab, and Researchers/Educators.

So if you work with someone who is really special or you are aware of a woman who deserves

5 Categories in which you can nominate candidates to be honored in this year's **Top 25 Women in Dentistry issue.**

to be recognized for doing exceptional work in the dental industry, please nominate them for consideration this year. The nominations should be at least 3-5 sentences, explaining why this woman deserves to be recognized and describing how she delivers above average results in her practice, lab or company.

We already have a great group of women to consider, but we want to hear from you as well. There are a lot of won-

derful women flying under the radar, doing great things on a daily basis to help provide better oral health care to everyone. Help us share their great stories.

Nominations can be sent to Thais Carter at tcarter@advanstar.com or to me at sgoff@advanstar.com.

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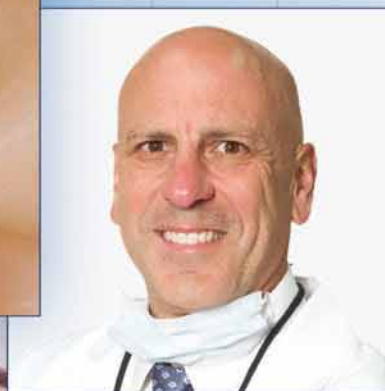
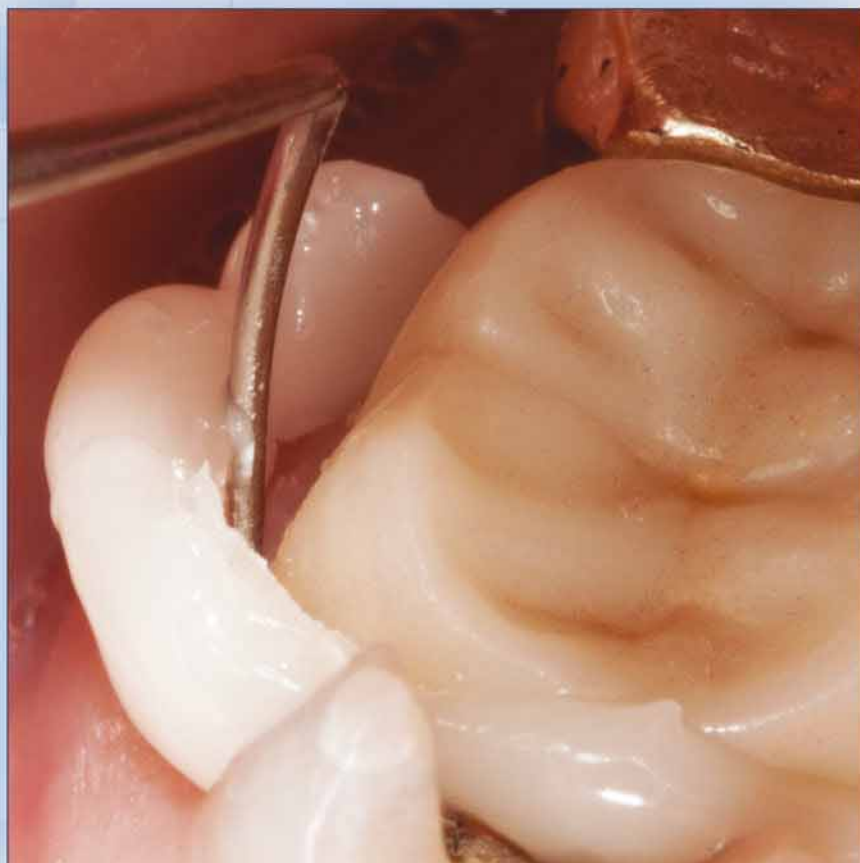
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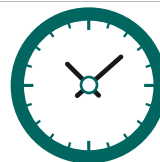
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Q: How did you get involved in the dental industry?

A: I started Atlantic 25 years ago, but before that I worked for my father in his dental lab. I grew up in a dental lab, literally. It was in our basement and eventually took over the whole house.

Q: Tell us a little about the business side and your philosophy.

A: The last two years have brought many changes with the lack of precious metals being used in the dental lab world, so we've had to adapt and we've expanded in all areas from our assay laboratory to our ability to incinerate lower grade sweep materials and carpeting to the actual breaking down and growing the refining end of it. We do 100% of it in-house. We just always want to treat everybody the way we want to be treated. We realize everybody is just looking to be paid fairly for what they have, and that's what we intend to do every time. We go to great lengths to ensure that happens. Through documentation, photography, and analysis, everything



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Top 5 WAYS TO GET YOUR YES>>

Tips submitted by LIZ NIES RDH, AS-EA



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01 Ask if you're meeting their needs

Check in with your patients at the beginning of every appointment to find out what their long-term oral health goals are and what you can do to help get them there. Patients are much more comfortable talking about cosmetic desires if you bring it up.

02 Show don't just tell

Make your intraoral camera part of every new patient exam. At the end of their new patient visit take them on a tour of their mouth. Remember to let the patient do the talking. By the time you get to the last photograph they will be talking about all the things they want to change.

03 Find out what's holding them back

Too often dentists assume patients aren't accepting treatment because they can't afford it. While that may be part of it, fear and not understanding the treatment's value may also play a role. Review any long standing treatment plans and ask the

patient why he or she hasn't gone forward. Address any fears they have and educate. If money is the concern, remind them the cost of fixing the problem will only increase with time.

04 Keep the focus on the patient

When discussing treatment options or findings, always keep the patient in the center of it in the "power triangle." The doctor is in front of the patient with the hygienist/assistant next to the patient on the other side. Keep eye contact so the patient can nonverbally be part of the conversation. If there are a lot of questions or if the discussion seems to be turning into a larger case, move the patient to a consultation area or make another appointment to discuss treatment.

05 Remember it's not your decision

Listen to patient cues and what they think about their smile. It's ultimately their decision to make, so take the time to give them all their options and listen to their questions and concerns. Give them what they need to make the right decision for their overall health; don't try to decide for them. ●



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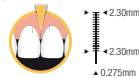


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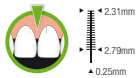
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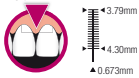
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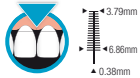
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Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For most routine dental procedures, Articadent® containing epinephrine 1:200,000 is preferred. However, when more pronounced hemostasis or improved visualization of the surgical field are required, Articadent® containing epinephrine 1:100,000 may be used. Reactions to Articadent® (pain and headache, for example, or convulsions or respiratory arrest following accidental intravascular injection) are characteristic of those associated with other amide-type local anesthetics. Articadent® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. **Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use. Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5-minute period is recommended.**

Please see Brief Summary of Prescribing Information on adjacent page.

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PHA07-0810-2.2 Rev. 02

Interested? Circle Product Card No. 19

Articadent® (articaine HCl and epinephrine) Injection; Intraoral Submucosal Injection

Articaine hydrochloride 4% and epinephrine 1:200,000

Articaine hydrochloride 4% and epinephrine 1:100,000

BRIEF SUMMARY. [See Package Insert For Full Prescribing Information] USE

Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For most routine dental procedures, Articadent® with epinephrine 1:200,000 is preferred. Articadent® with epinephrine 1:100,000 is preferred during operative or surgical procedures when improved visualization of the surgical field is desirable.

CONTRAINDICATIONS

Articadent® is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to sodium metabisulfite.

WARNINGS

Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use.

Intravascular injections should be avoided. To avoid intravascular injection, aspiration should be performed before Articadent® is injected. The needle must be repositioned until no return of blood can be elicited by aspiration. Note, however, that the absence of blood in the syringe does not guarantee that intravascular injection has been avoided.

Articadent® contains epinephrine that can cause local tissue necrosis or systemic toxicity. Usual precautions for epinephrine administration should be observed.

Articadent® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown. Sulfite sensitivity is seen more frequently in asthmatic than in non-asthmatic people.

Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5 minute period is recommended.

The American Heart Association has made the following recommendation regarding the use of local anesthetics with vasoconstrictors in patients with ischemic heart disease: "Vasoconstrictor agents should be used in local anesthesia solutions during dental practice only when it is clear that the procedure will be shortened or the analgesia rendered more profound. When a vasoconstrictor is indicated, extreme care should be taken to avoid intravascular injection. The minimum possible amount of vasoconstrictor should be used." (Kaplan, EL, editor: Cardiovascular disease in dental practice, Dallas 1986, American Heart Association.)

PRECAUTIONS

General: Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use (see **WARNINGS**). The lowest dosage that results in effective anesthesia should be used to avoid high plasma levels and serious adverse effects. Repeated doses of Articadent® may cause significant increases in blood levels with each repeated dose because of possible accumulation of the drug or its metabolites. Tolerance to elevated blood levels varies with the status of the patient.

Dehydrated patients, elderly patients, acutely ill patients and pediatric patients should be given reduced doses commensurate with their age and physical condition.

Articadent® should be used with caution in patients with heart block.

Local anesthetic solutions, such as Articadent®, containing a vasoconstrictor should be used cautiously. Patients with peripheral vascular disease and those with hypertensive vascular disease may exhibit exaggerated vasoconstrictor response. Ischemic injury or necrosis may result. Articadent® should be used with caution in patients during or following the administration of potent general anesthetic agents, since cardiac arrhythmias may occur under such conditions.

Systemic absorption of local anesthetics can produce effects on the central nervous and cardiovascular systems. At blood concentrations achieved with therapeutic doses, changes in cardiac conduction, excitability, refractoriness, contractility, and peripheral vascular resistance are minimal. However, toxic blood concentrations depress cardiac conduction and excitability, which may lead to atrioventricular block, ventricular arrhythmias, and cardiac arrest, possibly resulting in fatalities. In addition, myocardial contractility is depressed and peripheral vasodilation occurs, leading to decreased cardiac output and arterial blood pressure.

Careful and constant monitoring of cardiovascular and respiratory (adequacy of ventilation) vital signs and the patient's state of consciousness should be performed after each local anesthetic injection. It should be kept in mind at such times that restlessness, anxiety, tinnitus, dizziness, blurred vision, tremors, depression, or drowsiness may be early warning signs of central nervous system toxicity.

In vitro studies show that about 5% to 10% of articaine is metabolized by the human liver microsomal P450 isoenzyme system. However, because no studies have been performed in patients with liver dysfunction, caution should be used in patients with severe hepatic disease.

Articadent® should also be used with caution in patients with impaired cardiovascular function since they may be less able to compensate for functional changes associated with the prolongation of A-V conduction produced by these drugs.

Small doses of local anesthetics injected in dental blocks may produce adverse reactions similar to systemic toxicity seen with unintentional intravascular injections of larger doses. Confusion, convulsions, respiratory depression and/or respiratory arrest, and cardiovascular stimulation or depression have been reported. These reactions may be due to intra-arterial injection of the local anesthetic with retrograde flow to the cerebral circulation. Patients receiving these blocks should be observed constantly. Resuscitative equipment and personnel for treating adverse reactions should be immediately available.

Dosage recommendations should not be exceeded (see **DOSAGE AND ADMINISTRATION** in package insert).

Information for Patients:

- The patient should be informed in advance of the possibility of temporary loss of sensation and muscle function following infiltration and nerve block injections.
- Patients should be instructed not to eat or drink until normal sensation returns.

Clinically Significant Drug Interactions: The administration of local anesthetic solutions containing epinephrine to patients receiving monoamine oxidase inhibitors, nonselective beta adrenergic antagonists or tricyclic antidepressants may produce severe, prolonged hypertension. Phenothiazines and butyrophenones may reduce or reverse the pressor effect of epinephrine. Concurrent use of these agents should generally be avoided. In situations when concurrent therapy is necessary, careful patient monitoring is essential.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Studies to evaluate the carcinogenic potential of articaine HCl in animals have not been conducted. Five standard mutagenicity tests, including three *in vitro* tests (the nonmammalian Ames test, the mammalian Chinese hamster ovary chromosomal aberration test and a mammalian gene mutation test with articaine HCl) and two *in vivo* mouse micronucleous tests (one with Articadent® with epinephrine 1:100,000 and one with articaine HCl alone) showed no mutagenic effects. No effects on male or female fertility were observed in rats for Articadent® with epinephrine 1:100,000 administered subcutaneously in doses up to 80 mg/kg/day (approximately two times the maximum male and female recommended human dose on a mg/m2 basis).

Pregnancy: Teratogenic Effects-Pregnancy Category C.

In developmental studies, no embryofetal toxicities were observed when Articadent® with epinephrine 1:100,000 was administered subcutaneously throughout organogenesis at doses up to 40 mg/kg in rabbits and 80 mg/kg in rats (approximately 2 times the maximum recommended human dose on a mg/m2 basis). In rabbits, 80 mg/kg (approximately 4 times the maximum recommended human dose on a mg/m2 basis) did cause fetal death and increase fetal skeletal variations, but these effects may be attributable to the severe maternal toxicity, including seizures, observed at this dose.

When articaine hydrochloride was administered subcutaneously to rats throughout gestation and lactation, 80 mg/kg (approximately 2 times the maximum recommended human dose on a mg/m2 basis) increased the number of stillbirths and adversely affected passive avoidance, a measure of learning, in pups. This dose also produced severe maternal toxicity in some animals. A dose of 40 mg/kg (approximately equal to the maximum recommended human dose on a mg/m2 basis) did not produce these effects. A similar study using Articadent® with epinephrine 1:100,000 rather than articaine hydrochloride alone produced maternal toxicity, but no effects on offspring.

There are no adequate and well-controlled studies in pregnant women. Animal reproduction studies are not always predictive of human response. Articadent® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: It is not known whether articaine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Articadent® is administered to a nursing woman.

Pediatric Use: In clinical trials, 61 pediatric patients between the ages of 4 and 16 years received Articadent® with epinephrine 1:100,000. Among these pediatric patients, doses from 0.76 mg/kg to 5.65 mg/kg (0.9 to 5.1 mL) were administered safely to 51 patients for simple procedures and doses between 0.37 mg/kg and 7.48 mg/kg (0.7 to 3.9 mL) were administered safely to 10 patients for complex procedures. However, there was insufficient exposure to Articadent® with epinephrine 1:100,000 at doses greater than 7.00 mg/kg in order to assess its safety in pediatric patients. No unusual adverse events were noted in these patients. Approximately 13% of these pediatric patients required additional injections of anesthetic for complete anesthesia. Safety and effectiveness in pediatric patients below the age of 4 years have not been established. Dosages in pediatric patients should be reduced, commensurate with age, body weight, and physical condition. See **DOSAGE AND ADMINISTRATION** in package insert.

Geriatric Use: In clinical trials, 54 patients between the ages of 65 and 75 years, and 11 patients 75 years and over received Articadent® with epinephrine 1:100,000. Among all patients between 65 and 75 years, doses from 0.43 mg/kg to 4.76 mg/kg (0.9 to 11.9 mL) were administered safely to 35 patients for simple procedures and doses from 1.05 mg/kg to 4.27 mg/kg (1.3 to 6.8 mL) were administered safely to 19 patients for complex procedures. Among the 11 patients ≥ 75 years old, doses from 0.78 mg/kg to 4.76 mg/kg (1.3 to 11.9 mL) were administered safely to 7 patients for simple procedures and doses of 1.12 mg/kg to 2.17 mg/kg (1.3 to 5.1 mL) were safely administered to 4 patients for complex procedures.

No overall differences in safety or effectiveness were observed between elderly subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Approximately 6% of patients between the ages of 65 and 75 years and none of the 11 patients 75 years of age or older required additional injections of anesthetic for complete anesthesia compared with 11% of patients between 17 and 65 years old who required additional injections.

ADVERSE REACTIONS

Reactions to Articadent® are characteristic of those associated with other amide-type local anesthetics. Adverse reactions to this group of drugs may also result from excessive plasma levels (which may be due to overdosage, unintentional intravascular injection, or slow metabolic degradation), injection technique, volume of injection, hypersensitivity, or may be idiosyncratic.

The reported adverse events are derived from clinical trials in the US and UK. Table 1 displays the adverse events reported in clinical trials where 882 individuals were exposed to Articadent® with epinephrine 1:100,000 and Table 2 displays the adverse events reported in clinical trials where 182 individuals were exposed to Articadent® with epinephrine 1:100,000 and 179 individuals were exposed to Articadent® with epinephrine 1:200,000.

Table 1. Adverse Events in controlled trials with an incidence of 1% or greater in patients administered Articadent® with epinephrine 1:100,000.

Body System	Articadent® with epinephrine 1:100,000 N (%)
Number of patients	882 (100%)
Body as a whole	
Face Edema	13 (1%)
Headache	31 (4%)
Infection	10 (1%)
Pain	114 (13%)
Digestive system	
Gingivitis	13 (1%)
Nervous system	
Paresthesia	11 (1%)

Table 2. Adverse Events in controlled trials with an incidence of 1% or greater in patients administered Articadent® with epinephrine 1:100,000 and Articadent® with epinephrine 1:200,000.

Number of patients exposed to drug	Articadent® with epinephrine 1:100,000 (N=182)	Articadent® with epinephrine 1:200,000 (N=179)
Number of patients that reported any Adverse Event	35	33
Pain	14 (7.6%)	11 (6.1%)
Headache	6 (3.2%)	9 (5.0%)
Positive blood aspiration into syringe	6 (3.2%)	3 (1.6%)
Swelling	5 (2.7%)	3 (1.6%)
Trismus	3 (1.6%)	1 (0.5%)
Nausea and emesis	0 (0%)	3 (1.6%)
Sleepiness	1 (0.5%)	2 (1.1%)
Numbness and tingling	2 (1.0%)	1 (0.5%)
Palpitation	2 (1.0%)	0 (0%)
Ear symptoms (earache, otitis media)	2 (1.0%)	1 (0.5%)
Cough, persistent cough	2 (1.0%)	0 (0%)

The following list includes adverse and intercurrent events that were recorded in 1 or more patients, but occurred at an overall rate of less than one percent, and were considered clinically relevant.

