

today



Sessions, sessions everywhere
Live Dentistry arenas and the Dental Tribune Study Club symposia line up speakers on topics from esthetics to imaging.
»page 2



Scenes from the show
Funny face paint, snack breaks and furry creatures designed to get kids excited for brushing are the highlights of Tuesday.
»starting on page 6



Putting their hearts into it
Companies help kick off Oral Health America's 'Seal Two Million Campaign' in support of at-risk children across the United States.
»page 22

Where ideas go to develop

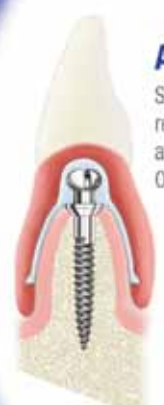


For more on Dentcubator, see story on Page 4.


• Dental Tribune International Publisher and Chairman Torsten Oemus, left, Dr. L. Stephen Buchanan, Dr. Marc L. Nevins, Mark Ferber, Barbro K. Brånemark of the Brånemark Osseointegration Center in Gothenburg, Sweden, Dr. Richard Meissen, Dr. Thomas J. McGarry and Dental Tribune China General Manager Huang Huan were among many attendees on hand Tuesday morning for the Dentcubator meeting. (Photo/Fred Michmershuizen, Dental Tribune)

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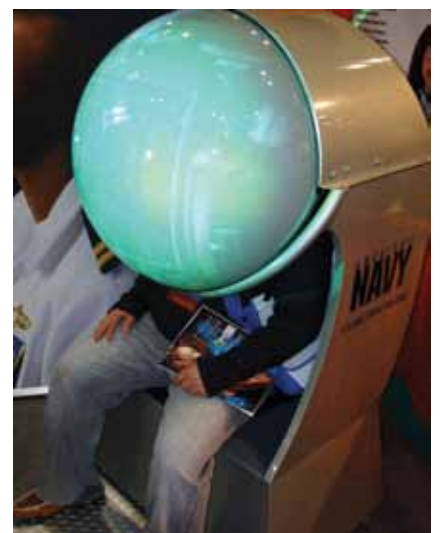
• Attendees scour the exhibit hall Tuesday afternoon. (Photos/Fred Michmershuizen, Dental Tribune)

Last chance!

By Fred Michmershuizen, Dental Tribune

■ You only have until 5 p.m. today. That's when the exhibit hall here at the 86th Greater New York Dental Meeting (GNYDM) will close. That means now is your last chance to scour the aisles for the latest in dental supplies, equipment and technology. The good news is that whether you are a first-year dentist or a seasoned veteran, a general practitioner, specialist or hygienist, there are products and services here to meet your needs. So be sure to visit the show floor one last time before you go back to your practice. You'll be glad you did.

Here are some other last-minute



• An attendee views an informational video inside a bubble at U.S. Navy Recruiting Command, booth No. 1112.

• see CHANCE, page 22

Lectures heighten interest, awareness in products

By Robin Goodman, Dental Tribune

There's no such thing as a free lunch. But there is such a thing as free C.E. during the Greater New York Dental Meeting (GNYDM).

For example, take the meeting's two Live Dentistry Arenas. On Tuesday, Dr. Ara Nazarian discussed "Simple Implant Placement in a Complex Economy" on one side of the exhibition floor at the Live Dentistry Arena. Dr. Michael Miyasaki held the stage at the other arena with a morning session on "Minimally Invasive Aesthetic Indirect Restorative Procedures," and after lunch continued with "Advanced Imaging for the New and Retreatment Endodontic Patient."

Around the corner and down the aisle from Live Dentistry Arena No. 1 is the DTSC Symposia C.E. lecture series. Tuesday's morning schedule began with Drs. David Lynch, Fay Goldstep and George Freedman discussing "Soft-tissue Lasers and Caries Diagnosis."

Dr. Mayer Sinensky from New York, N.Y., stopped on his way out of the lecture by Freedman, Goldstep and Lynch to say what he thought of the program: "I think the format is great. It's a small room so you feel like you are in a classroom, and the lecturers are very good speakers as well as knowledgeable in their field."

"The lecture made me want to visit some of the booths to look at the products. This is my first time at a DTSC lecture, but now I will look closely at the rest of the schedule to see if there are others I might want to attend."

There were seven lectures Tuesday and other speakers included Drs. Lou Chmura, Marc Gottlieb, Dov Almog, Bettina Basrani, Dwayne Karateew and Dirk Gieselmann.



• Dr. Joseph Massad during his hands-on workshop Tuesday morning about 'Impressioning and Securing Implant-retained Complete Dentures.' (Photos/Robin Goodman, Dental Tribune)



• Dr. Michael Miyasaki during his morning presentation.

The DT Study Club Symposia will offer more courses today, starting at 10 a.m., so stop by for some free C.E. credits. A select few among the lectures will be posted online at www.DTStudyClub.com after the event; however, there will be an access fee.

Various seminars and programs are, of course, free. For instance, Karen Raposa, RDH, MBA, provided three free C.E. credits during the dental hygienists'



• Drs. Edward Lynch (left), Fay Goldstep and George Freedman before their DTSC Symposia on 'Soft-tissue Lasers and Caries Diagnosis.'

association program Tuesday morning.

Finally, there are the glass classrooms, and although they are not free, they do provide an intimate and hands-on setting to try out new products, equipment and techniques.

Dr. Joseph Massad guided attendees in two separate sessions on the topic of "Impressioning and Securing Implant-retained Complete Dentures" in the glass classroom on Aisle 4200/4300.

today About the Publisher

Dental Tribune America, LLC
116 W. 23rd St., Suite 500
New York, N.Y. 10011
Phone: (212) 244-7181
Fax: (212) 244-7185
E-mail: info@dental-tribune.com
www.dental-tribune.com

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

Vice President Global Sales
Peter Witteczek
p.witteczek@dental-tribune.com

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

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

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

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

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

Account Manager
Gina Davison
g.davison@dental-tribune.com

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

Account Manager
Humberto Estrada
h.estrada@dental-tribune.com

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

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

C.E. Manager
Julia Wehkamp
jwehkamp@dental-tribune.com

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

dti Dental Tribune International

Published by Dental Tribune America
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today Greater New York Dental Meeting Show Preview appears in advance of the Greater New York Dental Meeting in New York City, N.Y., Nov. 28–Dec. 1, 2010.

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Do-it-yourself equipment maintenance and repairs

By Robin Goodman, Dental Tribune

■ Is your Cavitron unit acting a bit quirky? Do you need to change the gasket on your sterilizer? Basic preventive equipment maintenance and repairs are easier than you think and doing it yourself will save you money.

Indeed, this is likely the reason why some 46 attendees participated in the hands-on workshop on this topic on Tuesday afternoon in the glass classroom at the end of Aisle 1200/1300.

The classroom was divided into four stations: Cavitron/curing lights, handpieces, sterilizers and dental chairs. Eleven technical specialists from Henry Schein Pro Score as well as Sales and Category



• Sales and Category Manager Dyan M. Jayjack instructs a portion of the hands-on workshop about preventive maintenance and equipment repair on Tuesday. The course takes place again today at 2 p.m. and earns attendees three C.E. units. (Photo/Robin Goodman, Dental Tribune)

Manager Dyan M. Jayjack were divided up among the four stations.

If you want to learn how to perform basic preventative maintenance and repairs, you are in luck

because this \$25 course (worth three C.E. credits) will be repeated from 2 to 4 p.m. today in the glass classroom on the exhibit floor at the end of Aisle 1200/1300.

WE HAVE SOMETHING TO



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Dentcubator is poised to hatch promising new dental technology

By Fred Michmershuizen,
Dental Tribune

Historically, the best advances in dental technology have sprung not from geeks in corporate R&D departments but rather from regular dentists working in their practices.