Body as a Whole: abdominal pain, accidental injury, asthenia, back pain, injection site pain, burning sensation above injection site, malaise, neck pain.

Cardiovascular System: hemorrhage, migraine, syncope, tachycardia, elevated blood pressure.

Digestive System: constipation, diarrhea, dyspepsia, glossitis, gum hemorrhage, mouth ulceration, nausea, stomatitis, tongue edemas, tooth disorder, vomiting.

Hemic and Lymphatic System: ecchymosis, lymphadenopathy.

Metabolic and Nutritional System: edema, thirst.

Musculoskeletal System: arthralgia, myalgia, osteomyelitis.

Nervous System: dizziness, dry mouth, facial paralysis, hyperesthesia, increased salivation, nervousness, neuropathy, paresthesia, somnolence, exacerbation of Kearns-Sayre Syndrome.

Respiratory System: pharyngitis, rhinitis, sinus pain, sinus congestion.

Skin and Appendages: pruritus, skin disorder.

Special Senses: ear pain, taste perversion.

Urogenital System: dysmenorrhea.

Persistent paresthesias of the lips, tongue, and oral tissues have been reported with use of articaine hydrochloride, with slow, incomplete, or no recovery. These post-marketing events have been reported chiefly following nerve blocks in the mandible and have involved the trigeminal nerve and its branches.

Hypoesthesia has been reported with use of articaine, especially in pediatric age groups, which is usually reversible. Prolonged numbness can result in soft tissue injuries such as that of the lips and tongue in these age groups.

Ischemic injury and necrosis have been described following use of articaine with epinephrine and have been postulated to be due to vascular spasm of terminal arterial branches. Paralysis of ocular muscles has been reported, especially after posterior, superior alveolar injections of articaine during dental anesthesia. Symptoms include diplopia, mydriasis, ptosis, and difficulty in abduction of the affected eye. These symptoms have been described as developing immediately after injection of the anesthetic solution and persisting one minute to several hours, with generally complete recovery.

OVERDOSAGE

Acute emergencies from local anesthetics are generally related to high plasma levels encountered during therapeutic use of local anesthetics or to unintended subarachnoid injection of local anesthetic solution (see **WARNINGS, PRECAUTIONS; General and ADVERSE REACTIONS**).

Management of Local Anesthetic Emergencies: The first consideration is prevention, best accomplished by careful and constant monitoring of cardiovascular and respiratory vital signs and the patient's state of consciousness after each local anesthetic injection. At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as hypoventilation, consists of immediate attention to the maintenance of a patient airway and assisted or controlled ventilation as needed. The adequacy of the circulation should be assessed. Should convulsions persist despite adequate respiratory support, treatment with appropriate anticonvulsant therapy is indicated. The practitioner should be familiar, prior to the use of local anesthetics, with the use of anticonvulsant drugs. Supportive treatment of circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor.

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

HOW SUPPLIED

Articadent® (articaine HCl and epinephrine) Injection is available in 1.7 mL single use glass cartridges, packaged in boxes of 50 cartridges in the following two strengths:

NDC 66312-602-16 Articadent® containing articaine HCl 4% (40 mg/mL) and epinephrine 1:200,000 (as epinephrine bitartrate 0.009 mg/mL)

NDC 66312-601-16 Articadent® containing articaine HCl 4% (40 mg/mL) and epinephrine 1:100,000 (as epinephrine bitartrate 0.018 mg/mL)

Manufactured for:

DENTSPLY Pharmaceutical, York, PA 17404 by

Novocol Pharmaceutical of Canada, Inc.

Cambridge, Ontario Canada N1R 6X3

B_S(2639-3)

29 PRODUCTS FOR BETTER DENTISTRY



Sleek, timesaving, tungsten-carbide crown cutters

Able to cut through non-precious alloys and gold with minimal effort, the **H35L Carbide** crown cutter features special blade symmetry and a tip-traversing blade that enables penetration into the metal crown. Also, the durable, tungsten-carbide instrument's slim neck allows use along the working portion's entire length, while effective chip space reduces heat generation during operation.

KOMET USA

888-566-3887
komet-usa.com
Circle RS NO. 20



MORE WAYS TO MAKE DENTISTRY EASIER...



Benchmark

RELIABLE RELINES

Tokuyama Dental America's Sofreliner Tough ensures patient satisfaction.



Inside Look

A BETTER WAY

Pulpdent's Embrace offers up a therapeutic fluoride varnish solution.



Scanners 360

DIGITAL WORKFLOWS

See the latest in intraoral scanning technology.



Fast image processing and a compact design make this unit well suited for high-use offices.

Digital x-ray

Enhanced imaging, ease of use

The **CRANEX® Novus e** digital panoramic x-ray unit offers high-quality images, plus enhanced imaging values and easier operation with the ClearTouch™ control panel. The existing SOREDEX five-point patient stabilization system provides accurate and steady patient positioning, while adult panoramic time of 9 seconds reduces patient exposure and decreases the possibility of movement artifacts.

SOREDEX

800-558-6120
soredex.com

CIRCLE RS NO. 21



Infection control

Effective clinical performance

Described as a safe, powerful alternative to other infection control products, the **Monarch** product line includes **Monarch Surface Disinfectant**, **Monarch Hand Hygiene**, **Monarch Enzymatic Cleaner** for instruments, and **Monarch Line Cleaners** for waterlines and evacuation systems. Each non-toxic product line is said to offer fast kill times, effective clinical performance and smart packaging.

Air Techniques Inc.

800-AIR-TECH
airtechniques.com

CIRCLE RS NO. 22



Tooth desensitizer

Fluoride-infused desensitizer

Infused with fluoride for high-quality tubule occlusion, **Pain-Free™ F** desensitizer is said to be a fast and simple way to provide relief to patients with tooth hypersensitivity. As with the company's original Pain-Free desensitizer, you simply apply the product to sensitive dentin to block pain and eliminate sensitivity.

Parkell Inc.

800-243-7446
parkell.com

CIRCLE RS NO. 23



Online resource

Free interactive online dialogue platform

Pentron Strada's online resource and dialogue hub designed specifically for dentists features tools in three primary categories — interact, inform and inspire — with each section providing different educational and informational resources. The interact section houses a discussion board in which moderators place topics, while the inform section lets users browse chronologically or topically the latest articles of interest. The inspire section holds an array of printable, playable and shareable information for practices and patients.

Pentron Clinical

714-516-7557
pentronstrada.com

CIRCLE RS NO. 24



A syringe of PermaCem 2.0 Self-Adhesive cement is shown with a blue wavy line looping around it. The syringe is white with a blue stripe and a black plunger. The blue line starts from the left, loops around the syringe, and extends to the right.

PermaCem 2.0

Zirconia

Inseparable: Zirconia and PermaCem 2.0

NEW!

**PermaCem 2.0 has the Strongest Adhesion to Zirconia
than any Leading Self-Adhesive Permanent Cement***

PermaCem 2.0 is proven to provide one of the strongest bonds to Zirconium restorations compared to the other leading self-adhesive cements. Incorporating a recently developed adhesive monomer formula, the dual curing properties deliver an exceptional bond across all substrates. Formulated for easy clean-up, the optimized viscosity and no-drip formulation provide for the fastest and easiest removal of excess of all other self-adhesive cements, resulting in less

stress and chair time. Plus as a single-step cement, it provides you with the added benefit of not requiring an etching step. Whether it's PFM, PTM or Zirconium restorations, give your patients the best seat in the house while delivering the utmost in strength, stability and esthetics with PermaCem 2.0.

Dental Milestones Guaranteed



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For more information, or to order PermaCem 2.0, contact your authorized dental supplier, call 800-662-6383 or visit dmg-america.com.

*Based on 2011 SDM Data. Data on File.

**Free goods shipped directly from DMG America. To receive free goods, please fax your paid dealer invoice to DMG America at 201-894-0213. Order must be placed through Authorized Dealer and redeemed within 30 days of purchase. Limit (2) per dental office. Offer valid through 3/31/13. May be discontinued at any time.

Interested? Circle Product Card No. 25

DMG
AMERICA



Incorporating the “green” moniker into its build, the unit is manufactured without the use of hazardous substances and uses renewable energy sources to reduce its overall carbon footprint.

Digital radiography

Safe, eco-friendly digital radiography

The **PaX-i3D Green** CBCT system is an eco-friendly addition to Vatech's PaX-i3D brand, offering ultra-low dose radiation and an FDA clearance for pediatric use. Reportedly, the system provides a radiation dosage lower than that of 2D imaging units, while at the same time providing consistently high-quality 3D images. Additional features of the PaX-i3D Green include 49.5 micron full-digital CMOS sensors; cephalometric, panoramic and CT imaging on separate, dedicated sensors; and vertical and horizontal collimation.

Vatech Co. Ltd.
888-396-6872
vatechamerica.com
CIRCLE RS NO. 26



Digital apex locator

Real-time endodontic measurement

Designed to work with most micro-motors, the **ApexNRG-Rider** measures canal length when used manually or as an add-on to a handpiece. While other aggressive files increase the possibility of apex perforation, this apex locator uses Digital Signal Technology, reportedly allowing it to read in real time with a precision of 0.1 mm. Ultimately, this allows for quicker canal preparation without frequent manual-verification stops.

MedicNRG Ltd.
972 (4) 675-4217
medicnrg.com
CIRCLE RS NO. 27



Sectional matrices

High-contrast and precise definition

Developed considering the practical parameters of light and contrast, the **LumiContrast** sectional matrix reportedly protects eyes from stress caused by reflection and lack of contrast. The matrices' surface is mat blue, which is said to prevent the blinding effect. Additionally, they provide a high contrast between lighter and darker teeth, allowing for precise definition within the working area. The kits contain 120 matrices, three rings, and six silicon delta tubes for rings.

Polydentia SA
41 (0) 91-946-2948
polydentia.ch
CIRCLE RS NO. 28



Cement

Enhanced adhesion

Designed for adhesive cementation techniques, **Multilink Automix System** offers an enhanced adhesive formula that allows for simpler clean-up of excess material using a quarter light-curing technique. Additional features include a new shade, try-in pastes and room temperature storage. The cement is recommended for IPS e.max users.

Ivoclar Vivident Inc.
800-533-6825
ivoclarvivident.com
CIRCLE RS NO. 29



Antibacterial Protective Hand Lotion



Monarch™

- Leaves hands smooth and even textured; never oily.
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- Contains no hormone-disrupting surfactants.

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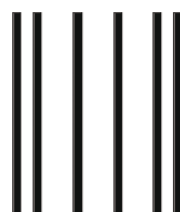
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INTRODUCING



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- 60 seconds kill time - TB, Non-Enveloped Viruses, and (20sec.) for Bacteria and (10sec.) Fungi

Safer.

- Gentle and non-irritating to skin
- Non toxic phenols and aldehydes or hormone disrupting surfactants
- Non-corrosive, non-staining

Smarter.

- One-Step Spray-Wipe technique uses 50% less product than Spray-Wipe-Spray methods
- SurfOL Technology-Minimum Ingredients for Maximum effect



SURFACES

INSTRUMENTS

SKIN & HANDS

EQUIPMENT

Monarch Infection Control. Stronger. Safer. Smarter.™



For your FREE Sample, scan QR Code and fill in the required information. To order or to learn more about our Monarch line visit us at www.airtechniques.com.

Stop by **Booth# 409** at the ADHA for samples of our new infection control products.



Root-post systems

Streamlined introductory kits

DentinPost®, DentinPost® X, C-Post®, T-Post™ X and T-Post™ XP root-post systems are now available in convenient introductory kits. Each kit contains a selection of the post and matching instrumentation, with each component color coded for simplified drill selection.

KOMET USA
888-566-3887
komet-usa.com
CIRCLE RS NO. 31

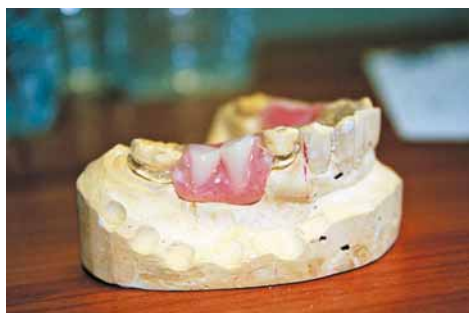


Cement

Secure bonding system

Specifically designed to repair ceramic, porcelain, acrylic and crown and bridge materials, **Ceraresin® Bond** is described as an easy-to-use, reliable bond for various restorative materials, including Ceramage® light cured laboratory composite or Beautifi I® Flow Plus light cured resin composite.

Shofu Dental Corp.
800-827-4638
shofu.com
CIRCLE RS NO. 32



Clasps

Easily adjustable and non-abrasive

Made from thermoplastic nylon, the **ItsoClear** clasp is said to be easily adjustable and non-abrasive, while also remaining completely clear without the noticeable metal parts found in other esthetic dentistry materials. Well suited for those with partial dentures, the clasps are available in packages of six molar caps and six universal clasps.

Lincoln Dental Supply
800-289-6678
lincolndental.com
CIRCLE RS NO. 33



Practice management

Cloud-based practice management platform

A centralized, Web-based platform, **CS OrthoTrac Cloud** provides clinicians and their staff with 24/7 access to applications, files, data and patient information, including 2D images, allowing them to conduct business in-office or on an iPad or other mobile device. Some features of the service include appointment scheduling and record maintenance, plus it gives practitioners the ability to automate labor-intensive tasks, such as managing statements and claims.

Carestream Dental
800-944-6365
carestreamdental.com
CIRCLE RS NO. 34



Is Regenerating the tooth possible?

TheraCal® LC

- Aids in the regenerative process
- Excellent handling - stays where it's placed
- Virtually no post-operative sensitivity
- Alkaline pH promotes healing
- Hydroxyapatite formation
- Radiopaque

Indications

- Liner
- Pulp Capping
 - Direct
 - Indirect



The calcium release in TheraCal LC stimulates hydroxyapatite growth



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Dr. John Molinari's Infection Control Corner
www.dentaladvisor.com

THE DENTAL
ADVISOR

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Interested? Circle Product Card No. 38

PRODUCT WATCH



Monitor mounts

Slim and dynamically positionable

The **SlimLine Pendulum Mount** is capable of suspending a flat panel display from the ceiling, reportedly eliminating the need for intrusive posts in the operator. Plus, it accommodates a wide variety of ceiling heights and conditions, including open joists and angled ceilings. Outfitted with a rotating arm, it offers a full array of positioning options for dental operatories—including upright and inclined—while also eliminating interference from cables and connectors. iPad and other tablet adapters also are available.

Ergodontics
866-637-ERGO
ergodontics.com
CIRCLE RS NO. 36



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ADVANSTAR
DENTAL



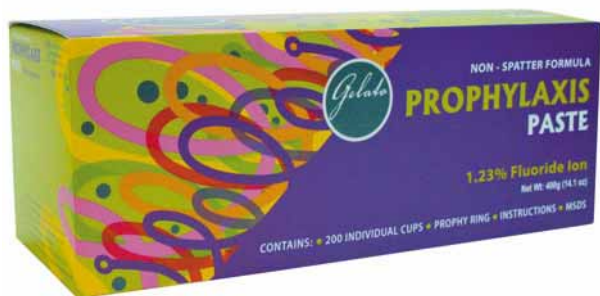
X-ray aprons

Colorful, shimmering designs

Made in the U.S., Flow Dental's **x-ray protective aprons** now come in three "shimmering," spring-themed colors: Electric Blue, Beautiful Bronze and Shimmering Green. Also boasting a reflective diamond pattern, the aprons are sandwiched between a tear-resistant, non-slip back and an easy-to-clean vinyl front. The aprons are available with or without lead, but the non-lead model is reportedly 25% lighter, doesn't require special disposal and offers the same protection as the lead version. The colorful x-ray aprons are available in the following styles: regular bibs; children's and regular bibs with attached thyroid collar; and regular and children's panoramic.

Flow Dental
800-356-9729
flowdental.com
CIRCLE RS NO. 37





Prophylaxis cups

Functional and flavorful

Available in a wide range of flavors, **Gelato** prophylaxis paste contains a 1.23% APF non-splatter formula that blends cleaning and polishing agents. Gelato is available in boxes of 200 disposable, color-coded cups that include a prophylaxis ring for easy application. Available grits—fine, medium, coarse and x-course—are designed by color. Additionally, different grits serve a particular function and type of patient; for example, fine grit is best for children and light stain removal or amalgam polishing. Flavors available include bubble gum, cherry, mint, piña colada, orange sherbet and raspberry.

Keystone Industries

800-333-3131
keystoneind.com

CIRCLE RS NO. 39



Orthodontic toothbrush

Easily clean over, under and around braces

The **Easy Braces** toothbrush is reportedly the first toothbrush fashioned to clean under orthodontic patients' arch wires, reducing or completely eliminating decalcifications. The brush head's hollow well completely covers brackets, while two sets of bristles—long and short—hug the gums and teeth, and clean under neath the arch wire. The brush is available in five bright colors.

Tess Oral Health

800-762-1765
tessoralhealth.com

CIRCLE RS NO. 40



Clear Blue Digi 2.0 LED Curing Light

Portable, Powerful, and Practical

One of the
earliest LED
curing lights,
still cutting
edge in
its fourth
generation!

- High power
1,200 mW/cm²
for fast cures
- Emits light in the most
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efficiently solidify any
brand of resin
- Three working modes
and ability to set
exposure times for
any clinical protocol
- Super-compact,
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cordless for the
ultimate in convenience
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operated with
the cord attached
for back-up in
case of low
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One Year Warranty



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www.johnsonpromident.com

Interested? Circle Product Card No. 18

Tokuyama Dental America's Sofreliner Tough

Contemporary Product Solutions presents its review on this silicone material for relining dentures.

by CONTEMPORARY PRODUCT SOLUTIONS



SOFRELINER TOUGH®

Sofreliner Tough is an addition-cured silicone material for relining dentures on patients that require relief on upper or lower, partial or full dentures. With optimal stain resistance, adhesion to the denture, and tear resistance, it ensures patient satisfaction for up to 24 months. Available in two levels of comfort: Soft and Medium.

TOKUYAMA DENTAL AMERICA • TOKUYAMA-US.COM

CIRCLE: RS NO. 42

SCAN:



ABOUT THE REVIEW

With the combination of the world's leaders in their field, Contemporary Product Solutions' dexterous, knowledgeable and experienced leadership team maintains a sharp eye for emerging products in the field of general and restorative dentistry by providing a "Total Office" perspective of clinical information and application, incorporating photographs and videos to assist chairside procedures for better patient results. CPS (cpsmagazine.com) will continue to evaluate one product at a time with professionalism, integrity and a commitment to excellence.

The CPS Evaluation Team combined product reviews for the entire team consisting of dentists, assistants, hygienists, patient coordinators and the dental laboratory to review this product:

CPS produced the following comments and reviews following its evaluation of Sofreliner Tough® by Tokuyama Dental America:

Dentist comments

- “Easy to use and comfortable for the patient.”
- “Didn't smell like most reline materials.”

Assistant comments

- “Our patient was so amazed at how much better the denture fit after this reline.”
- “Didn't see the pull away like we do with other reline materials.”

Description

Sofreliner Tough® is an addition-cured silicone material for relining dentures on patients that require relief on upper or lower, partial or full dentures. With optimal stain resistance, excellent adhesion to the denture, and superior tear resistance, it ensures patient satisfaction for up to 24 months. The product features auto dispensing/no hand mixing, and is easy and quick to use.

Each evaluator received the Sofreliner Tough Kit with a cartridge, primer bottle and accessories that included mixing tips, burs, spatula, drip cap for primer, plastic cup and brush.

Clinical indication

Sofreliner Tough is indicated for use with first time dentures, after surgery, teeth extraction, or implant procedures. Designed for patients experiencing pressure point problems, mucous atrophy, major undercuts, or improved suction, it is also well suited for applications that require the optimal balance of longevity and comfort.

Evaluation team feedback

The CPS evaluation team consisting of 20 offices, placed more than 47 relines with the Sofreliner Tough material and this product received a score of 5 diamonds out of 5.

All the evaluation teams said the Sofreliner Tough was better than the current material they use and that they would switch to this brand. Several reviewers said it was easy to extrude the material and they felt they had an even mix of the reline material.

Three evaluators commented on how great it was to not have to mix the material in a dappen dish and create a mess. Comments were made on the guide and YouTube video to help with application. When asked what the patient response was to the reline, their quotes included: “Felt like a new set of dentures,” “I was worried after my extractions that my denture would be rough and feel loose,” and “I

PHOTOGRAPHY BY DR. CAPPY SINCLAIR.



“I love how easy it was to use and the fast reline to cut down chair time.”

Dr. Cappy Sinclair and Coastal Cosmetic Dentistry



Fig. 1. Denture before the reline.



Fig. 2. Remove resin with a round bur for thickness of the lining.



Fig. 3. Primer for Sofreliner Tough.



Fig. 4. After the rinse and drying of the denture, apply the primer on the denture lining areas.



Fig. 5. Sofreliner Tough is applied to the denture.



Fig. 6. The denture is seated in the patient's mouth for 5-plus minutes.



Fig. 7. The denture is removed from the mouth. Carefully trim excess material with a sharp scalpel.



Fig. 8. Use the finishing wheel to polish the denture.



Fig. 9. Full view of the denture reline.



Fig. 10. Photo of the happy patient after denture is relined and seated.

love this material and please put it in my chart for future use.”
One dentist said Sofreliner Tough was “hard to distinguish from the denture it was such a wonderful blend.”

◆ CPS team gives Sofreliner Tough a 5 diamond rating out of 5. ●

How you feel when using other denture reline products.



How you feel when using ours.

SOFRELINER TOUGH® & REBASE II DENTURE RELINES

- Chairside easy and quick procedures
- One appointment – Saves lab costs
- Long-lasting comfort • Strong adhesion
- Minimal taste and odor

SOFRELINER TOUGH,
SOFT RELINE



REBASE II, HARD RELINE



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Tokuyama



I MADE THAT:

DenMat SOL Laser

An interview with Product Manager Andrew Aradi about developing the new DenMat SOL Laser.

by ANNA SACKS



ANDREW ARADI
PRODUCT MANAGER

Q: What was the development process like for the SOL Laser?

A: We took a look at the market, our existing laser and what our competitors were doing and we put that into our plan. Then we worked on different industrial designs and ran them by dentists to find the best look that also fit the need. We narrowed down the choices and revised what we liked keeping in mind what was going in the laser.

Q: What has been the most enjoyable part of the creation process for you?

A: Involving the dentists. We put out a lot of prototypes and we would do ergonomic testing with the handpiece, and the most enjoyable part is having the dentists be a part of that process because you can have the designers saying one thing is going to work, but without the dentists validating that you can never be too sure.

Q: Is there a specific aspect of this product that you are particularly proud of?

A: First is the price—we've made it affordable for every office. Second is the blue aim-

ing beam. Other diode lasers on the market use a red beam, but the SOL uses a blue beam that's easier to see, especially when used in the periodontal pocket or cutting through blood. We tried different colors and it was unanimous, every person that evaluated it liked the blue beam.

Q: Have there been any changes to the product since its launch?

A: We've added a periodontal tip, which is thinner and longer. We got a lot of feedback from people wanting a thinner tip that would fit in your pocket and work better when treating periodontal disease. We also changed the name of one of the presets from "Sterile" to "Debride." It made more sense to clearly label the preset for sulcular debridement procedures.

Q: How have users reacted to the laser?

A: The feedback has been fantastic. The blue beam is the first thing that sticks out; a lot of people recognize that it's a unique feature that no one else has. Then the price. People are happy to pay \$2,500 for a laser that would have cost them \$10,000 just a few years ago. ●



DenMat's SOL Laser

Before DenMat launched the SOL Laser, they were selling a similar soft tissue diode laser called the Sapphire, and through customer feedback and focus groups they learned there were some problems with the product, such as a very thick handpiece and a switch that required users to pull it with their finger like a trigger to activate the laser. Most clinicians prefer a foot pedal. Those hurdles, along with the simplicity of the product, actually stifled its use and inspired the development team at DenMat to go back to the drawing board and start a new laser design from scratch.

DenMat
800-445-0345
denmat.com
CIRCLE: RS NO. 44

SCAN:



Everything you need in a laser....for \$2,495.

Introducing SOL

Soft-tissue Diode Laser

PORTABLE

CUSTOMIZABLE

UNBEATABLE VALUE

How many technologies in
dentistry can perform...

- Gingivectomies
- Treatment of Aphthous ulcers
- Tissue retraction for impressions
- Sulcular debridement
- Frenectomies
- Removal of fibromas
- Operculectomies
- Hemostatic assistance
- Soft-tissue crown lengthening
- Excision and incision of biopsies
- Plus many other FDA-cleared applications

for \$2,495?



PORTABILITY
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to reduce
set up time



PREMIUM 3+ HR
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for less downtime



PROGRAMMABLE
PRESETS
for ease of use



BLUE AIMING
BEAM
for enhanced visibility



To beam up to SOL.
Call 888.325.5002 or visit denmat.com.



“..faster and easier treatment, making the patient experience better.”

A clinician's view of the Bien-Air Optima MX2 INT.

Compiled by ANNA SACKS



DR. HOWARD GLAZER

PRACTICING MORE THAN 37 YEARS.

Bien-Air USA Optima MX2 INT

The versatile design of the Bien-Air Optima MX2 INT allows clinicians to take advantage of pre-programmed modes for restorative operations and for endodontics. Said to be a true, all-in-one system, this product boasts two contra-angle handpieces that can perform the vast majority of dentistry operations. These features mean more comfort for patients and shorter visits and operation times for practitioners.

Bien-Air

800-433-2436

bienair.com

CIRCLE: RS NO. 46

SCAN:



It is an invaluable instrument that I use on a daily basis for nearly every patient I treat.

When did you start using this product?

I have been using a Bien-Air Electric Motor for more than eight years and the latest MX2 Pro for about 1.5 years

How has it worked out for you so far?

I use it routinely and it allows me to provide treatment faster and easier, making the patient experience better, quieter and more comfortable.

How did you incorporate this product into your practice?

The process is simple: buy it, have it installed and use it. If it stays in the box or on a shelf in a closet you will never use it. That said, it does cut differently and there is a small learning curve to using the electric handpiece versus the air-driven handpiece. This can be easily overcome if you practice on

extracted teeth to get a “feel” for how smooth and fast it cuts in a contiguous motion as opposed to the “on/off or feathering” motion of an air-driven handpiece.

What changes have you observed since integrating this product?

I can operate faster without sacrificing safety or quality. Patients like that the common “drill noise” has been reduced.

What are the product's best features?

One motor allows me to do various dental procedures from operative to hygiene to rotary endodontics to crown and bridge. All these various procedures can be customized, stored and preset on the unit as I need. I can digitally dial from 100 to 200,000 rpms.

What are its biggest benefits?

The instrument is lighter than others and ergonomically balanced to avoid fatigue with long procedures and/or repeated use.

How have patients responded to this product?

Patients like that it is quieter than a conventional air-driven handpiece and that it allows me to perform the procedure(s) in a faster and more efficient manner.

Why you would recommend this handpiece to a colleague?

I never hesitate to mention my Bien-Air electric handpiece to colleagues because I would find it difficult to practice without having one. My mantra in evaluating products, materials and equipment has always been: faster-easier-better (for the doctor and the ultimate end-user, the patient). The Bien-Air electric handpiece allows me to meet that mantra routinely in my practice. ●

FNDCC, ORLANDO
June 13-15, 2013
BOOTH # 926

Bien Air⁺
Dental



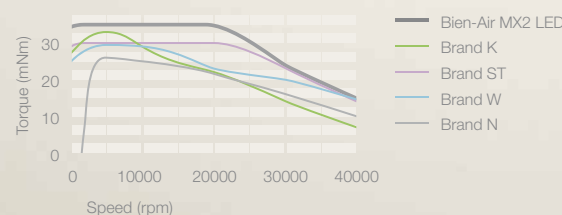
OPTIMA MX2^{INT} YOUR PRACTICE AT YOUR SERVICE



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Interested? Circle Product Card No. 47

“The delivery system is easy to clean, adaptive to patient and provider.”

One clinician's view of the A-dec 500 Chair System with the EA-52 LED electric motor handpiece.

Compiled by ANNA SACKS

A-dec 500

Built to provide comfort for patients and clinicians, the A-dec 500 dental chair and delivery system allows you to maintain a healthy posture while working closely with patients, reducing pain and discomfort for both practitioner and patient.

A-dec

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CIRCLE: RS NO. 48



DR. MONICA LEE

PRACTICING SINCE 1999

SCAN:



I love A-dec's equipment because I have everything I need at my fingertips without having to have messy cables and cords from all of the various instruments we require. I can't tell you how easy it is to use and how happy I am to make the most of my equipment. Just because you buy it doesn't mean you'll use it. If it's too clunky, time consuming or hard to maintain, you stop using it. I definitely use what I purchased (from A-dec) because it's so easy to use.

When did you start using this product?

I started using the product when I opened my office in March of 2008.

Why was this product a good fit for your needs?

I wanted to create an efficient, state-of-the-art facility in which staff and patients could appreciate our services and the methods and equipment that help us achieve this goal. I thought this product met that criteria.

How has it worked out for you so far?

I know there is a difference in my delivery of care and I can confidently tell patients that I can treat them more comfortably, quickly and with better accuracy.

What was the process of incorporating this product like?

Incorporating the product was easy because I built the office new. A-dec allowed me to configure whatever I wanted in my delivery system to meet the needs of different rooms. When changes have to be made, it's pretty easy to rearrange the position and settings of the whole operatory equipment set up. I have multiple hygienists and doctors working at our office and all of them found the systems to work for them. Efficiency is really important when you are trying to keep the price of doing dentistry low for everyone.

What are the best aspects of this product?

The chairs are soft, quiet and beautiful. The delivery system is easy to clean, adaptive to patient and provider. The

handpiece is quiet, provides incredible visualization and consistently preps teeth at the desired setting.

What are its biggest benefits?

Although this equipment may cost more initially, it makes our jobs easier. Electric LED handpieces can prep teeth faster than air-driven counterparts and they really don't sound as whiny, either.

What has the response to this product been from patients and staff?

Our patients and our staff frequently tell me how much better our office looks and feels compared to their previous office. I think they can tell that, by making their experience more comfortable, we care about them.

Why would you recommend this product to a colleague?

I would definitely recommend the product to others because you can't beat the comfort and efficiency that it provides. ●



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Therapeutic fluoride varnishes: There has to be a better way

An inside look at Pulpdent's Embrace Varnish and what it can do for your patients and your practice.

by KAREN COMISI, RDA



KAREN COMISI
Practice Administrator

Fluoride varnish: when we think of this type of product as oral health professionals, we think of the gritty sensation many of the varnishes create once they are applied and interact with saliva. How often have you heard a patient say, “I came in to have my teeth cleaned, and now I’m leaving with them feeling more ‘fuzzy’ than they were when I walked in?”

It seems that the benefit of applying a fluoride varnish gets put on the back burner by our patients because of this “fuzzy” feeling from our conventional

varnishes. Until now, the resin in these products has been very thick, and when applied it left a thicker coating than we would like. That’s just the way it has been. You can see this when you open the fluoride varnish. In the “tub” that contains the varnish there is often a brownish film floating on top of a thicker whitish paste. The brown liquid is the resin and solvent components of the varnish, and the white paste-like material is the fluoride and other ingredients.

To use those varnishes correctly, you must first mix the two materials together into a uniform mixture so the fluoride component is remixed into the resin varnish. This is like shaking up oil and vinegar in a cruet before pouring it on your salad. If it’s not mixed well, it tastes funny.

The same thing happens with these types of fluoride varnishes—if they are not mixed well, they won’t work properly. Often times you must mix the varnish with the handle of the brush before you dip the brush into the varnish; otherwise, the brush will become saturated with resin and leave behind the fluoride, and you will not get the benefit of the fluoride application on the teeth. For those varnishes to work well, they must be placed on thick to allow the fluoride to eventually be released from the varnish.

How much fluoride is really released? Can it be released effectively to really be therapeutic? Ideally, fluoride release from our varnishes should occur between 3-4 hours after dental cleaning for optimal uptake by enamel. However, independent studies have shown that many of these fluoride varnishes release little fluoride. Additionally, calcium and phosphate release has been shown to be important in the remineralization process as well. Many varnishes avail-

able today do not contain or release these ions to a great extent. Where can we turn for help and to bring a benefit to our patients?

One option today is provided by Pulpdent’s Embrace™ Varnish 5% Sodium Fluoride with cXp™. This bioactive material is unique in many ways. First, it contains calcium and phosphate salts that are nano-coated with xylitol. This nano-coating prevents the calcium and phosphate salts from reacting while stored in the package. They only become active and bioavailable when exposed to saliva. Saliva dissolves the xylitol and releases the calcium and phosphate ions, which can then react with the fluoride ions to form a protective fluorapatite precipitate on the enamel.

Second, Embrace Varnish with cXp has been shown to demonstrate sustained optimal release of fluoride over a 4-hour period. Third, there is no separation of the resin and the fluoride in this product, so there is no need for mixing prior to placement. This means there is a consistent dosage of therapeutic material every time you reach for Embrace Varnish with cXp. Finally, the product tastes good, spreads to a thin film without clumping up, has a smooth, non-gritty texture, and contains no gluten or soy-based products. This material truly is a patient pleaser. ●

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Pulpdent Embrace Varnish

Through the addition of xylitol-coated calcium and phosphate, Pulpdent has created a time-release varnish with a consistent dosage that delivers more fluoride than the leading varnish brand over a 4 hour period. Embrace achieves this while keeping patients happier thanks to its improved taste.

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Interested? Circle Product Card No. 51

Striving for innovation, providing superior patient care

The right technologies and product mix are instrumental to any successful practice, whether you've been practicing for years or just opened a new office. Find out how Patterson Dental helped one dentist create a high-tech practice with a focus on superior patient care, after he came out of retirement.

by RENEE KNIGHT



DR. JAMES JENKINS

is a 1981 graduate from University of Pittsburgh Dental School. After practicing for 22 years in Atlanta, Dr. Jenkins opened a practice, Bluffton Dental Care, in Bluffton, S.C. in 2009.

In 2007, Dr. James Jenkins decided it was time to live a more carefree life. So after 22 years as a dentist, he sold his Atlanta, Ga.-based practice and moved to Bluffton, S.C., where he and his wife could enjoy a more laid-back, worry-free lifestyle.