That's perhaps because most dentists are thinkers and tinkerers. They are constantly coming up with innovative ways of improving upon procedures, increasing efficiency or doing something in a manner that hasn't been tried before.

Until now, one obstacle entrepre-
neuring dentists have encountered,
once they have built a better mouse-
trap, is coming up with the necessary
financial and logistical resources to
make their vision a reality. That's
where Dentcubator comes in.

Now in its third year, Dentcubator is
a group of investors and shareholders
from 15 countries and 26 states. Their
goal is to seek out the most promising



Attendees listen to a presentation during the annual meeting of Dentcubator. (Photo/Fred Michmershuizen, Dental Tribune)

advances in dental technology and
bring these ideas to fruition.

This is an elite group. Among many
others, it counts among its members
such notables as Dr. William Arnett,
Dr. Paul Feuerstein, Dr. Ron Jackson,
Dr. Sonia Leziy, Dr. Ken Malament,
Dr. Joerg Strub, Dr. Mauro Fradeani,
Dr. Paul Seid, Dr. Bill Dickerson, Dr.
Hoy Maier, Dr. Manfred Pfeiffer, Dr.
Brahm Miller, Dr. Gianluca Gambar-

ini, Dr. Marco Martignoni, and Drs.
Pedro, Leandro and Rogerio Velasco
of The Velasco Group in Brazil.

Dentcubator has 10 standing com-
mittees that receive proposals and
evaluate them. This year alone, Dent-
cubator fielded 70 proposals. Not
only does the organization have the
brains, they also have the much-
needed financial capital and manage-
rial expertise to bring new products
to fruition.

Dentcubator is currently in the pro-
totyping and testing phase for several
new products, ranging from a new
endodontic file system to advanced
periodontal technology, and even
new software. A bit further back in
the pipeline are a new obturation sys-
tem, a bur made of a completely new
material and number of biomarkers.

During this year's Greater New
York Dental Meeting (GNYDM), Dent-
cubator is holding its third annual
meeting. In attendance, among many
others, are Dr. L. Stephen Buchanan,


Dr. Marc L. Nevins, Dr. John T. Mc-
Spadden, Dr. Richard Meissen, Dr.
Lorne Lavine, Dr. Thomas J. McGarry
and Barbro K. Brånemark of the
Brånemark Osseointegration Center
in Gothenburg, Sweden.

Dentcubator members said that
New York is a fitting location for the
group, given the GNYDM's position
as the premier international dental
meeting in the United States. The
group's leaders expressed gratitude
to organizers of GNYDM for helping
spread the word about what it does.

"Dentcubator received an enor-
mous number of submissions this
year, thanks to publicity we received
through the e-mail blast GNYDM
sends to its members," the chairman
of Dentcubator said. "To our delight,
we received responses from a number
of countries as far away as India."

Dentists who would like to sub-
mit proposals to Dentcubator are
invited to contact the group at [ideas@
dentcubator.com](mailto:ideas@dentcubator.com).

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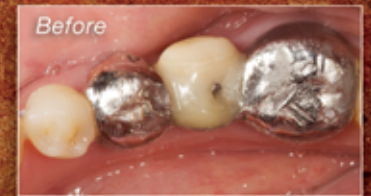
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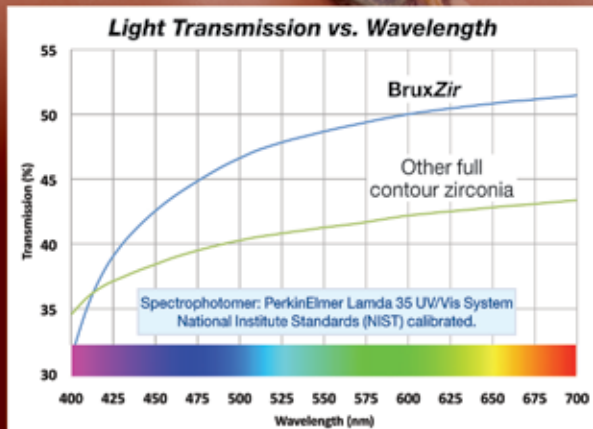


This patient fractured a porcelain all-ceramic crown on the second molar and chipped the first molar. Both crowns were replaced with BruxZir.



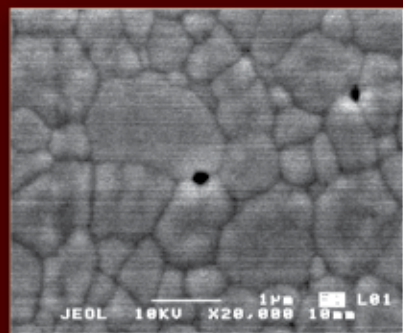
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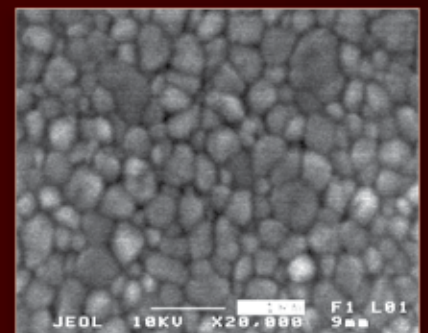


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SEM of sintered isostatically-pressed zirconia



SEM of sintered colloidal-processed BruxZir



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Notice the natural color and translucency of BruxZir Solid Zirconia

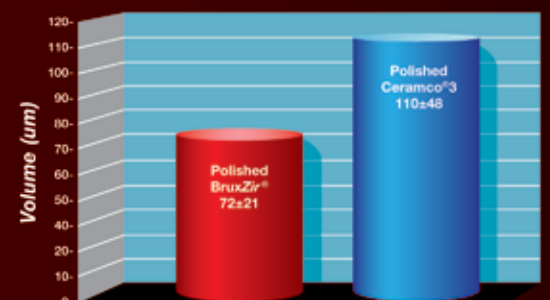
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Scenes from the show



• To hear more about Ultradent products, stop by booth No. 417.



• Eamon Knitel, left, and Ken Bishara of KAVO Dental (booth No. 5615).



• Do you need new, innovative wall art for your dental office? If so, stop by booth No. 3023 and ask about the signed prints.



• GNYDM attendees break for lunch and conversation.



• Get your face painted creatively for free at the Valplast booth (No. 4637) like Stephanie Hernandez, from left, Robinson Cercets and Yeimmy Fernandez.



• Shane McElroy shows an attendee Meisinger's high-quality rotary instruments at booth No. 2829.



• Michael Semmel, right, and Andrew Brown can tell you about the kit promotions at Axis Dental (booth No. 4632).



• Got a craving for something sweet? Stop by Freshens Frozen Treats (outside Aisle 2700/2800 in the exhibit hall) for an afternoon delight.



• CAMLOG's Justine Cutler speaks to an attendee about the benefits of the company's product line.



• Bob Gannon of SybronEndo (booth No. 4427) teaches meeting attendees about endodontic files.



• Henry Schein Chairman and CEO Stanley M. Bergman welcomes attendees at the 2010 FOLA leadership breakfast on Monday morning.



• Behind on your Christmas shopping? Beautiful, artistic jewelry is available at A Fashion Hayvin (No. 3022), and if you buy two pieces, you get one free!

Photos by DT Editors
Robin Goodman,
Fred Michmershuizen
and Sierra Rendon



• Would you be interested in free Dental GPS software for three months? Stop by the booth (No. 1513) to find out more.



• Snap-On Smile inventor Marc Liechtung speaks to attendees about the benefits of the device he created.



• Dr. Fresh's Christy Hubbard, right, and Alexi Trujillo introduce attendees to the new kits that include a Hello Kitty or Spiderman toothbrush, flossers, toothbrush cap, toothpaste and stickers in a handy to-go bag for only \$1!



• Sharon Crisman of Practicon (booth No. 5122) holds Magi Dragon, one of the company's many furry creatures designed to get kids excited about brushing and flossing.



• Roy Shu, left, and Michael Bayer of Shu Dental Laboratory (booth No. 2006).



• Henry Schein ProScore gives you the ability to repair your own handpieces. You can learn more from Dyan Jayjack in booth Nos. 1015/1023/1417/1820.

Proper waste management: how to go about it

By Kristine Colker, Managing Editor

■ From 10 to 11 a.m. today, Al Dubé will present “Mercury Amalgam Waste, OSHA and Regulatory Issues Affecting Dentists.” This course walks clinicians through aspects of waste from dental offices.

Your DTSC Symposia session is “Mercury Amalgam Waste and OSHA and Regulatory Issues Affecting Dentists.” Please tell us about what participants can hope to get out of it.

Most dental practices are not aware of the procedures necessary or required relative to mercury issues and certainly OSHA issues. My goal is to

present information for participants to better understand their responsibilities and give them some direction into working to compliance with requirements.

Could you go into a little more detail about clinicians' legal liabilities when it comes to waste management? What are some of the most important things clinicians should be aware of in regards to waste management?

Waste management is critical for dental practices, as there are legal liabilities associated with the disposal of waste. As an example, in a recent case in Massachusetts, some dental offices were giving and, in some

cases, selling some of their waste to a local company they believed would dispose of the material in a proper manner. However, some of this waste was mercury bearing.

The local company, as a part of their process, dumped excess water from some of the collected waste down the drain. The discharged water contained large enough concentrations of mercury that local and state authorities (who monitor such things) noticed a spike in mercury in the waste-water stream at the treatment plant.

The regulators were able to trace the source back to the waste hauling company. State environmental police

About the speaker



Al Dubé is national sales manager, dental division, of SolmeteX, a division of Layne Christensen. Dubé was one of the founding members of SolmeteX in 1994 and was involved in several aspects of the development of the company. He has been working in the water treatment industry for 17 years.

showed up at the business one day to inspect the operation. When shown the process, the owner was arrested in violation of state and federal environmental laws.

Now the facility needs to be cleaned up. The owner has no money for the clean-up, so the state and federal government will be collecting from the dental office whose waste was used at the facility. In a similar case in Connecticut, the resulting fee was \$10,000 per dentist.

Would you say your presentation is geared toward a specific audience or is it more general? Is there anything attendees need to know ahead of time in order to understand it?

The presentation is more of a general conversation to help dental offices understand their liabilities and responsibilities for both waste and OSHA compliance requirements

What role does PureLife play in helping clinicians manage waste responsibly? What are some of the products or services the company can provide to interested practices?

PureLife provides a service for dental offices by monitoring waste streams in the dental office. The service is to manage the waste streams in a timely manner, lightening the load for waste management from the office by providing replacement buckets when due, providing red bag service and a do-it-yourself OSHA kit.

If there is one thing you could say to attendees to encourage them to attend your presentation, what would it be?

Waste management and OSHA can seem like a small part of the dental practice operation; however, the liabilities and exposures can have a dramatic effect on the practices' ability to operate. This conversation is designed to remind and assist in the proper management to minimize or eliminate liabilities.

Is there anything else you would like to add?

Being responsible does not have to be expensive. Having a company assist in servicing these waste streams provides an easy and cost-effective solution to managing the waste from dental offices.

AD

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Improve your denture service

By Kristine Colker, Managing Editor

■ From 4:15 to 4:55 p.m. today, Jeffrey Hoos, DMD, will present “Balancing the Art, Science and Business of Dentistry.”

The challenge for the dentist is to provide the patient with a functional, comfortable prosthesis. The dental failure of losing all a person’s teeth can be the ultimate challenge. How can we take this challenge and make it a positive and productive experience?

Innovative denture methods and implant dentistry can change the denture patient into a dental patient.

Your DTSC/Osseo University Summit session is “Balancing the Art, Science and Business of Dentistry.” Please tell us a little about what participants can hope to get out of it.

I want the participants to understand that success in private practice is really quite simple to understand ... but difficult sometimes to implement. The implementation is the important thing to understand. I hope the message will be clear and understandable.

Could you go into a little more detail about why dentures are so important to an implant-“supported” practice?

Patients who have lost their teeth have had a terrible dental history. Patients do not take out their own teeth; we do that for them or to them.

These are the patients who are in the most need and, fortunately for the dentist, the easiest to satisfy with the most simple implant procedures. These patients are usually the most grateful and, therefore, the most rewarding for the treating dentist.

Would you say your presentation is geared toward a specific audience or is it more general? Is there anything attendees need to know about ahead of time in order to understand it?

My presentation is geared toward any dentist who would like to improve his or her communication skills with patients and their technical skills to provide a higher quality denture service. I want attendees to come with an open mind and a love of learning.

I do this presentation not as an expert, just as someone who is doing

this type of dentistry every day with a degree of success. If someone picks up one thing that helps them, it is a success.

How did you get involved in implant dentistry? What made you decide to work in that specialty?

My involvement with implant dentistry started when I got a chance to hear and study with one of the early implant adopters: Dr. Paul Schnitman. When I saw the incredible improvement in patients’ lives, I knew this was something I needed to become involved with.

It was the personal satisfaction I gained from patients’ improvement in the quality of their dental lives that made me expand my implant knowledge and skills.

Your session is part of the Osseo University Summit. How did you begin working with Osseo University and what do you like about it?

I was introduced to Osseo University by Dr. Ken Serota. It is his dedication to e-learning that has made me excited and made me recognize its great reach.

Here at GNYDM



Dr. Jeffrey Hoos has been in a private group practice for 30 years. He has been actively involved with implant dentistry for 20 years.

If there is one thing you could say to attendees to encourage them to attend your presentation, what would it be?

If you want to improve your denture service and provide more dental services for your patients, I believe you will leave my session with some worthwhile information that will help.

Is there anything else you would like to add?

Dental practice is a real challenge on so many levels. Coming together in any forum and sharing information will make it easier to find the “Balance: The Art, Science and Business of Dentistry.”

Thanks for this honor of being part of Osseo University.

AD



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SYMPOSIA AT THE GNYDM

NOVEMBER 28 – DECEMBER 1, 2010, 10:00 AM DAILY



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28 NOV

10:00 - 11:00 Dr. Howard Glazer, DDS, FAGD
BEAUTIFUL: GO WITH THE FLOW

11:20 - 12:20 Dr. John Flucke, DDS
LIGHT CURED ADHESIVE DENTISTRY - SCIENCE AND SUBSTANCE

12:50 - 1:10 Dr. Marc Gottlieb, DMD
EXCITING NEW TOOLS FOR SUPERB IMPRESSIONS

1:20 - 2:20 Dr. Martin Goldstein, DMD
A SIMPLIFIED APPROACH TO MULTI-LAYER DIRECT COMPOSITE BONDING

2:40 - 3:40 Dr. Richard Rosenblatt, DMD
DIGITAL IMPRESSIONS: ARE THEY FOR ME?