It didn't take long, about six months, for Dr. Jenkins to decide he needed to get back to work. He enjoyed his new home and the lifestyle it offered, but missed that daily interaction with patients. He tried working for another dentist, but found that wasn't what he wanted either. He needed his own space, with his own team and his own patients.

In 2009, just when it looked like he might have to start from



A tight-knit team The team members that make up Bluffton Dental Care take pride in how they approach patient care and are all trained on the many technologies that are such an important part of the practice. They spend time educating patients and going over treatment plans in detail, ensuring patients truly understand the role their dental health plays in their overall health—they treat the whole person, not just the tooth.

scratch, he came across a prosthodontics practice that was about to go on the market and made an offer. The practice was in great shape with a comfortable atmosphere that would draw patients in—all he needed was the right technology and the right team.

As Dr. Jenkins began to equip his office, he knew it was important to include the latest, most up-to-date technologies proven to enhance patient care.

Every product decision Dr. Jenkins made back then and

today is based on how a product will improve patient care and practice efficiencies. If he finds something that does both, he wants to make it part of his practice. He prides himself on staying on the leading edge, and incorporating technologies like Schick sensors, CEREC chairside CAD/CAM, Orthophos XG 3D for implant placement, CAESY Patient Education videos, EagleSoft Practice Management Software and RevenueWell Patient Communications Suite into his practice has kept him there.

Technology improves patient education

Dr. Jenkins used Schick digital sensors for years in his Atlanta practice, and said digital radiography was a must-have technology for his post-retirement practice, Bluffton Dental Care. This time-saving, efficient technology takes patient education to another level, giving patients a degree of understanding they wouldn't get from traditional film x-ray.

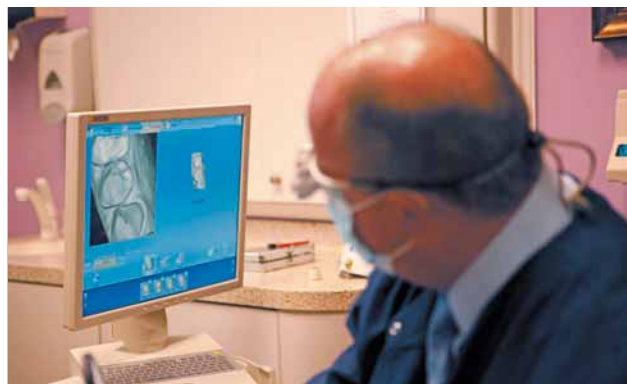
"I am more comfortable talking with the patient when we're

both looking at something. If I don't have something to show them and I am just talking, I don't think that's a very effective way to educate the patient as to what their needs are," he said. "I like to have them see what I see. ... It makes a big difference. When patients can see a condition in their mouth like we see it, they're just blown away."

Dr. Jenkins and his team also rely on Patterson's CAESY patient education to ensure patients really understand the recommended treatment and why it's important for their overall health. The team at Bluffton Dental Care focuses on the entire person, not just the tooth, and the comprehensive education CAESY provides helps get that message across.

"CAESY shows the patient the whole procedure and answers the questions. It makes it very clear," Dr. Jenkins said. "Some of our patients come in not really understanding that they can have a root canal versus having a tooth extracted for instance. When they see that video and

Photos: Ron Casas



Technology matters

When Dr. Jenkins bought this practice, he knew he needed the right product mix to be successful. That's why he incorporated Sirona Dental System's CEREC AC (above) and a host of other technologies, from digital radiography to most recently Patterson Dental's RevenueWell.

understand there's a possibility to keep their tooth, it's like *wow, I can't believe that I can do that*. Then it's not even a question. It's not the money—no one ever took the time to explain to them that they could keep their teeth and not have them extracted.”

Enhanced patient communication

A few years ago, the team at Bluffton Dental Care began looking for a patient communication system to improve patient interactions. They chose RevenueWell because of its features and flexibility, and Office Manager Trish Lewis Clark said not only do patients love it, she no longer has to spend her day calling patients and creating mass patient e-mails.

Patients can log into their accounts any time, and can customize what communications they receive from the practice and how they receive them. If an appointment time opens up, RevenueWell, using information from Eaglesoft, sends out a text to a short list of patients, and from there patients actually text the practice back asking to take the appointment time—a win/win for both the practice and the patients.

“RevenueWell has made my life so much easier as a team coordinator and a business manager,” she said. “Having products that work hand in hand makes my day flow much better.”

A philosophy of care

Whenever a patient comes to Bluffton Dental Care, he or she leaves with a full treatment plan for all their dental needs. The team explains that treatment can be done in phases, which can make it a little less overwhelming for patients and makes it more feasible for them to accept treatment. They take

the time to really show patients what's going on in their mouth to help them understand why it's important to go forward with treatment. They go over payment options, scheduling, how the treatment will be done, how long it will take and how the treatment relates to their overall oral health goals—everything patients need to know to make an informed decision about what's best for their health.

Dr. Jenkins uses Patterson's Eaglesoft as another patient education tool during treatment presentation. He puts clinical photos into a PowerPoint slideshow that he imports into Eaglesoft. Patients can see what their teeth look like now and what they'll look like after treatment. It's a powerful tool.

A team effort

No matter what technology Dr. Jenkins decides to add to the practice, it's important for his team to be on board. They need to understand the technology and how it benefits the practice, and truly support him in making the product a success. That's why training the team on every new technology is so important to Dr. Jenkins. They take pride in that knowledge and use it to provide the best care possible.

The right products are key to quality care, as is having a team that's passionate about those products. Dr. Jenkins has surrounded himself with team members who share his philosophy of whole-person care, and Patterson Dental has helped move his practice forward by providing innovative products that make that level of care possible. He wanted to create a high-tech practice where patients feel comfortable and trust in the care they receive, a practice he can feel good about. That's why he came out of retirement.

“I want to provide high quality dentistry,” he said. “I want to do it at a fair fee. I want it to be esthetic. I want to use more modern materials. I like to be on the cutting edge of what technologies are out there.” ●

HIGH-TECH PRODUCTS AT BLUFFTON DENTAL CARE



Eaglesoft Practice Management Software eaglesoft.net

Eaglesoft Version 16 comes with many features designed to make using the software and running a practice easier. One important update from the previous version is the line-item accounting feature, which allows the user to apply a payment directly to a specific line item. This allows users to group related services and payments, making the user's account ledger easier to manage. User

interface upgrades include customizable windows and dockable panels that let the user choose how much information to display on the Account, Appointment and OnSchedule windows, as well as where to place the information within those windows. The Patient Bar lets the user quickly access patient-specific information from a toolbar with customizable icons. To help streamline the practice, Eaglesoft also has the ability to process a walkout for all family members at once when they are in the office on the same day—all on one receipt.



CAESY Cloud Patient Education Systems caesy.com

CAESY Patient Education Systems is now online via CAESY Cloud, offering instant access to more than 250 multimedia presentations and access to patient education resources from multiple locations within the practice. New videos and features are frequently posted. No installation and no network connections between participating computers are required. It is PC and Mac compatible, including iPads, iPhones and smartphones. A monthly subscription fee is charged.



RevenueWell Patient Communications Suite revenuewell.com

Using information from a dental practice's existing practice management software — such as Eaglesoft — the RevenueWell online practice marketing and patient communications software suite communicates with patients to provide them with 24-7 access to their accounts. Practices can collect online patient reviews, request referrals and establish and maintain their profiles across more than 100 online destinations.



Orthophos® XG 3D sirona.com

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Sirona Dental System's CEREC AC cereconline.com

CEREC AC dental CAD/CAM system helps dentists harness the full potential of digital impression-taking. Thanks to Bluecam, capturing half-arch impressions in 40 seconds and full-arch impressions in 2 minutes and then creating multi-unit restorations of the highest esthetic quality is possible. CEREC AC provides a balance of speed, ease of use and precision for both chairside CAD/CAM applications as well as stand-alone digital impressions for use with CEREC Connect labs nationwide.

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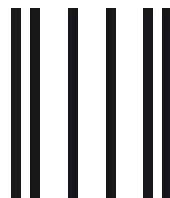
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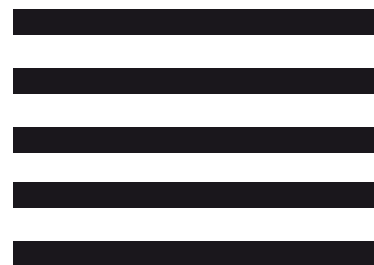
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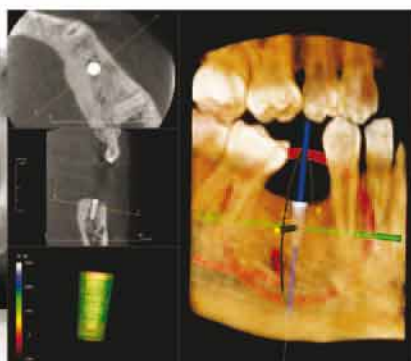
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With today's digital impression technologies, you can easily find yourself getting involved in an efficient digital dental workflow.

by STAN GOFF, EXECUTIVE EDITOR

Just a few years ago, digital impression technology seemed a little more like something out of Star Wars than something a lot of clinicians might use to deliver speedy, accurate data on their way to better restorative dentistry.

But times have changed. Today more manufacturers, clinicians and laboratories are taking advantage of the technology. No matter where you are in the process of going all-out digital, you can bring beautifully crafted, digitally designed restorations to your patients. With more digital impression systems available, including some significant price drops, the time may be right for you to get more involved in the intraoral scanning process. From there you may choose to take on designing and the actual fabrication of digital crowns and more, or you may choose to work with partners and laboratories for a portion of this digital workflow.

One example of just how big this category has gotten took place last fall when the covers of *Dental Products Report* featured exciting launches in three consecutive months. The September 2012 cover featured the CEREC Omnicam from Sirona Dental Systems, and was followed by the 3M™ True Definition Scanner in October and then the 3Shape TRIOS® 3D scanner in November.

In 2013 Carestream Dental joined the field with the launch of the CS 3500 intraoral scanner. Along with established popular brands like Align's iTero, D4D Technologies' E4D Dentist System and IOS Technologies' IOS FastScan and TS150, clinicians ready to take on digital impressioning have plenty of good options. On the following pages you'll learn more about these options, as well as how the technology is working for some clinicians and how it can fit into the overall digital dental workflow picture.

Lee Culp, CDT, who has been involved in digital impression technology and CAD/CAM workflows for both clinicians and laboratories for years, has noticed growth in these areas and expects to see more some time down the road.

"It's a wonderful technology," said Culp, the CTO for Microdental Laboratories. "It's certainly catching on, we're not seeing phenomenal growth in these systems just yet. There may be a time soon where something happens and there's this tipping point, but I don't see it in the next couple of years."

Eventually, most clinicians will use digital intraoral scanners and traditional impression material techniques will become rare, Culp said, but this won't happen overnight.

"Yes (it will become the method of choice for most clinicians someday). With this technology the options are there to do anything we want to do. I'm sure as the adoption rate of the technology goes up we'll see a lot of these secondary options to manufacture restorations gain a little more promise. Right now either the doctor does the milling chairside with either CEREC or E4D or he sends it to the lab and we do it. But I expect we'll see a lot more options available down the road."

For now, those who do add the scanners to their practice but don't yet make the full digital jump to chairside fabrication — will find the transition a smooth one.

"Basically you are switching from one impression technology to a different one and everything else stays the same. It goes to the lab and you get a tooth back," he said. ●

PHOTO: PETROVICH9 / GETTY IMAGES

A letter from Jim Glidewell, President/CEO of Glidewell Laboratories



Dear Doctor,

Today, those on the leading edge of our profession give us a glimpse of the future: clinicians scanning the mouth with digital scanners, designing crowns with CAD systems and milling mostly finished restorations in their offices using chairside mills. They finish the surface, apply stain or glaze and fire the crown to finish, and then cement the crown into place.

While parts of this system will be in use 10 years from now, more than likely the process will be radically changed. The dentist will still prepare the tooth, but then leave the operatory and return 40 minutes later with the final restoration ready for cementation. The new crowns will not require CAD design. Instead, artificial intelligence will be used to complete designs calculated from millions of previously scanned teeth. The materials will come pre-shaded and the milling process will produce a product that will not need glazing or finishing. Total crown fabrication time: not more than 15 minutes, with the patient out the door in less than an hour.



Many companies today are rushing toward the production of this fully automated "robocrown," and it will soon be a reality. We don't need any major breakthroughs in technology to achieve this, just a lot of hard work using tools that already exist. Dental procedures will not only get faster and easier, but they also will provide better, more predictable outcomes. For your practice, this means your costs will go down and you will see more patients, but you will be able to charge less as a result of the decreasing costs. This will make dental treatment accessible to more patients.

In the near future, the 3D scanners of today will drop in price dramatically, as more vendors enter the market to compete. Materials will be developed that make it easier and cheaper to make chairside restorations that meet quality standards not currently achievable by manual technology methods. Accuracy will approach the 50 μ m mark, well beyond the current ISO standard of 75 μ m. In short, dental treatment is going to improve greatly for patients in the future because they will receive a more predictable product. The clinician will have far less remakes of all kinds, and the overall cost of dental services will decrease.

Our industry is on the cusp of a great digital change. Intraoral scanning systems and the digital transfer of data have resulted in better-fitting restorations, fewer adjustments to contacts and occlusion, increased efficiency and decreased turnaround times. Those clinicians who adopt any of the stages of the digital dental process, whether it's a complete chairside milling system or a standalone 3D scanner, will reap these rewards. In fact, recently I worked with a company to develop a new intraoral scanner and I was so pleased with the resulting product that, in the words of Victor Kiam, "I bought the company."

Sincerely,

A handwritten signature in black ink that reads "James R. Glidewell".

Jim Glidewell, CDT
President/CEO, Glidewell Laboratories



Bringing clinicians, laboratories together

Glidewell Laboratories uses experience, technology to better connect everyone involved in delivering great dentistry.

Compiled by Stan Goff



KEEVIN SHIGENAKA, CDT

General Manager, All-Ceramic Department, Glidewell Laboratories. In 1976, Keevin used a scholarship to graduate at age 18 as one of Dental Technology Institute's (DTI) youngest students. After graduation, he worked for a series of small boutique laboratories mastering esthetic smile makeovers. In 1996, with 20 years of dental industry experience, he joined Glidewell Laboratories. He has since been instrumental in integrating digital impressioning and manufacturing into the lab. His input has been integral in the developments of several proprietary ceramic materials, including BruxZir® Solid Zirconia and Obsidian™ lithium silicate ceramic. The lab's All-Ceramic department has flourished under his guidance, growing from 50 to 360 technicians.

Q: Tell us a little about how Glidewell works with both labs and clinicians in terms of efficient communication exchange, and about key technology advances.

A: Glidewell Laboratories is one of the largest mail-order laboratories in the world. Even though our prime method of interaction with customers is through traditional channels, we still fully embrace technological changes and implement these advancements into our production, marketing and customer service workflows. Our commitment to this philosophy is shown in our 161-person R&D and Manufacturing team, which is comprised of highly experienced scientists, chemists, engineers, CDTs, MDTs and dentists.

In recent years, we've added a host of tools that allow clinicians and laboratories to better connect with us. Using the My Account feature on our website, customers can view and manage their cases directly from their computers. Completing Rx forms, uploading case images and viewing the status of restorations is just a convenient click away. Combining this technology with our always-capable customer service department has allowed an enhanced level of customization and communication for clinicians, which produces genuinely predictable case results.

Along with the specialty features, our production floor is integrated with the latest technology. The crowns & bridges produced at Glidewell are fabricated using 100% CAD/CAM technology. This creates a noticeably positive difference in consistency and fit. The most frequent complaint our laboratory used



Fast, precise scans: Intraoral scanning systems for creating digital impressions have been tested in the Glidewell Laboratories' operatory and shown to provide excellent results.

to hear from dentists was about consistency, so this technology has really been a game changer for our lab and our customers.

The key to achieving a quality result for every case is giving the designers the most information while at the same time giving clinicians the ability to give as much input as possible.

Q: While digital impressioning is great technology, what concerns should doctors be aware of when considering the purchase of the technology?

A: Clinicians, when considering adding this technology to their practices, should be asking a variety of questions. Such as: what types of information about oral anatomy are absolutely necessary for making high-quality restorations? And, can the currently available digital impression systems capture that information as well as conventional impressions are able to? The tech-

nology has come a long way since the early days, promising results that are just as accurate as conventional polyvinyl siloxane.

Significant operational and technical details also distinguish the multitude of systems available, requiring those interested in adapting to decide upon a large number of categories. Besides simply choosing a manufacturer, clinicians must take into account some of the physical properties as well. For example, do they want to hold the scanner in place above the dentition? Or would they prefer to physically rest the device on the actual teeth? Even considering which type of scanning device fits most comfortably in their hand is important and needs to be addressed.

Our experience has been that digital impressions make good dentists into great dentists, provided they want to get better.

Amazingly, by sending your digital impressions to Glidewell,

you can even save \$20 per unit by taking this opportunity to improve the quality of your restorative dentistry.

Q: How does Glidewell serve clinicians who have added various stages of this digital technology?