4:00 - 5:00 Dr. Louis Malcmacher, DDS
TOTAL FACIAL ESTHETICS FOR EVERY DENTAL PRACTICE

5:10 - 5:30 Dirk Gieselmann
HOW AMMP-8 TESTING CAN CHANGE A DENTAL OFFICE

29 NOV

10:00 - 11:00 Mrs. Noel Brandon-Kelsch
ECO-FRIENDLY INFECTION CONTROL-UNDERSTANDING THE BALANCE

11:20 - 12:20 Dr. Gregori Kurtzman
INCORPORATING NEW ADVANCES IN DENTAL MATERIALS AND TECHNIQUES INTO YOUR RESTORATIVE PRACTICE

12:50 - 1:10 Dr. Marc Gottlieb, DMD
A GAME-CHANGING APPROACH TO DIFFICULT CL II COMPOSITES

1:20 - 2:20 Dr. Damien Mulvany
OPTIMIZING YOUR PRACTICE WITH 3D CONE-BEAM TECHNOLOGY

2:40 - 3:40 Dr. Edward Katz
IMPROVING PATIENT CARE WITH 3D CONE BEAM COMPUTERIZED TOMOGRAPHY

4:00 - 5:00 Dr. Fay Goldstep, Dr. George Freedman and Dr. Edward Lynch
SOFT TISSUE LASERS AND CARIES DIAGNOSIS

5:10 - 5:30 Dirk Gieselmann
HOW AMMP-8 TESTING CAN CHANGE A DENTAL OFFICE

30 NOV

10:00 - 11:00 Dr. Fay Goldstep, Dr. George Freedman and Dr. Edward Lynch
SOFT TISSUE LASERS AND CARIES DIAGNOSIS

11:20 - 12:20 Dr. Lou Chmura, DDS, MS
SOFT TISSUE LASERS ADJUNCTIVE TO ORTHODONTIC TREATMENT

12:50 - 1:10 Dr. Marc Gottlieb, DMD
THE ART AND SCIENCE OF AIR ABRASION

1:20 - 2:20 Dr. Dov Almog, DMD
INTRODUCTION TO CBCT: PREVENTION OF FAILURES IN ORAL IMPLANTOLOGY

2:40 - 3:40 Dr. Bettina Brasani
CLEANING AND SHAPING WITH NEW TECHNOLOGY

4:00 - 5:00 Dr. Dwayne Karateew, DDS
CONTEMPORARY CONCEPTS IN TOOTH REPLACEMENT

5:10 - 5:30 Dirk Gieselmann
HOW AMMP-8 TESTING CAN CHANGE A DENTAL OFFICE

1 DEC

10:00 - 11:00 Mr. Al Dube
MERCURY AMALGAM WASTE AND OSHA AND REGULATORY ISSUES AFFECTING DENTISTS

11:20 - 12:20 Dr. Glenn van As
HARD AND SOFT TISSUE LASERS

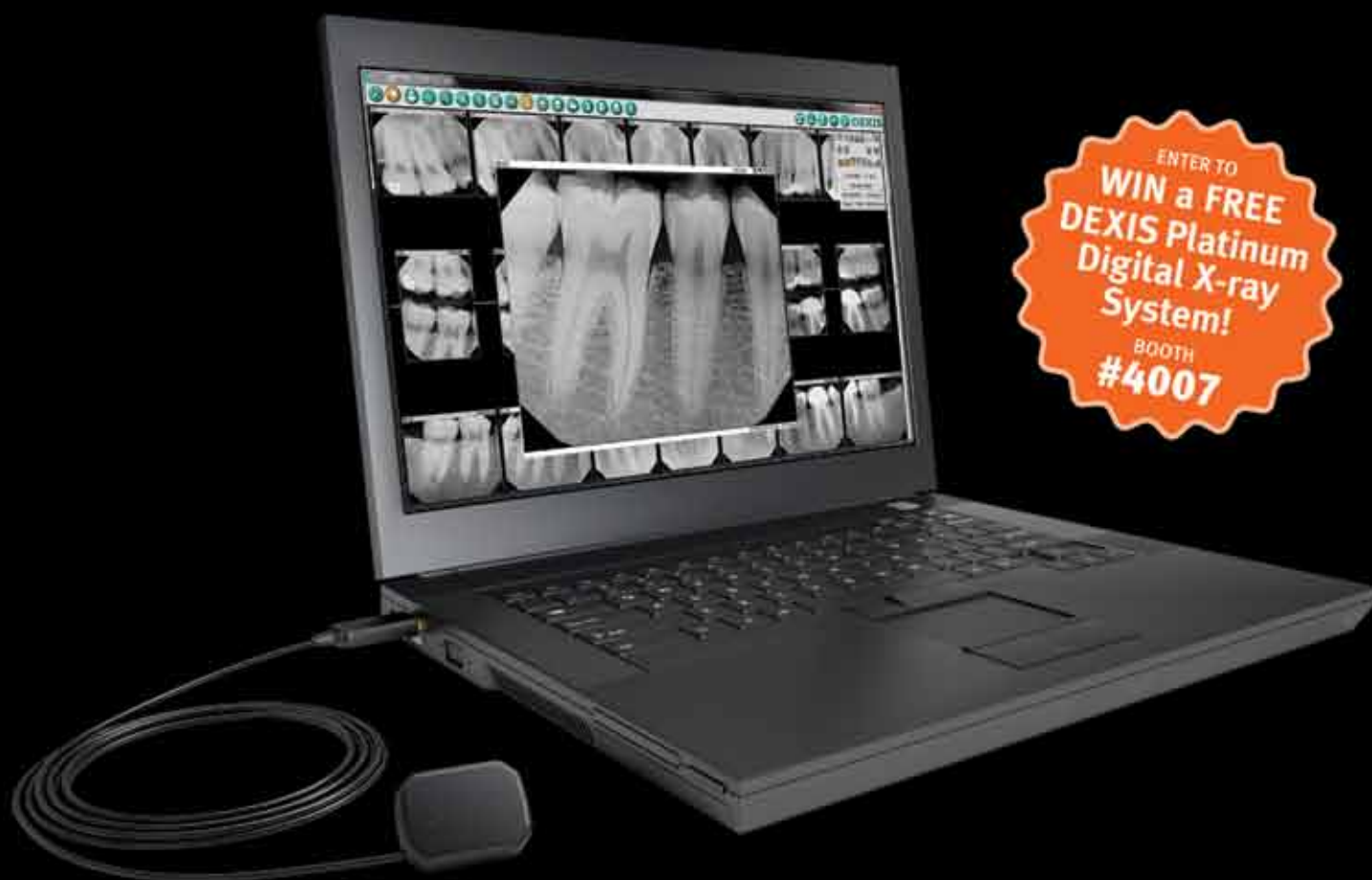
12:30 - 5:00 Dr. Ethan Pansick, Dr. Maria Ryan, Dr. Enrique Merino, Dr. David Hoexter, Dr. Dwayne Karateew, Dr. Jeffrey Hoos, Dr. Benedict Bachstein
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Diode lasers in cosmetic dentistry

By Glenn A. van As, BSc, DMD

■ The role of the diode laser within the discipline of cosmetic dentistry is typically reserved for the minor alteration of soft-tissue gingival symmetry around the maxillary incisors.

Gingival zeniths can be made to be more symmetrical, as long as the biologic width is not affected, and this can lead to an improved harmony in the final esthetic result of the “white” teeth and the “pink” framework of soft tissue that surrounds the new porcelain restorations.

The diode laser can be used, though, for more than just minor gingival recontouring by clinicians whose focus is in esthetics. Other clinical situations where a diode laser may be integral to the success of a case include diode tissue troughing instead of packing cord, frenectomies, fibroma removals and in the treatment of oral lesions such as aphthous ulcers, herpetic lesions and Venous Lakes (oral hemangiomas).

Recent studies in the literature have suggested that diode lasers can be used effectively, safely and with almost 100 percent success in the treatment of Venous Lakes.

Venous Lake is a common lesion of vascular origin that is caused by a dilatation of venules and appears as a dark blue to violet papule that is soft and compressible. These lesions occur more commonly on elderly patients and most often are seen on

the lips, cheeks or soft palate.

Once these are formed, they persist throughout life, and they may hemorrhage with trauma. They are considered by many patients to be an esthetic issue and they are traditionally seen as a challenge to treat surgically.

Diode lasers that fall in the 810-980 nanometer range are absorbed poorly in water but well in hemoglobin. A diode laser, when used with an uninitiated tip, can penetrate tissue to a depth of 4-5 mm.

The diode laser is able to coagulate the Venous Lake by photocoagulation and recent research* has shown the diode to be an effective, safe and versatile instrument when treating these lesions. There is an almost universal healing which occurs with usually just one irradiation exposure and is completed over a period of two to three weeks with no scarring and minimal postoperative discomfort.

The Venous Lake lesion can be treated at times with topical anesthetic only, other times patients may prefer local anesthetic. The lesion is first treated in non contact with a non-initiated tip at a setting of around 1 watt in a defocused manner progressively getting closer to the lesion until it starts to turn white in color.

The lesion is “painted” until the purple color is almost completely disappeared. Close examination may show a “drying” out of the overlying tissue. The author prefers then

to “puncture” the lesion once with an initiated tip to confirm complete coagulation of the lesion.

Cases 1 (Figs. 1-6) and 2 (Figs. 7-11) below show examples of the diode laser photocoagulation of Venous Lakes.

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See Dr. van As

Dr. Glenn van As will present “The Role of the Diode Laser in Restorative Cosmetic Dentistry” today from 11:20 a.m. to 12:20 p.m. Using case studies, this lecture will focus on crown troughing, smile design, oral lesions, gingivectomy, tissue troughing, frenectomy and more!

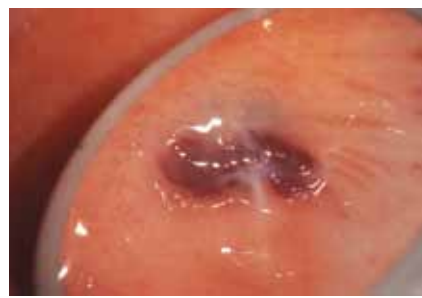
About the author



Dr. Glenn A. van As graduated from the faculty of dentistry at the University of British Columbia in Vancouver in 1987. He immediately went into private practice in Lynn Valley with his father, Dr. A.W.H. van As, in June of that year. In October 1988, they moved together into their new office, Canyon Dental Centre. Since that time, van As has built a high-tech, high-touch dental practice where the entire dental team is committed to using the latest technologies available to provide the highest level of clinical excellence in dentistry. In addition to being in full-time private practice, van As has served as an assistant clinical professor at U.B.C. from 1989-1999.



• Fig. 1: Case 1: Preop of Venous Lake on right lower lip.



• Fig. 2: High magnification view. (Photos/Provided by Dr. Glenn A. van As)



• Fig. 3: Diode laser in non-contact coagulating lesion.



• Fig. 4: Immediate postoperative view.



• Fig. 5: One-week postoperative view.



• Fig. 6: Two-week postoperative view.



• Fig. 8: High magnification view.



• Fig. 9: Immediate postoperative appearance of lesion.



• Fig. 10: One-week appearance of lesion (around one-third of original size).



• Fig. 7: Case 2: Venous Lake under an upper complete denture. Preoperative appearance of lesion. Initial surgical removal by an oral surgeon was unsuccessful.



• Fig. 11: Complete healing at six weeks of the Venous Lake.

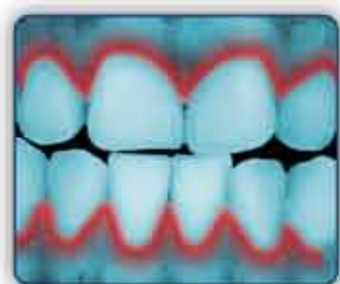
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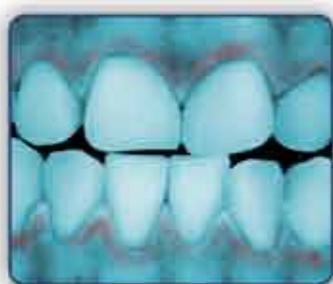
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Crest Oral-B hits the seas

■ While in New York for the Greater New York Dental Meeting, Crest Oral-B hosted a spectacular evening Tuesday on the Circle Line Sightseeing Cruise, taking an intimate group of oral-health professionals around Manhattan Island, allowing them to see the lights that inspire so many.

“Crest Oral-B is happy to have taken time away from the exciting convention floor to provide our guests with a unique view of New York City,” said Ann Hochman, marketing director for Crest Oral-B.

“We are also pleased to have had

the opportunity to share the inspiration for our latest patient-based solution, the Clinical Pro-Health System for Gingivitis, stemming from the fact that one out of two American adults continues to suffer from this disease, which we can now virtually eliminate.”

Both Dr. Robert Gerlach, DDS, MPH, research fellow, P&G Worldwide Clinical Investigations, and Dr. Leslie Winston, DDS, PhD, P&G director of professional and scientific relations for North America, were on board to discuss the recent launch of the Clinical



• Attendees stream out of the P&G Oral Health presentation at booth, No. 1225. (Photo/Sierra Rendon, Dental Tribune)

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cal Pro-Health System for Gingivitis.

The new Clinical Pro-Health System for Gingivitis helps break the cycle of gingival inflammation and gingival bleeding for improved oral health in patients with mild to moderate, persistent gingivitis and includes the following products:

- Oral-B ProfessionalCare SmartSeries 5000 electric toothbrush with oscillating-rotating technology, and SmartGuide, which encourages compliance.
- Oral-B Glide PRO-HEALTH Clinical Protection for Professionals floss, the most advanced Glide floss.
- Crest PRO-HEALTH Clinical Gum Protection toothpaste with the highest level of protection against plaque bacteria that cause gingivitis.
- Crest PRO-HEALTH Multi-Protection rinse with CPC that kills 99 percent of germs.¹

This new system has been clinically proven to help reverse gingivitis within four weeks and virtually eliminate the disease within six weeks.²

To learn more about the system, please visit www.dentalcare.com/clinical.

Also, check online at www.dental-tribune.com later this week and the December issue of Dental Tribune to view images from this special event.

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2. Six-week clinical results with NEW Crest PRO-HEALTH Clinical Gum Protection Toothpaste, NEW Oral-B Glide PRO-HEALTH Clinical Protection for Professionals Floss, and Oral-B ProfessionalCare SmartSeries 5000 Electric Toothbrush with SmartGuide – not included is the Crest PRO-HEALTH Multi-Protection Rinse.



• The new Clinical Pro-Health System for Gingivitis (Photo/Provided by Crest Oral-B)



ANNUAL DENTAL TRIBUNE STUDY CLUB SYMPOSIA AT THE GNYDM

WEDNESDAY
DECEMBER 1

FULL DAY SCHEDULE

10:00 - 11:00 Mr. Al Dube

MERCURY AMALGAM WASTE AND OSHA AND REGULATORY ISSUES AFFECTING DENTISTS

11:20 - 12:20 Glenn van As, DMD

THE DIODE LASER IN RESTORATIVE COSMETIC DENTISTRY

12:30 - 5:00 Various Speakers

THE FIRST ANNUAL OSSEO UNIVERSITY SUMMIT

Ethan Pansick, DDS, MS

UTILIZING PATIENT SPECIFIC ABUTMENTS TO ACHIEVE EXCEPTIONAL RESULTS

Maria Ryan, DDS, PHD

DISEASE STARTS AT THE TOP!