A: We currently accept digital impression scans for Align Technology's Cadent iTero™, IOS Technologies' IOS FastScan®, 3M ESPE's Lava™ C.O.S. and 3M™ True Definition Scanner, Sirona's CEREC® and 3Shape's TRIOS®. For the clinicians and laboratories that use those systems, we've added incentives such as price reductions to encourage their continued commitment. Our technical support staff offers real-time guidance to help clinicians use digital impressioning systems to their fullest potential. We can even assist them through the process while the patient is in the chair, guaranteeing nice, clear impressions. ●

Digital Impression Users Pay Less



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*Available for most popular implant systems. Inclusive Scanning Abutments are needed and can be purchased from Glidewell Direct.
†Price valid for model-free Inclusive Custom Abutments, BruxZir and IPS e.max restorations fabricated from a digital file using Sirona CEREC®,
Cadent iTero™, 3M™ True Definition Scanner or 3Shape TRIOS® digital impression systems. Price does not include \$7 overnight return shipping or applicable taxes.

IPS e.max is a registered trademark of Ivoclar Vivadent. CEREC is a registered trademark of Sirona Dental Systems Inc.
iTero is a trademark of Align Technology Inc. 3M is a trademark of 3M, 3M ESPE or 3M ESPE AG. TRIOS is a registered trademark of 3Shape A/S.

For More Information

800-471-9758

www.glidewelldental.com



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FEATURED PRODUCT

CS 3500 intraoral scanner*

With the CS 3500, dental professionals can easily acquire true color 3D images—without an external heater, powder or trolley system. The intraoral scanner’s sleek, lightweight design allows for high-angulation scanning of up to 45° and a depth of 16 mm, and promotes a more comfortable patient experience. And, with a light guidance system that navigates users through the acquisition process, practitioners can now focus on their patients rather than their computer monitor.

*Work in Progress—not available for sale pending medical device regulatory clearances and registrations.

Carestream Dental

800-944-6365 • carestreamdental.com



DR. DAN DELROSE
on Carestream Dental’s CS 3500



This Ellenton, Fla., dentist was instantly impressed with the CS 3500 and believes it will be a great addition to his practice. Not only does the intraoral scanner smooth out the more cumbersome aspects of restorations, it is also easy to use and move between operatories. “By using the CS 3500 intraoral scanner,

we eliminate many of the problems that come with using impression materials and pouring casts. All I have to do is scan the tooth, and then I have the option of sending the data to restoration software or a lab for design. But probably the most important feature of the whole scanner is something so simple—that it’s not connected to a trolley. I’m able to take this light, ergonomic scanner and plug it right into my workstation in the operatory, quickly and easily.”

Q&A WITH EDWARD SHELLARD, DMD

Chief Marketing Officer and Director of Business Development, Carestream Dental



Q: What is the most frequent question you hear about this category?

A: The most common question I hear in regards to intraoral scanners is “does it require powder to coat teeth prior to scanning?”

Q: How does your product seek to answer that question?

A: The CS 3500 actually answers this question—and solves this concern—because it requires no powder. Thanks to its design, our scanner delivers accurate results without powder, which makes it more convenient for oral health professionals.

Q: What about this category helps dentists practice better dentistry?

A: Intraoral scanners help dentists practice better dentistry by providing quality images that can be displayed on a monitor in large size, thus facilitating evaluation and analysis. Because the images are rendered in 3D, dentists can clearly see preparation margins and design. The 3D images also provide a whole new way to look at teeth, and intraoral scanners bring magnification to a whole new level.

Q: How is your product leading innovation in this category?

A: I think it’s the CS 3500’s combination of innovative features that gives us an industry-leading product. To start, the scanner requires no powder or trolley, making it easily portable between operatories. The tips—available in two sizes—are autoclavable, and the scanner features a built-in heater to prevent fogging.

Perhaps the most exciting feature of the CS 3500 scanner is its light projection system. Now, doctors can focus on their patients’ mouths rather than looking at the monitor to ensure the image was properly captured. And, because the scanner is lightweight and ergonomic, it can easily be used by anyone, whether they’re right- or left-handed.

Our other features include the ability to capture 3D images in true color and an intuitive software interface. In addition, we’ve included two image capture buttons to make the scanner simpler to use. When combined, all of these features make for a powerful intraoral scanner.

■ **EMBRACING TECHNOLOGY** Glidewell Laboratories strives to not only implement the latest technological advancements into its production workflows, but also to innovate upon them. The lab is committed to making dental procedures faster, easier and more affordable with better, more predictable restorative outcomes.



FEATURED PRODUCT

3M True Definition Scanner

The 3M™ True Definition Scanner provides predictable clinical outcomes with powerful tools said to be unique to digital dentistry that create a better patient experience and improved productivity.

The scanner features powerful and accurate "3D-in-motion" video technology and is supported by an open and secure cloud-based platform, providing doctors and dental labs more ways to store, share and connect files.

This digital impression system is changing the industry at the low suggested retail price of \$11,995 and is available for sale through one of 3M's qualified channel partners.

3M ESPE

800-634-2429 • 3M.com/TrueDefinition



Q&A WITH CHAD NAUGHTON, U.S. Chairside Marketer for 3M ESPE



Q: What is the most frequent question you hear about this category?

A: It's a two-part question: First, dentists want to know why a digital scanner is better than traditional impression taking. Second, they want to hear why our system is better than the others.

Q: How does your product seek to answer those questions?

A: There are just so many things that can impact the accuracy of a traditional impression, which a dentist can't necessarily see with the naked eye. With digital scanning, the chances for predictable clinical outcomes are much better. Additionally, lab professionals are regularly telling us that their No. 1 challenge is inadequate impressions.

As for why our scanning system is better than others, our scanner is more accurate and more consistently accurate than other scanners on the market. This accuracy allows us to build an open platform that gives dentists a great amount of flexibility in choosing their materials, lab partners and connections, even chairside milling options. Finally, it's being offered at a price point that makes it a very realistic technology acquisition for most dentists.

Q: What about this category helps dentists practice better dentistry?

A: The ability to instantly assess a scan while the patient is still in the chair is a huge advantage for this technology. In fact, the system will not allow a case to be sent to a lab

until the clinician reviews the preparation in extraordinary detail.

Imagine taking what has traditionally been one of the most uncomfortable procedures in your office and turning it into a remarkable, interactive and educational experience with your patients.

Finally, with a highly accurate scan the entire downstream process dramatically improves for doctors and labs. Labs can turn final restorations around in a matter of days instead of weeks and doctors see a dramatic reduction in remakes and seating times.

Q: How is your product leading innovation in this category?

A: Our scanner works with the cloud-based 3M™ Connection Center, which gives dentists a secure and seamless way to connect with other partners in the restoration process, including chairside mills, labs, model manufacturing partners and more. The scanner produces open STL files that can be easily imported into CAD/CAM systems.

The 3M™ True Definition Scanner also has best-in-class accuracy, which lets dentists use it for complex or large cases including long-span bridges, multi-unit cases and even removable partial dentures. All of these benefits come with a system that is the most affordable on the market. That's hard to beat.



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- ☒ Saves you money ☐
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- ☒ Eliminates cross contamination ☐

Light body comparison data:

		Ho Dental Vaccu-sil	3M Imprint II	Dentsply Aquadent
Viscosity (Cp)	Catalyst	35,450	56,000	22,080
	Base	38,400	68,160	21,200
Hardness		52.7	53.4	48.1
Elastic Recovery (%)		99.6	99.6	99.4
Tensile Strength (Mpa)		29.6	22.6	48.0
Elongation (%)		337.1	287.4	254.6

Heavy body comparison data:

		Ho Dental Vaccu-sil	3M Imprint	Dentsply Aquadent
Viscosity (Cp)	Catalyst	162,833	124,400	133,800
	Base	177,000	210,400	147,000
Hardness		70.4	64.1	82.6
Elastic Recovery (%)		99.3	99.4	99.1
Tensile Strength (Mpa)		37.4	43.6	59.9
Elongation (%)		193.7	239.1	90.1

Independent research company data on file.



Ho Dental Company

Free samples at
HoDentalCompany.com

PRODUCT WATCH

INTRAORAL SCANNERS

FEATURED PRODUCT

E4D Dentist System

Requiring no powder or impression material, the E4D Dentist laser digitizer captures highly accurate images of the tooth prep; the images are used in combination with a template to create a restoration proposal. A variety of easy-to-use, intuitive tools allows the design to be refined before sending it to the laboratory for design and fabrication of the esthetic restoration or to the high-speed chairside milling unit.

D4D Technologies

972-234-3880 • e4d.com



DR. ALEX TOUCHSTONE

on the E4D Dentist System



Alex Touchstone, DDS, is a recognized pioneer in chairside dental CAD/CAM technology and one of the first advocates of digital dentistry. His digital dentistry case studies are well documented, and he frequently shares his experience and knowledge with dental colleagues around the world through articles published in leading dental journals, lectures and workshops at major dental meetings and through his popular, interactive Web portal CADCAMCan.com.

For more than a decade, Dr. Touchstone has combined the latest advances in dental technology with proven clinical techniques to expand his private general dentistry practice and provide his patients with the highest level of cosmetic and restorative care.

Q: Why E4D?

A: In my experience, the only Chairside CAD/CAM or Scan-Only system that has ALL of my desired features is the E4D system. Before you make such an important investment in your practice, carefully evaluate each system with this list in hand.

Over the years, I have experienced both the joy and frustration of integrating many CAD/CAM systems into my practice. I have learned that careful application of new technologies requires a fair amount of research and education.

Q: What should clinicians thinking about digital impressions and CAD/CAM focus on?

A: From my perspective, a comprehensive list of desired features for an ideal chairside CAD/CAM or scan only platform looks like this:

Workflow:

- Decreases procedural time
- Team delegation opportunities
- Seamless collaboration with labs (open architecture)
- Intuitive scanning and software

Clinical:

- Optimal fit, therefore powder-free
- Proven, highly esthetic material choices
- Improved restoration longevity

Productivity:

- Positive return on investment
- Increased profit per restoration
- Generates team excitement

Education and support:

- Rational cost hardware upgrades
- Comprehensive training
- Real time support

Patients:

- Increases patient treatment acceptance
- Encourages referrals
- Engenders trust

■ **COMMUNICATION IS CRITICAL** The key to achieving a quality result for every digitally scanned case is understanding what to look for. Glidewell's digital technical advisors are trained on all intraoral scanners to provide support for users of every system.



Step 1

Your best first step to digital dentistry

Move into digital dentistry at your own pace.

The 3M™ True Definition Scanner makes it easier to take the first step.

- **Accurate:** It's more accurate and more consistently accurate than other leading systems on the market¹
- **Flexible:** Open architecture allows you to work with your dental lab or design and mill chairside
- **Affordable:** Unprecedented price for the 3M™ True Definition Scanner AND an affordable approach to a data plan

Are you ready for digital dentistry?

Learn how your practice scores against key indicators for digital success at 3M.com/FirstStep.

**3M**

True Definition Scanner

www.3M.com/TrueDefinition

1. The 3M™ True Definition Scanner is more accurate and more consistently accurate than leading systems on the market. Study methodology described in: van der Meer WJ, et. al. (2012). Application of Intra-Oral Dental Scanners in the Digital Workflow of Implantology. PLoS ONE 7(8):e43312. doi:10.1371/journal.pone.0043312. Additional measurements conducted by ACTA (Academic Center for Dentistry Amsterdam); Wicher J. van der Meer, et. al. (2012). Publication pending.

DIGITAL IMPRESSIONS

The ability to take a digital impression has been available to dentists for almost 30 years. But the technology that facilitates a high quality impression, the comfort level for the patient, and the ease with which a dentist or dental assistant can master the process have all shifted remarkably since the first scanner hit the market. In the last few years in particular, the introduction of dynamic new offerings in intraoral scanning have made the technology accessible to a wider group of dentists and continue to raise the bar on user experience and service—making this foundation of the CAD/CAM workflow a must-have for all future-minded practitioners.

35%

of respondents indicated that the No. 1 factor drawing them to CAD/CAM is a better workflow with their lab.

DPR Technology Census 2012

58%

of dental labs believe intraoral digital impression capture technology will have the greatest impact on their business in the future.

2010 DLP Future of Dental Technology Survey

24%

of respondents indicated they planned to incorporate some aspect of CAD/CAM dentistry into their practice in the next year.

DPR Technology Census 2012

A zoomed in view of the impression not only leads to increased accuracy for the final restorations, but improved margin prep on the part of the dentist.

Most intraoral scanning units are portable enough to offer the technology in multiple operatories.



TRADITIONAL IMPRESSIONS VS. DIGITAL IMPRESSIONS



Restorations created from a digital impression device seat more easily, reducing seating appointment time by 22%.

*ADA Professional Products Review
March 2011 – Study conducted by
University of Pacific*

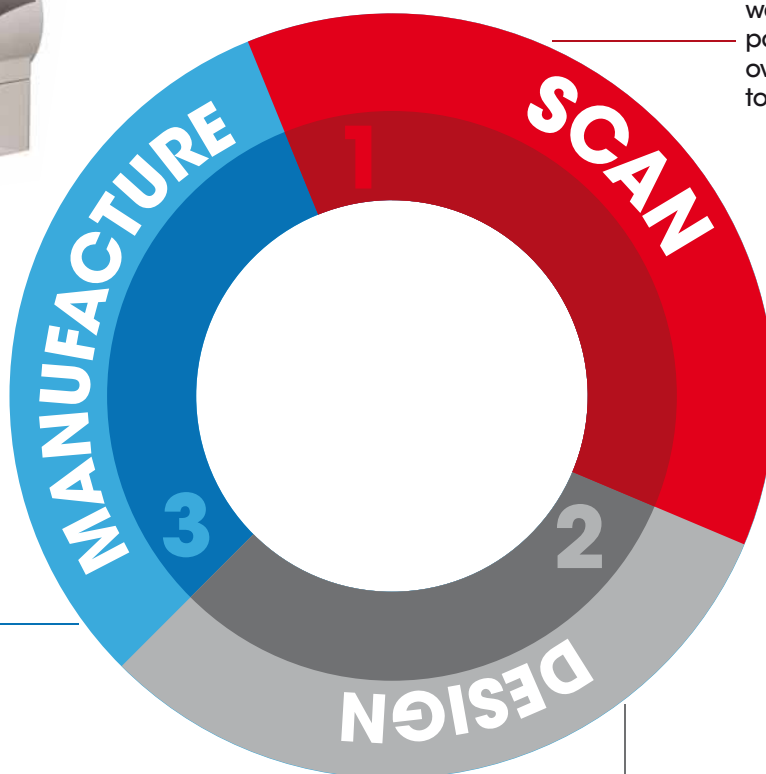
“The biggest plus for me is the predictability of my crowns. **They fit every time.** Digital impressions are superior to traditional impressions. If they took it away from me, I don’t know what I’d do.”

-Dr. Bret Jacobson

DIGITAL DENTAL WORKFLOW



The recorded data and resulting design are transmitted to the milling unit for fabrication. This technology is so efficient that in-office units allow dentists to offer same-day dentistry.



The digital impression is captured using an intraoral wand that is inserted into the patient's mouth and moved over the surface area of the tooth or teeth.



Some of the most dramatic technological evolutions have been in the size and shape of the scanning wand. Slimmer models offer optimal patient comfort and enhanced ergonomics for dentists.



The dentist can review the electronic image for accuracy prior to sending the file to a dental lab or in-office CAD/CAM system. Design software facilitates the creation of bridges, crowns, inlays, onlays and veneers.

INFORMATION ON SCANNING

There are **two** types of digital impression technology currently available for dentists to use:



Point and Stitch

Providing dentists and dental laboratories with a series of images



Continuous Video Capture

Capture and view a true replica of the oral anatomy in extraordinary detail

The images can be captured using **lasers** or **digital scanning**.

- **Laser scanning** uses concentrated light that is safe and highly precise.

- **Digital optical scanners** offer the same benefits, but require teeth to be powder-coated for improved accuracy with a special spray before scanning to ensure all parts of the impression are recorded properly.

Consumer Guide to Dentistry

TIME IS MONEY



It takes **approximately a minute and a half** to capture a digital impression of prepared teeth. An impression of the teeth in the opposite arch takes just **45 seconds**.

Consumer Guide to Dentistry

FOR MORE INFORMATION

To access a one-stop source for digital impression and CAD/CAM related product information, as well as reviews from your fellow dental professionals, go to **dentalproductsandreviews.com**.

DENTALPRODUCTSREPORT

Technology your patients will notice

The 3M™ True Definition Scanner is a technology that will get your patients talking as well as improve communication with your lab. Here Dr. Bruce Cooper tells us how the technology benefits his practice, his lab and, most importantly, his patients.

by Renee Knight



DR. BRUCE COOPER

Dr. Bruce Cooper obtained his B.S. degree in biology from Pacific Lutheran University. In 1986, he completed his dental training at Creighton University in Omaha, Neb., and moved to Olympia, Wash., and began practicing general dentistry.

“If you want to do better dentistry, this technology allows you to do it.”

When patients walk into Dr. Bruce Cooper's practice, they can't help but be impressed.

He keeps his Olympia, Wash.-based practice equipped with the most up-to-date technology, technology that enables him to provide the best patient care possible. Patients can see he truly cares about delivering high-quality dentistry, and that he's willing to invest in the technologies that make that happen—a fact many patients are happy to share with family and friends.

Investing in the right technologies has been key to his practice's growth, he said, from the CAD/CAM technology that's been part of his practice for 20 years to the digital impressions that have been part of a more efficient, patient friendly workflow in his practice since 2008. He loved how 3M ESPE's Lava™ C.O.S. scanner made taking impressions more comfortable for his patients and enhanced communication between him and his lab, so when he found out about the new 3M™ True Definition Scanner, it just made sense for him to embrace the attractive upgrade. He incorporated the 3M True Definition Scanner into his practice about 6 months ago, and couldn't be happier with the results.