Enrique Merino, DDS, MD

MICROSCOPIC MANAGEMENT OF ALVEOLAR BONE DEFECTS IN FRESH SOCKET IMPLANTS

David Hoexter, DMD

IMPLANTS & BISPHOSPHONATES, OSTEONECROSIS, OSTEOPOROSIS, ESTHETICS

Dwayne Karateew, DDS

CONTEMPORARY CONCEPTS IN TOOTH REPLACEMENT: PARADIGM SHIFT

Jeffery Hoos, DMD

BALANCING THE ART, SCIENCE & BUSINESS OF DENTISTRY

Benedict Bachstein, DMD

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Diode lasers for periodontal treatment

By Fay Goldstep, DDS, FACD, FADFE, & George Freedman, DDS, FAACD, FACD

Two types of diode lasers have been studied for their effects in laser-assisted periodontal therapy: the diode laser (which emits high levels of light energy) and the low-level diode laser (which emits low-intensity light energy).

There is very compelling evidence in dental literature that the addition of diode laser treatment to scaling and root planing (SRP) will produce significantly improved and longer lasting results. SRP is the gold standard in non-surgical periodontal treatment.

Low-level lasers for biostimulation have been used in medicine since the 1980s. The therapeutic effect is non-cutting and low intensity and covers a much wider area than the traditional laser.

Low-level laser therapy (LLLT) is treatment where the light energy emitted by the laser elicits beneficial cellular and biological responses. On a cellular level, metabolism is increased, stimulating the production of ATP (adenosine triphosphate), the fuel that powers the cell. This increase in energy is available to normalize cell function and promote tissue healing.

The functions of the diode and low-level diode laser have remained separate until recently. With the introduction of the biostimulation delivery tip, the diode laser is able to provide both cutting and therapeutic effects. When the low-level tip is used, the laser energy is delivered over a wider area, decreasing the energy level and producing the low-level therapeutic effect. Two laser companies have made these auxiliary tips available. (See Figs. 1-4).

Used together, these two laser treatment modalities provide benefits that help to heal the chronic inflammatory response in the periodontal pocket. This works well in treating mild to moderate periodontitis. Patients can be treated in a minimally invasive way, without surgery, in the general practice. There is time to try the surgical approach, if needed, at a later date.

The protocol so far

The protocol must incorporate the four steps discussed above to create the ideal environment for periodontal healing to occur: a clean, calculus-free hard-tissue surface, no pathogenic bacteria, a smooth, clean, soft-tissue surface and biostimulation.

Biostimulation tips are at present only available for two diode lasers: the Picasso by AMD LASERS and the EZLase by Biolase.

Individual parameters vary depending on the clinician and the particular diode laser used. However, most protocols follow a simple formula:

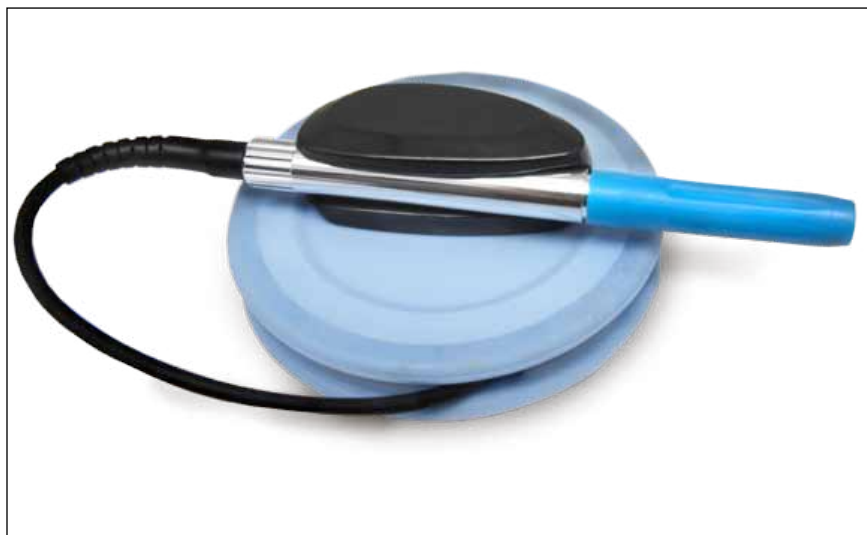
- The hard tissue side of the pocket is first debrided with ultrasonic scal-



• Fig. 1



• Fig. 2



• Fig. 3



• Fig. 4



• Fig. 5



• Fig. 6



• Fig. 7



• Fig. 8



• Fig. 9

- ers and hand instruments (Fig. 5)
- This is followed by laser bacterial reduction and coagulation of the soft-tissue side of the pocket (Figs. 6, 7). The laser fiber is measured to a distance of 1 mm short of the depth of the pocket. The fiber is used in light contact with a sweeping motion that covers the entire epithelial lining, starting from the base of the pocket and moving upward. The fiber tip is cleaned

- frequently with a damp gauze to prevent debris build up.
- The low-level laser tip is applied at right angles and with direct contact to the external surface of the pocket (Fig. 8) for biostimulation.
- Re-probing of the treated sites should be performed no earlier than three months after treatment to allow for adequate healing (Fig. 9). The tissue remains fragile for this period of time.

Here at the GNYDM

For more information on the Picasso, stop by the AMD LASERS booth, No. 4431.

About the authors

Dr. Fay Goldstep has served on the teaching faculties of the post-graduate programs in esthetic dentistry at SUNY Buffalo and the Universities of Florida (Gainesville) and Minnesota (Minneapolis) and has been an ADA Seminar Series speaker. She has lectured nationally and internationally on soft-tissue lasers, electronic caries detection, healing dentistry and innovations in hygiene and has published numerous textbook chapters and articles on these topics. Goldstep is a consultant to a number of dental companies and maintains a private practice in Toronto, Canada.

Dr. George Freedman is a founder and past president of the American Academy of Cosmetic Dentistry, a co-founder of the Canadian Academy for Esthetic Dentistry and a diplomate of the American Board of Aesthetic Dentistry. He is the author or co-author of 11 textbooks, more than 600 dental articles and numerous webinars and CDs and is a team member of REALITY. He lectures internationally on dental esthetics, adhesion, desensitization, composites, impression materials and porcelain veneers. A graduate of McGill University in Montreal, Freedman maintains a private practice limited to esthetic dentistry in Toronto, Canada.

The power settings and duration are determined by the particular laser used. The manufacturers should be consulted for the proper parameters to achieve the best results. With experience, the user will feel comfortable enough to adapt the protocol to his or her particular practice.

This protocol may be performed by the dentist and/or hygienist as determined by the regulating organization in the geographic location of the dental practice.

The diode laser and periodontal treatment: The story is clear

Many of our patients have periodontal disease, but they want to be treated in a minimally invasive way. They are not rushing out to the periodontist to have "gum surgery." We need to treat their disease before it spirals out of control, especially when considering the periodontal health/systemic health link.

There is significant proof that the addition of laser-assisted periodontal therapy to scaling and root planing improves outcomes in mild to moderate periodontitis. The treatment is not invasive. It is not uncomfortable.

We now have the tools and protocol to treat our periodontal patients with an effective procedure that they are ready to accept. What are we waiting for?

BEAUTIFIL Flow Plus attracts global attention

By Robin Goodman, Dental Tribune

■ BEAUTIFIL Flow Plus is an injectable hybrid restorative material for all indications that is making its debut here at the Greater New York Dental Meeting (GNYDM).

However, this launch is a global one that brought senior members of Shofu Inc. from Europe and Japan all the way to New York.

Dental Tribune stopped by the Shofu booth (No. 4025) to speak with Shofu Dental Corp. President and CEO Brian Melanokos and Director of Marketing Lynne Calliott to learn more about this new material.

What more can you tell us about BEAUTIFIL Flow Plus?

Melanokos: Well, for one, it's FDA-approved for all indications. The predicate device was a leading hybrid composite, not a flowable, but it is still flowable.

It has wonderful opportunities for reducing time and making procedures much easier.

We also feel like the pedodontists are going to have an excellent opportunity to do the entire restoration using only flowables. I say flowables because we have two viscosities: a 03 and a 00, which means zero flow for the latter.

Calliott: Essentially, this is all of the attributes that people like or choose a flowable for, and they are now available to them with the performance and strength attributes you would expect from a traditional nano-hybrid composite. And they can use it in all indications because with the 00 flow, some practitioners have been commenting that it is a remarkable material.

They mention particularly the use in restorations where access is difficult, and sometimes a flowable wants to slump or move before they have the opportunity to cure it. The 00 material just stays put.

While you can still use this material as a base and a liner, and additional things you would think of in a flowable, you can also use it as a final restorative material for all classes of indications.

Are there any special offers available during the GNYDM?

Calliott: We are launching introductory trial kits. One is designed for the general dentists and includes the A2 and A3.5 shades.

Then we also have a trial kit that

is more focused for the pedo market with a bleach white and an A1 shade. In the trial kits, they receive both viscosities along with an assortment of



Arriving for the global launch of BEAUTIFIL Flow Plus are Shofu Europe Sales Manager Martin Hesselmann, left, General Manager of Shofu Dental GmbH (Germany) Wolfgang van Hall, President of Shofu Inc. Noriyuki Negoro, Vice President of Shofu Inc. Oshikazu Wakino and Shofu International Marketing Manager Takashi Wakayama. (Photo/Robin Goodman, Dental Tribune)

other Shofu products for the bonding agent and the traditional BEAUTIFIL II Composite and some finishing and

polishing materials.

Basically the kit gives them \$160 worth of materials for the cost of \$99.

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Digital implant treatment planning: the importance of the scan appliance

By Bradley C. Bockhorst, DMD

■ One of the fastest-growing segments of implant dentistry is the utilization of CT scan data and treatment planning software in conjunction with guided surgery for implant reconstruction cases. The scan appliance is critical to the process and success of these cases.

The primary purpose of the scan appliance is to show the ideal prosthetic positions of the teeth to be replaced in the digital plan.¹ By utilizing a scan appliance, the case can be planned from both a prosthetic and surgical perspective, making implantology a truly restoratively driven process.

There are several excellent implant treatment planning and guided surgery systems available. We will focus on two of the most popular programs on the market: NobelGuide™ from Nobel Biocare and SimPlant® from Materialise.

While the names of their scan appliances are different, their purpose is the same. Which system you choose is typically driven by the implant system you are utilizing. NobelGuide is designed for use with Nobel Biocare implants. SimPlant has an open architecture, so most available implants can be planned with its software.

Role of the scan appliance

The scan appliance provides an invaluable diagnostic tool to relate the tooth-to-bone relationship.² This is critical for the planning process. While the SimPlant “virtual teeth” function is useful for short spans such as single-tooth replacement, an appliance in which the teeth have been set in the ideal position(s) provides the most accuracy.

Both NobelGuide and SimPlant advo-



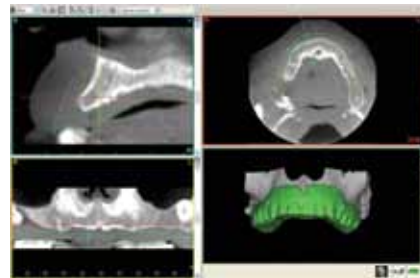
cate a dual-scan protocol. In these cases, the surgical guide is literally fabricated from the CT scan of the scan appliance.

Restoratively driven treatment planning

The whole point of the diagnostic work-up and utilization of the scan appliance is to show the ideal positions of the tooth or teeth to be replaced. While digital treatment planning guided surgery protocol was initially developed for the fully edentulous patient, it has advantages for partially edentulous patients as well.³

Whether you are replacing one tooth, multiple teeth or a full arch, digital treatment planning allows you to virtually plan the case from both a surgical and prosthetic perspective in a 3-D environment. This allows you to make almost all of the clinical decisions upfront. The result is implants that are more ideally placed and, therefore, simpler prosthetics and superior restorations.

In appropriate cases, the prosthesis can be prefabricated for an immediately loaded restoration.⁴ If you plan to immediately load the case, we recommend you



• Photos/Provided by Dr. Bradley C. Bockhorst

deliver a provisional restoration at the time of surgery and then proceed to the definitive prosthesis at a later date.

Fabrication of the surgical guide

Once completed, the virtual plan can be transferred to the clinical setting through the use of a surgical guide. The guide produced for NobelGuide is referred to as a surgical template. The guide from Materialise (SimPlant) is called SurgiGuide. Using the surgical guides allows the surgeon to place the implants according to a restoratively driven treatment plan.⁵

Here at the GNYDM

For more information on scan appliances, stop by the Glidewell booth, No. 2203.

Conclusion

Digital treatment planning and guided surgery is rapidly gaining popularity and is becoming a standard of care. A key benefit to this approach is that the case can be planned from the beginning with the final restoration in mind. The scan appliance can be utilized to its fullest by:

- working with an experienced lab to ensure it is properly fabricated
- verifying clinically that it and the scan index fit well and are completely seated for the CT scan
- ensuring the radiologist is familiar with the scan protocol.

By understanding the role and proper use of the scan appliance in the digital implant treatment planning and guided surgery process, the clinician can take full advantage of this technology.

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4. Marchack C. An immediately loaded CAD/CAM-guided definitive prosthesis: A clinical report. J Prosthetic Dent 2005; 93:8-12.
5. Orentlicher G, Goldsmith D, Horowitz A. Compendium April 2009, Vol. 30.

Stop by Burbank booth for free Patient Education Model

■ Burbank Dental Laboratory is very excited about its show special offer of a *free* Patient Education Model. Come to the company's booth (No. 3737) to receive your model.

This valuable tool is designed to help clinicians educate patients and promote metal-free restorations, such as IPS e.max and Burbank's own full-zirconia restoration, Zir-MAX.

In today's economy, it is important to have options that patients can afford and a way to educate them regarding the results they can expect. Burbank's acrylic metal-free replica crown allows the clinician to have a tool that Burbank provides on a complimentary basis, and the impact on a dental practice could be invaluable.



• Lisa Pereyra of Burbank Dental Laboratory, booth No. 3737. (Photo/Fred Michmershuizen)

There are two Burbank products that are positioned best for today's patient demands for esthetics, dura-

bility and value; both IPS e.max full-contour pressed monolithic lithium-disilicate and Zir-MAX restorations meet the clinician's needs for esthetically driven quadrant dentistry.

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This translates into a focus on more posterior restorations, but the patient's desire for cosmetics has not diminished ... even if their budget has.

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• **Esthetics:** e.max has four levels of translucency and the full spectrum of shade to choose from, and Zir-MAX is the most translucent full zirconia available.

• **Value:** e.max monolithic (Press and Glaze) is on an introductory fee of \$154 per unit through the end of December, and Burbank's Zir-MAX is on an introductory offer of \$99 through January 2011.

Come by Burbank's booth (No. 3737) at the Greater New York Meeting to receive your *free* Patient Education Model and request more information about Burbank Dental Laboratory, especially ips e.max and Burbank Zir-MAX full zirconia restorations.