User friendly and affordable

One of the first things Dr. Cooper noticed about the 3M True Definition Scanner is the clearer, more defined screen. The scanner is easy to use and easy to read, and that means he can do an even better job of assessing margins and checking preps before he sends the case off to his lab, Ziemek Laboratories.

The economical price point is also a huge advantage, Dr. Cooper said, making digital impressions more practical for more doctors.

“It's an affordable technology,” Dr. Cooper said. “It always has been a good value in my mind, but the price point they were able to bring the 3M True Definition Scanner to market at was icing on the cake.”

It gives you more options

Dr. Cooper loves the scanner's flexibility, as does his high-tech lab. With the open-architecture 3M True Definition Scanner, files can be shared with a variety of different softwares at the lab and different kinds of milling centers, opening up many possibilities for the dentist, the lab and the patient.

“The 3M True Definition Scanner allows that flow, that seamless transition on the digital front to move from the scan to software design to milling,” he said. “That makes it easier on my lab so they can move forward with designing the restoration we want. It's a technology that's good for both of us.”

Enhanced communication, better results

Sending a digital scan to the lab via the 3M True Definition Scanner allows the dentist and technician to communicate more directly and promptly about the case, Dr. Cooper said. If there are any issues with the scan, those issues can be addressed right away—rather than a few days later.

With the 3M True Definition Scanner, if you're not happy with the scan it's easy to re-take or go over an area you might have missed—unlike with traditional impressions. You can look at the prep on a large screen, and that makes it possible to see things you wouldn't see with a traditional impression. You can view the scan before you send it to your lab and make sure margins, the bite and all other parameters are as they should be. This eliminates the back and forth so common with traditional impressions that can lead to miscommunication and, eventually, remakes.

“You have fewer adjustments. The contact points are spot on. Occlusion and bite are spot on,” he said. “I would say it cuts seating time in half, which is not a small thing at all. Crowns come back accurately, needing little to no adjustment at seating time.”

It engages your patients

Many patients dread getting impressions taken, mainly because they don't like having the “goop” in their mouth and the gagging and awful taste that it brings. The 3M True Definition Scanner eliminates that, but the benefits for the patient don't end there.

After Dr. Cooper takes a scan, he looks at it on the screen to make sure the prep is as it should be before he sends it to the lab. Because the scanner is right there chairside, patients can see the screen too, and most of them look at the scan along with Dr. Cooper.

“It's almost like the patient and I are checking the work together. It engages the patient,” Dr. Cooper said. “They understand what we've done for them. They see the care I have for my work as I review their case on the scanner. They see how seriously we take our work and that is very positive.”

It helps your practice grow

The 3M True Definition Scanner helps patients understand and appreciate what you're doing for them clinically, as well as the investment it took to offer that level of technology in your practice. They leave impressed, and can't wait to tell family and friends about their leading-edge dentist and what he can do for them.

“They appreciate that traditional impressions are no longer necessary and they appreciate the fact that you're doing really good work for them, and that you're delivering a great product to them,” Dr. Cooper said. “You're going to have better patient perceptions. I genuinely believe the growth of our practice is related to the fact that we have current technology. We see a lot of referrals. People come and say, ‘I have a friend that you did a scan on. I'm here for that, too.’ The 3M True Definition Scanner helps build patient referrals and that's huge in today's market place.” ●



FEATURED PRODUCT

3Shape TRIOS®

Featuring Ultrafast Optical Sectioning technology, TRIOS® uses up to 1,000 3D pictures to create geometries based on real data. The scanner captures more than 3,000 2D images per second and does not require dentists to apply spray to coat the patient's teeth, making scanning fast, accurate and comfortable for patients. Dentists can preview 3D lab designs on the TRIOS screen, evaluate and agree on margin lines, access virtual diagnostic wax-ups and generally discuss cases with labs and patients when convenient.

3Shape

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3Shape TRIOS®

Impression-taking has never been easier



SCAN IN
COLOR



3Shape TRIOS® is the next-generation intraoral digital impression solution. Easily create accurate digital impressions and send cases directly to the lab with a single click.

3Shape TRIOS®

- Spray- and powder-free for optimal accuracy and patient comfort
- Optimized Ultrafast Optical Sectioning software - now 40% faster
- Wide range of indications, including implant abutment cases
- Instant impression and occlusion validation and smart edit scan tool
- Autoclaveable tip with anti-mist heater
- Choose TRIOS Color or TRIOS Standard

TRIOS® Pod solution

Use TRIOS® with your iPad, laptops, PC's in your treatment rooms, or with the PCs integrated in your chair units.



“It is easy and it is fun to work with the newest technologies. It moves your practice one level up.”

—Dr. Lisbeth Skibsted, Denmark

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MILL

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FEATURED PRODUCT

CEREC® Omnicam

CEREC® Omnicam's advanced design features a completely new, ergonomic handpiece and special optics to guarantee unsurpassed intraoral access. New ColorStreaming allows continuous capture of the oral cavity as well as displaying the 3D data in full color. Operator convenience has been greatly improved by making the system completely powder-free while retaining Sirona's high standards for precision. The CEREC Omnicam also records 2D and 3D data, captures half-arch and full-arch impressions with industry-leading speed and provides a uniform field of illumination for increased precision.

Sirona Dental Systems Inc.

800-659-5977 • cereconline.com



FEATURED PRODUCT

iTero® Imaging System

The iTero® imaging system is now available as a single hardware platform with software options for restorative and orthodontic procedures. The improved device has advanced optics and enhanced algorithms that are said to substantially increase the speed of capture to reduce overall scanning time. The new scanning wand and fiberoptic cord are light and ergonomic. Additionally, full color model rendering is available that enables clinicians to show patients a life-like final model of their scanned dentition.

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- 1,400 mw/cm² of Power
- Li-ion Rechargeable Battery
- 8 mm Turbo Autoclavable Probe
- 1 Year Warranty



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(MSRP: \$820)

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■ **GOOD IMPRESSIONS** "For dentists who genuinely want to improve their preps and impressions, we can't think of any better way than digital impressions."





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PRODUCT WATCH

INTRAORAL SCANNERS

FEATURED PRODUCT

IOS FastScan® and TS150™

The IOS FastDesign™ system offers clinicians a simple, convenient and affordable solution for same-day dentistry. The FastScan® digital impression unit features laser line scanning technology, whereby the probe remains stationary in the mouth. The TS150™ in-office mill features a fast 150,000 rpm spindle for precision milling, and an orbital milling strategy for excellent marginal integrity of the final restoration.

IOS Technologies Inc.

858-202-3360

ios3d.com



DR. MIKE DITOLLA TAKES A PEAK INTO THE FUTURE OF THIS TECHNOLOGY

I took my first digital impression in the summer of 2007. Struggling with this first, somewhat "user-unfriendly" system, I found it hard to believe that this was going to be the future of dental impressions. Companies proclaimed that within five years every dentist would be taking impressions this way. Things rarely change that fast in dentistry. It would be two more years before I would notice the biggest, unadvertised benefit of digital impressions: I was becoming a better dentist.

All U.S. states require dentists to complete a certain amount of continuing education each year to renew our dental licenses. The message is clear: Sharpen your skills and we will let you continue to practice. My first major improvement was implementing loupes. Buying them was easy, but actually wearing them for the first two weeks was hard. But we adapt, and now I won't treat a patient without them. Now imagine loupes on steroids, with 20 to 40 times the magnification. You can't wear loupes that powerful or they would be the size of the Hubble telescope. Yet that's what digital impressions do. They show you a world you haven't seen before. I was shocked the first time I saw my ragged crown margins after finishing my prep with a coarse bur instead of a fine one.

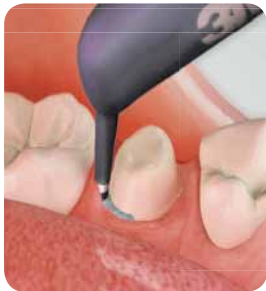
Today, instead of staring at the intaglio surface of a silicone impression, I see an enormous virtual model of my prep on the screen — warts and all. And I get to change my prep to remove the warts. My eyes now see things on the actual preps they never saw before. Suddenly, I have become a better dentist AND am saving 20 percent on my lab bill because the lab doesn't have to make a model. I doubt every dentist will be taking digital impressions in five years, but I'm certain in the majority of those who strive to be better dentists most certainly will.



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62



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A step-by-step of Ivoclar Vivadent's Tetric EvoCeram Bulk Fill.



Tech Brief

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A look at this versatile, mobile self-contained scaler/polisher workstation.



Flexible scanning, optimal results

How the 3M™ True Definition Scanner offers flexibility and an economical price point, making digital dentistry a practical option for more dentists.

by DR. CHAD DUPLANTIS

ABOUT THE AUTHOR

Dr. Chad Duplantis has been in private practice in Fort Worth,



Texas since 2000. His practice focuses on restorative and cosmetic dentistry. He is a graduate of

The University of Texas Health Science Center at San Antonio, School of Dentistry. He has been digital since 2004.

Formerly a CEREC user, he is now a True Definition and E4D user. He has recently served on the 3M Council for Innovative Dentistry. He has also been teaching faculty at Baylor College of Dentistry and the Center for Aesthetic and Restorative Dentistry in Dallas, Texas.

The products that appear in conjunction with this article are for illustrative or informational purposes only. Their inclusion does not denote endorsement by the author of this article.

More than 20 years after in-office CAD/CAM systems first started appearing in dental practices, the industry has finally evolved to a point that allows dentists flexibility in their scanners, mills and materials. This is a welcomed change from the early days of digital scanning, and this flexibility, combined with more realistic price points for the average dentist, is making digital dentistry more practical than ever before.

Digital impressions and open architecture

This evolution is exemplified by the recently introduced 3M™ True Definition Scanner (3M.com/TrueDefinition). There are several qualities that make this scanner unique in the market. First, instead of being compatible with only one milling system, the 3M True Definition Scanner offers dentists choices from among a variety of workflows. A trusted connection with the E4D system from D4D Technologies (E4D.com) lets dentists with chairside mills use the scanner as an efficient part of same-day treatments. The scanner's additional connections with BIOMET 3i (biomet3i.com) and Authorized

THE TAKE-AWAYS

- The open-architecture 3M True Definition Scanner enables dentists to choose from a variety of workflows.
- By choosing products that are designed to work together, such as 3M ESPE's Trifecta Method, even further efficiency and patient satisfaction can be realized.



AT A GLANCE



FIGS. 1-3 Failed composite restoration and recurrent decay on first molar (Fig. 1). Margins were treated with a laser, retraction cord and retraction paste (Fig. 2). The initial application of scanning powder before air-thinning (Fig. 3).

Lava™ Milling Centers also give dentists the option to send scans out for custom implant abutments or milling of restorations. Furthermore, the scanner offers open connections, meaning dentists can use the system's STL files to access an even wider range of workflows.

It's affordable

In addition to its flexibility, another key highlight of the 3M True Definition Scanner is its low cost. The system has a suggested retail price of \$11,995, making it significantly more affordable than other scanners on the market. At this price, digital scanning becomes an attractive prospect for almost any dental practice.

In my practice, having integrated the 3M True Definition Scanner with the E4D system, I have seen firsthand the efficiency and affordability it enables. With these tools, we can offer same-day restorations cost effectively, thanks to a smooth process in which the scanner, design system and mill all work together. I also appreciate that I still have the flexibility to scan cases and send them to a lab if the case calls for it. I prefer lab-fabricated restorations for second molars, so with this system I have the option to scan the impression and use whichever work-



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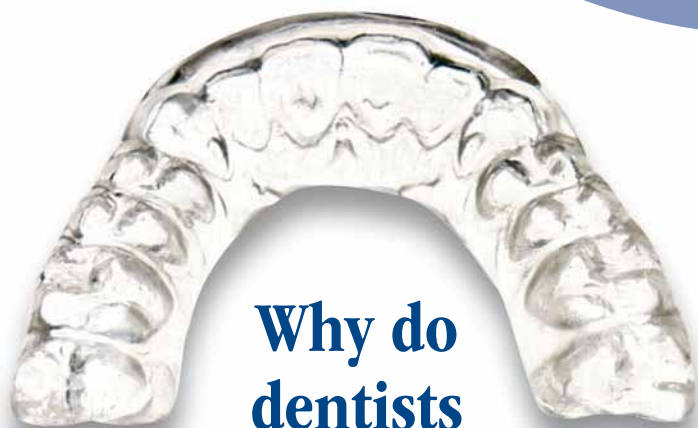
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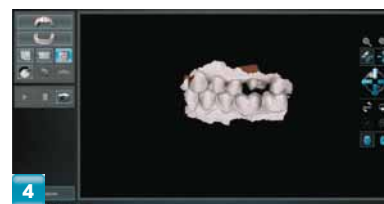
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FIGS. 4-5 The scanning image on the chairside monitor (Fig. 4). Design of the restoration with the E4D Studio (Fig. 5).

flow and restorative material I feel are most appropriate for the case.

Realizing efficiency through a family of products

In addition to realizing efficiency by using the 3M True Definition Scanner and the E4D system, I also find that using products that are designed to work together helps me achieve greater efficacy and the best results. In this case, I take advantage of 3M ESPE's Trifecta Method, which uses 3M™ ESPE™ Scotchbond™ Universal Adhesive and 3M™ ESPE™ RelyX™ Ultimate Adhesive Resin Cement to bond a 3M™ ESPE™ Lava™ Ultimate Restoration milled using my E4D unit. Compatibility of materials is always an important concern, and I trust this family of products because they provide a streamlined restorative solution that results in a beautiful final restoration that will maintain its strength and esthetic qualities.

Lava Ultimate restorative is a resin nano ceramic material that can be milled in-office or ordered through laboratories. It requires no firing, and mills and polishes easily. I see improved edge quality over many other materials because of its less brittle nature, and I appreciate the added convenience of being able to make easy adjustments in the mouth with composite.

Restorations made using Lava Ultimate restorative must be adhesively bonded, and Scotchbond Universal adhesive helps simplify the adhesive step by providing high bond strength to indirect and direct

surfaces without a separate primer. It also works with total-etch and self-etch applications, offering flexibility and just one simple technique for direct and indirect restorations.

RelyX Ultimate cement is a fast and easy product to use in conjunction with Scotchbond Universal adhesive because the dark cure activator for the adhesive is built in, requiring fewer components.

The following case highlights the simple use of the 3M True Definition Scanner with the E4D system and 3M ESPE's Trifecta Method.

Case presentation

The patient presented with a failed composite resin restoration and recurrent decay on No. 14, which had undermined the distobuccal cusp (Fig. 1). The patient consented to a full crown treatment that would use 3M™ ESPE™ Lava™ Ultimate Restorative and the E4D system to create the crown in the dental office in a single appointment.

STEP 01 The tooth was prepared according to the usual protocols and a laser was used to clean the margins in a few areas.

STEP 02 A size 0 cord was packed into the sulcus, followed by retraction paste from the 3M™ ESPE™ Retraction Capsule to help with coagulation (Fig. 2).

STEP 03 A thin, even layer of powder was applied to the arch (Fig. 3), followed by a brief spray of air to thin the powder.

STEP 04 The quadrant and opposing arch were scanned with the 3M True Definition Scanner, which took about two minutes per arch (Fig. 4).

STEP 05 Following the scan, prescription information was input and the case was sent to the E4D Studio for design (Fig. 5).

STEP 06 The design was completed in five to seven minutes, and the block of Lava Ultimate restorative was then milled with the E4D Milling Center.

STEP 07 Milling was completed in about 12 minutes, after which the crown was tried in the mouth to confirm its fit. No adjustments were necessary, and the crown was then polished.

STEP 08 3M™ ESPE™ CoJet™ Sand was used to sandblast the inside of the crown for approximately 20 seconds, followed by a 5-second air dry prior to application of 3M™ ESPE™ Scotchbond™ Universal Adhesive as a primer.

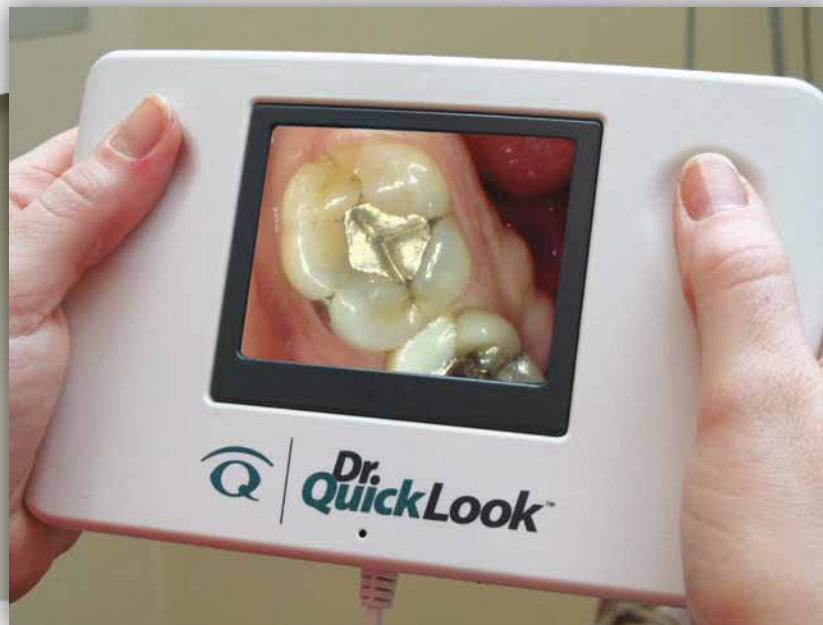
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FIGS. 6-7 The final result (Figs. 6 and 7).

STEP 09 The preparation was cleaned with alcohol and sterile water, and Scotchbond Universal adhesive was applied and scrubbed into the tooth structure for 20 seconds, followed by air drying for approximately five seconds to remove alcohol solvent.

STEP 10 The crown was cemented with 3M™ ESPE™ RelyX™ Ultimate Cement.

STEP 11 The crown was tack-cured to harden the excess cement to a gel stage before the excess was cleaned away and polishing was performed. The final result was an esthetic restoration with a great fit that the patient was very pleased with (Figs. 6 and 7).

Digital scanning as a gateway

The Trusted Connection between the 3M True Definition Scanner and E4D system means that in the time it takes me to walk the 10 yards from my operatory to the design studio, my scanning file has already transferred and is ready for design. This smooth interface adds to the efficiency of in-office CAD/CAM and makes the system a pleasure to work with.

In the digital workflow, it's also important that material choices help simplify the procedure and add value. By choosing products that are designed to work together

for ease of use and a high-quality final product, even further efficiency and patient satisfaction can be realized.

Dentists have many choices among in-office CAD/CAM tools, but the trend toward increased flexibility and workflows is important to keep in mind when making a selection. By making digital scanning a simple and non-exclusive gateway to a variety of workflows and restorative materials, the 3M True Definition Scanner allows dentists to keep their options open and access their preferred tools and workflows for any given case. ●

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HOWTO

CUT PROCEDURE TIME IN HALF

Using Tetric EvoCeram Bulk Fill posterior composite.

BY DR. ED LOWE

Information provided by Ivoclar Vivadent Inc.

Placing composite restorations in the posterior region can be a time consuming and technique sensitive procedure. Historically, clinicians have used traditional direct composites to complete these restorations, carefully layering, sculpting and curing 2 mm increments. This process, while still used, presents several difficulties to the clinician, primarily in the form of polymerization shrinkage and shrinkage stress.¹ These difficulties can cause stress fractures at the margins, marginal leakage, or an increased likelihood of secondary caries and post-procedural sensitivity,² ultimately leading to clinical failure of the restoration.

The continued search for a more efficient and less technique sensitive procedure led to the invention of bulk fill composites. These materials allowed clinicians to fill and cure preparations up to 4 mm deep in one increment. Unfortunately, these materials were highly translucent and were available only in limited shades that appeared grey next to natural dentition. Some of these materials also had a high reactivity to ambient operator light; this severely limited the amount of time the clinician had to perform the restorative procedure, and the esthetics were compromised.

New Bulk Fill Materials

The next logical progression was to create a bulk fill composite that still exhibited high strength characteristics but had greater esthetics and manipulability. This was achieved by altering the size of the filler particles. Modern bulk fills are typically nano-hybrids, meaning the size of the filler particles are much smaller. This allows for a bulk fill material with a greater depth and uniformity of cure, a smooth consistency, life-like optical properties, and easier sculpting of anatomic form without requiring an additional “capping layer.”³

Tetric EvoCeram Bulk Fill is billed as a true advancement in bulk fill technology. One of the innovations featured in this product is the inclusion of the patented light-initiator Ivocerin™. This new germanium-based light ini-



AT A GLANCE

1. Shade selection was achieved with an IVA shade tab.
2. Pre-operative photograph of tooth Nos. 30-32 with old amalgam restorations.
- 3-4. The rubber dam was placed, and the amalgam restorations were removed with a coarse diamond bur.
5. The finished direct composite preparations.
- 6-7. AdheSE One F self-etch dental adhesive was placed on tooth No. 30 using a VivaPen. The adhesive surface was left shiny.
- 8-9. The solvent was evaporated with an A-dec warm air tooth dryer. Tetric EvoCeram Bulk Fill IVA was placed in one increment.
- 10-11. The bulk fill composite was adapted with an OptraSculpt sphere shaped tip and shaped using an OptraSculpt pyramid-shaped tip.
12. Anatomy was placed using a P1 plugger.
13. Occlusal view of the composite restoration

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for tooth No. 30 occlusal after final cure and prior to finishing.

14-15. The enamel on tooth No. 31 was etched with phosphoric acid for 15 seconds. The dentin on tooth No. 31 was etched with Total Etch for 10 seconds.

16-17. Excite F total-etch dental adhesive was placed on tooth No. 31 and agitated for 10 seconds. Excess solvent was evaporated, and a uniform glossy appearance remained.

18. The Tetric EvoFlow A3 composite was placed about 0.5 mm thick on the floor of the preparation and cured for 10 seconds. Tetric EvoCeram A3 composite was placed to within 0.5 – 1 mm of the cavosurface margin and shaped to replicate the dentin layer and cured for 10 seconds.

19-20. View of the finished dentin buildup on tooth No. 31 prior to adding the enamel/incisal shade.

21. Tetric EvoCeram Transparent composite was used to veneer each of the four triangular ridges of the tooth and cured for 10 seconds per increment.



tiator allows a complete, homogenous cure in 10 seconds using any basic curing lights. One of the components of Ivocerin is an ambient light immunizer that ensures ample working time for the clinician to create artistic anatomical form.

Tetric EvoCeram Bulk Fill also contains a shrinkage stress reliever, eliminating the worries of shrinkage stress,

because forces are evenly distributed across cavity walls and surfaces. Volumetric shrinkage of the material is very low, which provides a more predictably placed restoration.

The layered silicates that form the bulk of this material provide a smooth consistency, which facilitates optimal adaptation to cavity walls and easy contouring with conventional dental instruments.

The following presentation demonstrates two effective bulk fill methods for posterior composite restorations compared with traditional layering and the time required to complete each procedure.

Case presentation

A healthy 45-year-old male patient presented with occlusal amalgam fillings that were placed more than 20 years previously. A treatment plan was agreed upon involving the restoration of tooth Nos. 30 and 32 using a Tetric EvoCeram® Bulk Fill composite, and tooth No. 31 using

both a flowable and universal composite (Tetric EvoFlow® and Tetric EvoCeram®).

One of the three universal shades most closely matching the patient's dentition was selected (Fig. 1). This patient was well matched to shade IVA (for slightly reddish teeth). After inspecting the old amalgam restorations (Fig. 2), a rubber dam was then placed (Fig. 3). Next, using Sybron Dental's Axis course diamond bur, KS3, the amalgam restorations and all damaged tooth structure were removed (Fig. 4). All remaining sharp edges of the preparation were then beveled with Sybron Dental's Axis fine finishing diamond #846-016, completing the preparations (Fig. 5).

Ivoclar Vivadent's AdheSE® One F self-etch dental adhesive was applied to tooth No. 30 using the VivaPen™ delivery system (Fig. 6), leaving a shiny bonded surface (Fig. 7). A stream of oil-free, moisture-free air expelled from a warm air tooth dryer from A-dec was then directed over the adhesives to evaporate the solvent (Fig. 8). The adhesive was light cured with Ivoclar Vivadent's LED curing light, Bluephase Style, for 10 seconds.

A single increment of Tetric EvoCeram Bulk Fill in shade IVA was then placed in the preparation of tooth No. 30 (Fig. 9), and shaped first with an OptraSculpt® sphere attachment (Fig. 10), then with an OptraSculpt pyramid attachment (Fig. 11). The final anatomy was contoured using a P1 plugger (Fig. 12). As a final step before finishing, the restoration was light cured with the LED curing light (Fig. 13).

Preparation then began on tooth No. 31. Ivoclar Vivadent's Total Etch was applied to the enamel and allowed to penetrate for 15 seconds, after which the etchant was applied to the dentin and allowed to penetrate for 10 seconds to ensure proper etching of both surfaces (Figs. 14 and 15). The etchant was then rinsed off with water, and all excess moisture was removed. Excite® F total-etch dental adhesive

was then applied to the preparation and agitated for 10 seconds (Fig. 16). A stream of warm air was expressed onto the adhesive to evaporate the solvent (Fig. 17), and the adhesive was light cured using the Bluephase Style for 10 seconds.

Tetric EvoFlow shade A3 was flowed 0.5 mm thick onto the floor of the preparation of tooth No. 31 and light cured for 10 seconds (Fig. 18). Then, a layer of Tetric EvoCeram shade A3 was placed within 0.5-1 mm of the cavosurface margin. This second layer was shaped to replicate the dentin layer, then light cured for 10 seconds (Figs. 19 and 20). Tetric EvoCeram Transparent was then used to create each of the four triangular ridges of the natural tooth, and each ridge was subsequently light cured for 10 seconds (Figs. 21 and 22).

Lastly, preparations began on tooth No. 32 by applying the Total Etch phosphoric acid to the enamel and allowing 15 seconds for penetration, then applying the etchant to the dentin and allowing 10 seconds for penetration. Then,

the etchant was completely rinsed off, leaving the area moist. ExciTE F dental adhesive was then applied, and a warm stream of air was directed over the preparation to evaporate the solvent. The ExciTE F adhesive was then light cured for 10 seconds.

One increment of Tetric EvoCeram Bulk Fill shade IVA (for slightly reddish teeth) was then delivered to tooth No. 32 (Fig. 23). An OptraSculpt sphere was then implemented to sculpt the composite to the floor and walls of the preparation (Fig. 24), after which an OptraSculpt pyramid was used to further form the tooth shape (Fig. 25). The restoration, now fully formed, was light cured with the Bluephase Style for 10 seconds. Note that the shape of the light's tip allowed easy access to the tight space. A fine, tree-shaped diamond, similar in



22



23



24



25

22. View of the occlusal composite restoration on tooth No. 31 after final cure and prior to finishing.

23. Tetric EvoCeram Bulk Fill composite in shade IVA was applied in one increment.

24. The composite was adapting using the sphere shaped OptraSculpt.

25. The composite was then shaped using the pyramid shaped OptraSculpt tip.

26. A fine tree shape diamond similar in shape

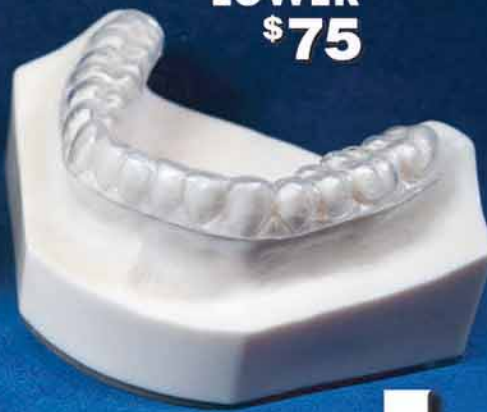


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to the P1 plugger was used to establish the occlusal anatomy.

27. The final restoration was polished in one step with the OptraPol NG polisher.

28. The restorations were marked to check occlusion.

29. Immediate post-operative photograph of the final restorations on tooth Nos. 30-32.

30. One week post-operative photograph of the final restorations on tooth Nos. 30-32



shape to the P1 plugger, was then used to establish occlusal anatomy (Fig. 26).

An OptraPol® NG polishing instrument was used to polish the completed restorations of all three teeth to a high-gloss (Fig. 27). After polishing, the rubber dam was removed, and articulating paper was used to check the patient's occlusion (Fig. 29). The occlusion was determined to be satisfactory and the restorations complete (Fig. 30).

The patient returned the following week for a visit and reported no post-op sensitivity. After re-hydration, the excellent color-matching to the patient's natural dentition was visible, and all three restorations appeared esthetically similar.

Conclusion

This case illustrates the different reliable methods for posterior restoration placement. As the materials and processes for posterior restorations have progressed, they have become increasingly more efficient,

esthetically pleasing and predictably placed. In this case, the clinician used Tetric EvoFlow and Tetric EvoCeram A3 to place the restoration on tooth No. 31, and the procedure took seven minutes. The clinician used Tetric EvoCeram Bulk Fill IVA on tooth Nos. 30 and 32, and these restorations were placed in a little more than four minutes each. Tetric EvoCeram Bulk Fill allows for the successful completion of a Class II restoration in half the time.

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... APPLYING

SP200 in your practice

Compiled by **RYAN HAMM**
Information provided by DBI America Corp.

The **SP200** is a self contained scaler/polisher workstation. Because all the device requires is an electrical connection, this scaler/polisher workstation is an ideal solution for practices that do not have any plumbing or for practices that have greater mobility needs.

A SELF-PRESSURIZED

RESERVOIR: This self-contained scaler/polisher workstation features a 500 mL receptacle that can hold water or medicaments.

FAST CALCULUS REMOVAL: The SP200's scaler tips offer linear movement to speed calculus removal and minimize noise and heat.

IT'S VERSATILE: The SP200 features a Standard E-Type Motor that accepts most E-Type attachments.

ENHANCED FIELD OF VIEW: The LED scaler's 70,000 LUX of light means reduced eye strain.

GENTLE YET STRONG: The electric motor is gentle enough to polish and still strong enough for drilling.

OPTIONAL UPGRADES: An Ergo Ultra LED handpiece and upgraded motor kit also are available. ●



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SCAN:



Equipped with an electric motor that's gentle enough for polishing, yet strong enough for drilling (up to 35,000 rpm).



The LED Scaler Handpiece features 70,000 LUX of light to enhance your field of vision while reducing eye strain.

4% Citanest® Plain DENTAL
(prilocaine HCl Injection, USP)

When it comes to dental pain,
not all patients can be treated the same



4% Citanest® Plain DENTAL
(prilocaine HCl Injection, USP)
is for patients who are extra
sensitive to epinephrine



Anesthetics with epinephrine generally produce a longer duration of action. Reactions to CITANEST are characteristic of those associated with other amide-type local anesthetics. A major cause of adverse reactions to this group of drugs is excessive plasma levels, which may be due to overdosage or inadvertent intravascular injection. CITANEST is contraindicated in patients with a known hypersensitivity to it or to any local anesthetic agent of the amide type. **CITANEST FORTE (Prilocaine and epinephrine Injection, USP) contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people.** Local anesthetics should be employed only by clinicians who are well versed in diagnosis and management of dose-related toxicity and other acute emergencies which might arise from the block to be employed, and then only after insuring the immediate availability of oxygen, other resuscitative drugs, cardiopulmonary resuscitative equipment, and the personnel resources needed for proper management of toxic reactions and related emergencies. CITANEST, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips. Methemoglobinemia can be reversed when indicated by intravenous administration of methylene blue (1-2 mg/kg) given over 5 minutes.

Please see Brief Summary of Prescribing
Information on adjacent page.

Infiltration injections, soft tissue anesthesia duration	2 hours*	2¼ hours*
Inferior alveolar nerve blocks, soft tissue anesthesia duration	2½ hours*	3 hours*

Citanest® DENTAL is the brand of prilocaine
trusted by dental professionals since 1965.



Citanest® Plain DENTAL
(prilocaine HCl Injection, USP)
epinephrine-free formulation
(pH of 6.0 to 7.0)



Citanest® Forte DENTAL
(prilocaine and epinephrine
Injection, USP)
(low epinephrine formulation)

*All durations represent average times.

**Citanest® Forte Dental
(prilocaine and epinephrine injection, USP) 4%
Injection with epinephrine 1:200,000**

**4% Citanest Plain Dental
(prilocaine hydrochloride injection, USP)**

**BRIEF SUMMARY
[See Package Insert for Full Prescribing Information]**

USE
Citanest® Forte Dental and 4% Citanest Plain Dental are indicated for the production of local anesthesia in dentistry by nerve block or infiltration techniques.

CONTRAINDICATIONS
Prilocaine is contraindicated in patients with known history of hypersensitivity to amide type local anesthetics and in patients with congenital or idiopathic methemoglobinemia.

WARNINGS
PRACTITIONERS WHO USE LOCAL ANESTHETICS SHOULD BE WELL VERSED IN DIAGNOSIS AND MANAGEMENT OF EMERGENCIES THAT MAY ARISE FROM THEIR USE. RESUSCITATIVE EQUIPMENT, OXYGEN AND OTHER RESUSCITATIVE DRUGS SHOULD BE AVAILABLE FOR IMMEDIATE USE. To minimize the likelihood of intravascular injection, aspiration should be performed before the local anesthetic is injected. If blood is aspirated, the needle must be repositioned until no blood can be elicited by aspiration. The absence of blood in the syringe does not assure that intravascular injection will be avoided.

Citanest Forte Dental Injection contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening asthmatic episodes. The overall presence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than in nonasthmatic people.

Methemoglobinemia: Prilocaine has been associated with methemoglobinemia. Very young patients, patients with congenital or idiopathic methemoglobinemia, or patients with glucose-6-phosphate deficiencies are more susceptible. Patients taking drugs associated with methemoglobinemia (e.g., sulfonamides, acetaminophen, acetanilid, aniline dyes, benzocaine, chloroquine, dapson, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine and quinine) are at greater risk.

PRECAUTIONS
General: Prilocaine's safety and effectiveness depend on proper dosage, correct technique, adequate precautions, and readiness for emergencies. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use (see **WARNINGS**). The lowest dosage that results in effective anesthesia should be used to avoid high plasma levels and serious adverse effects. Repeated doses of prilocaine may cause significant increases in blood levels with each repeated dose because of slow accumulation of the drug or its metabolites. Tolerance to elevated blood levels varies with the status of the patient. Patients that are debilitated, elderly, acutely ill, and children should be given reduced doses commensurate with age and physical status. Prilocaine should be used with caution in those with severe shock or heart block.