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WEDNESDAY, DECEMBER 01

- 12:30 - 12:45** Opening Remarks by Dr. Benedict Bachstein; Short Intro to Biomarker Diagnostics for Testing Periodontitis and Periimplantitis with Dirk Gieselmann
- 12:45 - 1:30** Utilizing Patient Specific Abutments to Achieve Exceptional Results with Dr. Ethan Pansick
- 1:35 - 1:55** Disease Starts at the Top with Dr. Maria Ryan
- 2:00 - 2:40** Microscopic Management of Alveolar Bone Defects in Fresh Socket Implants with Dr. Enrique Merino
- 2:45 - 3:25** Implants and Bisphosphonates, Osteonecrosis, Osteoporosis, Esthetics with Dr. David Hoexter
- 3:30 - 4:10** Contemporary Concepts in Tooth Replacement: Paradigm Shift with Dr. Dwayne Karateew
- 4:15 - 4:55** Balancing the Art, Science & Business of Dentistry with Dr. Jeffery Hoos

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Dentatus makes implants attainable to new populations

By Fred Michmershuizen, Dental Tribune

Many companies here at the Greater New York Dental Meeting (GNYDM) have products that can dramatically improve a patient's life and overall well-being.

One such company is Dentatus, whose innovative designs are making dental implants attainable to large segments of the population, peo-

Here at the GNYDM

To learn more about Anew implants and the Atlas Denture Comfort system, stop by the Dentatus booth, No. 2401, where educational presentations are being offered throughout the day. You may also visit the company online at www.dentatus.com.

ple for whom implants have – until now – been considered beyond reach.

With its systems – Anew narrow body implants, which are ideally suited for patients with a compromised implant site, and Atlas Denture Comfort, which use the narrow-body implants to secure new or existing dentures – Dentatus, a company based in New York City, is making implants available to patients who might be lacking in bone or those who find themselves short on time or money.



• **Spyridon Xynogalas, a student at the New York University College of Dentistry, tells attendees at the Greater New York Dental Meeting about narrow diameter implants during an educational presentation at the Dentatus booth (No. 2401).** (Photo/Fred Michmershuizen, Dental Tribune)

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“Dentatus is a trailblazer,” Nita Weissman, executive vice president, told Dental Tribune during an interview here at GNYDM. “We have taken the elitism out of dental implant technology.”

Thanks to their narrow body design, Dentatus implants – which come in 1.8, 2.2 and 2.4 mm – are ideally suited for patients with resorbed bone, thin bone or knifelike ridges. The implants allow for all sorts of flexibility and are ideal for the elderly, young people whose bones are still growing or even patients who might want a provisional solution while undergoing a bone-augmentation procedure.

Anew implants, made of Grade 5 Ti-alloy, have a blasted surface for improved stability and osseointegration and are packaged pre-sterilized. In 2004, they were granted FDA approval. The restorative protocol was developed in conjunction with the Department of Implant Dentistry at New York University College of Dentistry. Numerous published clinical and histological studies of the Anew Implant report excellent bone adaptation and high survival levels, in addition to 100 percent patient survival.

Atlas Denture Comfort eliminates the hardware typically associated with over dentures. The system uses no O-rings, no housings and no adhesives. The unique Tuf-Link silicone reline provides the retention to the implants for a stress-free denture, easyinsertion, retention and removal.

Technical speak aside, Weissman told Dental Tribune she finds it personally gratifying to be associated with a company whose products have the potential to make such a big difference in people's lives.

“I'm very passionate about what I do,” she said. “I've seen patients who have gotten their life back.”

“I mean, think about it,” Weissman said. “If you don't have your lower teeth, how do you go on a job interview? To your daughter's wedding? Or on a date? With Dentatus, dental implants are affordable and attainable, even for patients who in these financial times are not able to spend the kind of money required for traditional implants.”

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Chance *from page 1

suggestions, courtesy of the editors at Dental Tribune:

- PhotoMed International (booth No. 200) has a wide range of cameras and other photographic equipment. What's more, the folks at PhotoMed have the technical expertise to guide you to the equipment you might require to meet your specific needs.
- At Zirc Co. (booth No. 3823) you can check out a wide range of instrument cassettes and holders, tubs, accessories, mirrors, dams and many other supplies.
- Theta Corp. (booth No. 1608) is offering a wide selection of non-verbal intra-office communication tools, including a Multi-Channel Five-Lite System and a Col-R-Lite Ten-Lite System.
- At Axis Dental (booth No. 4632) you can learn about the All-Inclusive IPR Set, which is designed to allow you to begin to conservatively and quickly progress to an efficient, precise and painless technique for interproximal reduction.
- At L&R Ultrasonics (booth No. 1509), you can check out the Sweep-Zone ultrasonic cleaning system and other ultrasonic cleaners.
- If you are interested in furthering your education while serving your country at the same time, you might want to stop by U.S. Navy Recruiting Command, located in booth No. 1112. HM1 Lawrence Laranang can give you information, and you can also sit inside a special bubble chamber to view an informative video.

There is also plenty of education to be had right on the show floor. For example, Dr. David Clark is offering presentations at 3M ESPE (booth Nos. 4407/4609), and at Dentatus (booth No. 2401) students from the New York University College of Dentistry



• An attendee stops by PhotoMed International (booth No. 200) to learn more about photographic equipment.



• Lesa Rigenhagen of Zirc Co. (booth No. 3823).

are discussing narrow body implants with meeting attendees.

There are, of course, many others. And today is your last chance to check out these exhibitors — and those in approximately 1,500 other booths. Otherwise, you will have to wait until the fall of 2011 for the next GNYDM.

Remember, you only have until 5 p.m.!



• Dr. David Clark offers an educational presentation at the 3M ESPE booth (Nos. 4407/4609).

DENTSPLY and other companies support Oral Health America

By Fred Michmershuizen, Dental Tribune

■ When it comes to helping those who are most in need, some companies have their heart in the right place. That was apparent Monday afternoon at the Greater New York Dental Meeting, when DENTSPLY International helped kick off Oral Health America's "Seal Two Million Campaign," which aims to seal 2 million teeth for more than half a million at-risk children by 2020.

DENTSPLY is a 55-year supporter of Oral Health America, a national, non-profit organization dedicated to changing lives by connecting communities with resources to increase access to oral health care, education and advocacy.

"DENTSPLY International is a proud supporter of Oral Health America's programs and is honored to help raise awareness among the dental industry and profession of the 'Seal Two Million Campaign,'" said Dr. Linda Niessen, chief clinical officer of DENTSPLY International. "We know that a gift to Oral Health America, whether it's funding or donated dental product, is truly making a dif-



ference keeping children and adults healthy, in school and at work."

This year, Oral Health America reached its previous goal, a commitment made to America's Promise Alliance in 2000, to provide 1 million dental sealants for more than 225,000 children by 2010.

"The Seal Two Million Campaign reflects our intention to expand the impact of our programs, and it represents our commitment to ensuring that

all children and families get the dental care they need," said Beth Truett, president and CEO of Oral Health America.

In addition to DENTSPLY, many other companies, including 3M ESPE, Pulpdent Corp., Harry J. Bosworth Co., and Ivoclar Vivadent, have donated over 1 million dental sealants.

More information about Oral Health America is available at www.oralhealthamerica.org.

• Among those on hand Monday afternoon at a reception for Oral Health America were, from left, Bret Wise, DENTSPLY International chairman and CEO; Beth Truett, Oral Health America president and CEO; Cheryl Janssen, executive director of Kids Smiles; Dr. Amr Moursi, associate professor and chair, Department of Pediatric Dentistry, New York University College of Dentistry; and Jean-Michel Blanchard, vice president for corporate planning and development, DENTSPLY International. (Photo/Fred Michmershuizen, Dental Tribune)



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