Local anesthetic injections containing a vasoconstrictor should be used cautiously in areas of the body supplied by end arteries or having otherwise compromised blood supply. Patients with peripheral vascular disease and those with hypertensive vascular disease may exhibit exaggerated vasoconstrictor response. Ischemic injury or necrosis may result. Preparations containing a vasoconstrictor (Citanest® Forte Dental) should be used with caution during or after administration of potent general anesthetics, since cardiac arrhythmias may occur.

Cardiovascular and respiratory (adequacy of ventilation) vital signs and the patient's state of consciousness should be monitored after each local anesthetic injection. Restlessness, anxiety, tinnitus, dizziness, blurred vision, tremors, depression or drowsiness should alert the practitioner to the possibility of central nervous system toxicity. Signs and symptoms of depressed cardiovascular function may result from a vasovagal reaction; particularly if the patient is in an upright position (see **ADVERSE REACTIONS, Cardiovascular System**).

Since amide-type local anesthetics are metabolized by the liver, prilocaine should be used with caution in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at greater risk of developing toxic plasma concentrations. Prilocaine should be used with caution in patients with impaired cardiovascular function since they may be less able to compensate for functional changes associated with the prolongation of A-V conduction produced by these drugs.

Many drugs used during the conduct of anesthesia are potential triggering agents for familial malignant hyperthermia. Since it is not known whether amide-type local anesthetics may trigger this reaction and since the need for supplemental anesthesia cannot be predicted in advance, it is suggested that a standard protocol for the management of malignant hyperthermia should be available. Early unexplained signs of tachycardia, tachypnea, labile blood pressure and metabolic acidosis may precede temperature elevation. Outcome success is dependent on early diagnosis, prompt discontinuance of the suspect triggering agent(s) and institution of treatment, including oxygen therapy, indicated supportive measures and dantrolene (consult dantrolene sodium intravenous package insert before using).

Prilocaine should be used with caution in patients with known drug sensitivities. Patients allergic to para-aminobenzoic acid derivatives (procaine, tetracaine, benzocaine, etc.) have not shown cross sensitivity to prilocaine.

Use in the Head and Neck Area: Small doses of local anesthetics injected into the head and neck area, including retrobulbar, dental and stellate ganglion blocks, may produce adverse reactions similar to systemic toxicity seen with unintentional intravascular injections of larger doses. Confusion, convulsions, respiratory depression and/or respiratory arrest, and cardiovascular stimulation or depression have been reported. These reactions may be due to intra-arterial injection of the local anesthetic with retrograde flow to the cerebral circulation. Patients receiving these blocks should have their circulation and respiration monitored and be constantly observed. Personnel for treating adverse reactions should be immediately available. Dosage recommendations should not be exceeded (see **DOSAGE AND ADMINISTRATION** in package insert).

Information for Patients: The patient should be informed of the possibility of temporary loss of sensation and muscle function after infiltration or nerve block injections. The patient should be advised to exert caution to avoid inadvertent trauma to the lips, tongue, cheek mucosae or soft palate when these structures are anesthetized. The ingestion of food should therefore be postponed until normal function returns. The patient should be advised to consult the dentist if anesthesia persists, or if a rash develops.

Clinically Significant Drug Interactions: The administration of local anesthetic injections containing epinephrine or norepinephrine in patients receiving monoamine oxidase inhibitors, tricyclic antidepressants or phenothiazines may produce severe, prolonged hypotension or hypertension. Concurrent use of these drugs should generally be avoided. In situations when concurrent therapy is necessary, careful patient monitoring is essential. Concurrent administration of vasopressor and ergot-type oxytocic drugs may cause severe, persistent hypertension or cerebrovascular accidents. Prilocaine may contribute to the formation of methemoglobinemia in patients treated with other drugs known to cause this condition (see **WARNINGS**).

Drug/Laboratory Test Interactions: Intramuscular injection of prilocaine may result in increased creatine phosphokinase levels. Thus, the use of this enzyme determination, without isoenzyme separation, as a diagnostic test for the presence of acute myocardial infarction may be compromised by the intramuscular injection of prilocaine.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Studies of prilocaine in animals to evaluate the carcinogenic and mutagenic potential or the effect on fertility have not been conducted. Chronic oral toxicity studies of ortho-toluidine, a prilocaine metabolite, in mice (150–4800 mg/kg) and rats (150–800 mg/kg) have shown that ortho-toluidine is a carcinogen in both species. The lowest dose corresponds to approximately 50 times the maximum amount of ortho-toluidine to which a 50 kg subject would be expected to be exposed following a single injection (3 mg/kg) of prilocaine. Ortho-toluidine (0.5 mg/mL) showed positive results in *Escherichia coli* DNA repair and phage-induction assays. Urine concentrates from rats treated with ortho-toluidine (300 mg/kg, orally) were mutagenic for *Salmonella typhimurium* with metabolic activation. Several other tests, including reverse mutations in five different *Salmonella typhimurium* strains with or without metabolic activation and single strand breaks in DNA or V79 Chinese hamster cells, were negative.

Use in Pregnancy: Teratogenic Effects — Pregnancy Category B. Reproduction studies have been performed in rats at doses up to 30 times the human dose and revealed no evidence of impaired fertility or harm to the fetus due to prilocaine. There are, however, no adequate and well-controlled studies in pregnant women. Animal reproduction studies are not always predictive of human response. General consideration should be given to this fact before administering prilocaine to women of childbearing potential, especially during early pregnancy when maximum organogenesis takes place.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when prilocaine is administered to a nursing woman.

Pediatric Use: Dosages in children should be reduced, commensurate with age, body weight, and physical condition (see **DOSAGE AND ADMINISTRATION** in package insert).

ADVERSE REACTIONS Swelling and persistent paresthesia of lips and oral tissues may occur. There have been reports of persistent paresthesia lasting weeks to months, and in rare instances paresthesia lasting greater than one year. Adverse experiences after prilocaine administration are similar to those observed with other amide local anesthetics. These adverse experiences are generally dose-related and may result from high plasma levels caused by excessive dosage, rapid absorption or unintentional intravascular injection, or may result from patient hypersensitivity, idiosyncrasy or diminished tolerance. Serious adverse experiences are generally systemic in nature. The following types are those most commonly reported:

Central Nervous System: CNS manifestations are excitatory and/or depressant and may be characterized by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting, sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness, respiratory depression, and arrest. Excitatory manifestations may be brief or may not occur at all. The first manifestation of toxicity may be drowsiness merging into unconsciousness and respiratory arrest. Drowsiness after administration of prilocaine is usually an early sign of a high blood level of the drug and may occur as a consequence of rapid absorption.

Cardiovascular System: Cardiovascular manifestations are usually depressant and characterized by bradycardia, hypotension and cardiovascular collapse, which may lead to cardiac arrest. Signs and symptoms of depressed cardiovascular function may commonly result from a vasovagal reaction, particularly if the patient is upright. Less commonly, they may result from a direct effect of the drug. Failure to recognize the premonitory signs (e.g., sweating, a feeling of faintness, changes in pulse or sensorium) may result in progressive cerebral hypoxia and seizure or cardiovascular catastrophe. Management consists of placing the patient in the recumbent position and ventilation with oxygen. Supportive treatment of circulatory depression may require administration of intravenous fluids, and, when appropriate, a vasopressor (e.g., ephedrine) as directed by the clinical situation.

Allergic: Allergic reactions are characterized by cutaneous lesions, urticaria, edema or anaphylactoid reactions. Allergic reactions as a result of sensitivity to prilocaine are extremely rare and, if they occur, should be managed by conventional means.

Neurologic: Adverse reactions (e.g., persistent neurologic deficit) associated with the use of local anesthetics may be related to the technique used, the total dose administered, the particular drug, the route of administration, and the physical condition of the patient.

OVERDOSAGE Acute emergencies from local anesthetics are generally related to high plasma levels encountered during therapeutic use of local anesthetics (see **WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS**).

Management of Local Anesthetic Emergencies: The first consideration is prevention, best accomplished by careful and constant monitoring of cardiovascular and respiratory vital signs and state of consciousness after each local anesthetic injection. At the first sign of change, oxygen should be administered. The first step in the management of convulsions is immediately attending to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (e.g., thiopental or thiamylal) or a benzodiazepine (e.g., diazepam) may be administered intravenously. The clinician should be familiar with these anticonvulsant drugs. Supportive treatment of circulatory depression may require intravenous fluids and, when appropriate, a vasopressor as directed by the clinical situation (e.g., ephedrine). If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest occurs, standard cardiopulmonary resuscitative measures should be instituted. Endotracheal intubation, employing drugs and techniques familiar to the clinician, may be indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated. Dialysis is of negligible value in the treatment of acute overdosage with prilocaine. Methemoglobinemia is generally dose related but may occur at any dose. While values of less than 20% do not tend to produce any clinical symptoms, cyanosis at 2–4 hours after administration should be evaluated in terms of the patient's general health status. Methemoglobinemia can be reversed when indicated by intravenous methylene blue at a dosage of 1–2 mg/kg given over five minutes.

POWERFUL PATIENT EDUCATION

THE IMPORTANCE OF PATIENT EDUCATION IS UNDENIABLE.

Educated patients are more likely to accept treatment, and they're more likely to be active participants in their oral health. They'll put more trust in you and your team and they'll value the care you're offering them. Dr. Christopher Anderson tells us how he uses DEXIS go, the new companion app to the DEXIS Imaging Suite, to improve patient education and patient engagement in his office, and why you might want to consider doing the same.

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“Besides helping patients to see what I see, having DEXIS go shows patients that I invest in technology that will benefit their dental health.”

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How 3M ESPE's MDI Mini Dental Implant System enhanced one couple's quality of life.

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YOUR ON THE ‘GO’ OFFICE COMPANION

The new companion app to the DEXIS Imaging Suite, **DEXIS® go**, takes patient education and engagement to the next level.

by CHRISTOPHER M. ANDERSON, DMD

In my practice, one of the most important goals is to offer excellent, comprehensive and technologically advanced dental care. We want technology that helps us address patient concerns, ensures patients understand all of their options, and respects our patients’ schedules. DEXIS go helps us to accomplish all of these goals from anywhere in the office.

DEXIS go connects with my DEXIS® Imaging Suite software using the office Wi-Fi network and gives me the capability to display all images within a patient record on an iPad® or iPad® mini—including intra- and extraoral x-rays and photographs. This application allows me, or my patients,

to swipe through images and zoom in on areas of interest. One of the best aspects of DEXIS go is illustrated by its name—it lets me access the necessary information “on the go.” Whether I am heading down the hall between operatories or handing the iPad to the patient in the treatment room or to a parent in the reception room, the information is literally in our own hands and at our fingertips.

Improved patient education

Patients who see their radiographs on the iPad can view the clinical information that I am discussing in a highly visual way. When they comprehend the “whys” of treatment,

they are more inclined to accept my treatment plan that will improve their dental health. DEXIS go lets me interact with patients in a more face-to-face and side-by-side manner. A patient can see a cracked tooth on a lingual or palatal surface—usually only a dentist has that view. When I put the iPad in their hands, their eyes get bigger with the surprise and the knowledge that they are seeing “the real thing.”

Here are some of the steps to how DEXIS go works for me:

- The DEXIS go app searches for all DEXIS patient files that are open on any of the workstations in the office, and I choose the patient’s name from the list. I now have the option of offering the iPad to the patient for a closer look.
- The initial screen is set up in quadrants: Upper left is for intraoral x-rays, lower left is for extraoral x-rays, upper right displays intraoral photographs, and lower right is for extraoral photos. Because the iPad is a popular device that many of my patients already use at home, they often already know how to “tap” and “swipe” to access their images. If they are not acquainted with this technology, they can still hold the iPad while I move through images.
- DEXIS go is easy to navigate. Patients can tap to enlarge their images, and tapping the ClearVu™ icon enhances the large, vibrant image even more.
- X-rays or photographs are beautiful and easy to see on the clear, glossy, high-resolution screen. I point out details on specific teeth and discuss treatment options in a conversational way, not with my side or my back to the patient, while I look on a monitor instead of at them.



Dr. Anderson talks with a patient in his treatment room using DEXIS go.



Close-up iPad with an enlarged image.

Did you know...

The DEXIS go app is free to registered users of DEXIS Imaging Suite software 10.0.5 or higher and is now available in the Apple® iTunes® store.

Patients love it

I've had my DEXIS digital radiography system for nearly a decade. In my opinion, it is the biggest advancement for diagnostics and communication that we've implemented. I can document information before, during and after treatment, building the foundation for "evidence-based" dentistry that builds trust with the patient. Now, DEXIS go takes that one step further.

DEXIS go helps build a level of rapport with patients. Before, I needed to bring a parent or a caregiver of an older adult back to my operatory to show them images. Now, I can take my iPad to them, sit on a couch and discuss the treatment options. This not only streamlines my time, but also respects the patient's tight schedule. When I am crunched for time on a very busy day, or if the patient is looking at his or her watch, anxious to get back to work, having these digital images on DEXIS go saves time while not sacrificing privacy.

Besides helping patients to see what I see, having DEXIS go shows patients that I invest in technology that will benefit their dental health. Even though it is so easy to navigate, I am the high-tech guru in their eyes! While my DEXIS digital

x-ray system was already an advantage in my operatories, DEXIS go is my office companion that's always on the "go." ●

Dr. Christopher M. Anderson received his Bachelor of Science at Kennesaw State University and graduated from the Medical College of Georgia School of Dentistry. He is the recipient of awards of excellence in both prosthodontics and pediatric dentistry. Dr. Anderson is an avid member in local, regional and national organized dentistry, and is also an enthusiastic proponent of continuing education. He can be reached at info@dmdga.com.



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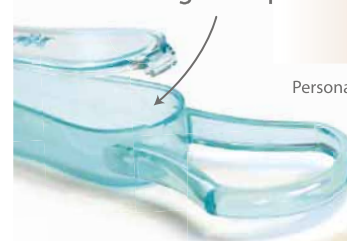


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Compiled by **RENEE KNIGHT**
Information available at 3MESPE.com/SofLex.

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With the addition of these spiral finishing and polishing wheels, the Sof-Lex™ Finishing and Polishing family now offers **a comprehensive system** for contouring, finishing, and high-gloss polishing.

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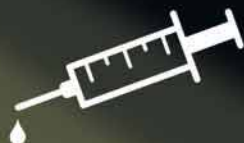
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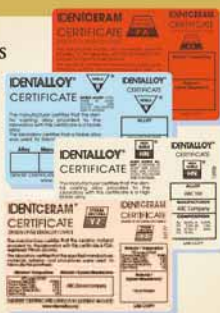
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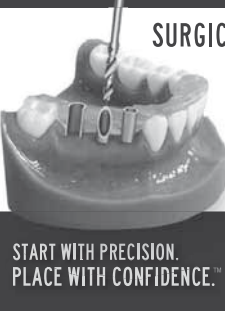
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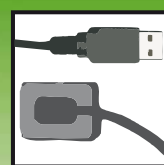
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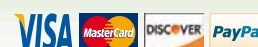
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"I was messing around on the computer and I saw a post by a lady in Florida. She said she had bad teeth problems all her life, but now had the most remarkable experience. She could hardly eat but then she stumbled across a dentist in Wichita. I thought, 'Wow.'"

The couple had grown up poor and unhealthy eating habits led to a lifetime of dental woes and ill-fitting dentures.

"I thought we would both be candidates for something like that if it was not more fake than real," an initially skeptical Larry said. "So we made appointments and my wife volunteered to go first."

After coming to Wichita, Nancy saw a variety of dentists and she had a few upper plates, but never received good dentures on the bottom.

So they went to Dr. Wright's Cambridge Family Dentistry practice and knew right away they were in good hands.

"We went and talked to Dr. Wright and he was so patient



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and very informative," Nancy said. "He is a gentlemen in every way and showed me all the implants and how it was and I thought, 'that's a piece of cake.'"

"So I went for it and my goodness, he pulled those lower teeth out, he set those implants on there and popped the other teeth right in and I have had no problems at all. Now I can eat a raw apple and I can eat meat again. I sing his praises to the sky."

The couple's new smiles not only help with eating, but their quality of life and confidence have greatly improved.

"It's a pleasure to sit down to the table for a snack or for dinner," Nancy said. "I tell family and friends and everyone I meet. Plus I smile all the time now. I would do this again anytime."

Larry feels the same way.

"There was not one hiccup with the process," he said. "Both of us were raised poor and had extremely bad diets. By the time I was in my late 20s I had to have all of my upper teeth extracted. I tried to hold my lower teeth together for years but one by one they went."

His upper dentures never fit well and when he lost his lower teeth it was difficult to remain a "steak and potatoes person."

"I survived like that for quite a few years before we stumbled across Dr. Wright, who is not only a really good person but he managed to hire and train a great crew. It's an absolute pleasure visiting the dentist."

He added, "It makes life 5X as enjoyable. Before when we went out, we kind of had a knack of keeping our mouths shut and talking through our lips. Now we can grin, smile and laugh. It's amazing."

Nancy adds, "It's a precise process that works. You put them in and 'boom' you go out and you start living." ●



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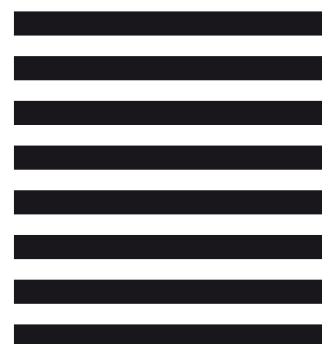
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