

today



It's a total technology solution

Dr. Howard Golan talks lasers, cone-beam, milling and scanning at a Dental Tribune-hosted education session.

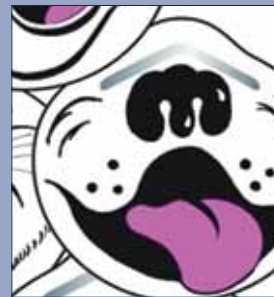
»page 4



Guide to the exhibit hall

So many exhibitor booths, so little time. Make sure you don't miss a single one with our trusty guide.

»starting on page 10



Start your product shopping now

Masks with crazy faces, instructional DVDs and bone-graft products are just a few of the items up for sale in the exhibit hall.

»pages 42 & 44

And we're off!



• The New York City skyline. (Photo/Provided by www.sxc.hu)

The 89th Greater New York Dental Meeting gets off to a strong start

■ For the 89th time, the doors to the Greater New York Dental Meeting (GNYDM) have opened, inviting in dentists, hygienists, staff, educators and students from around the world.

From now until Wednesday afternoon, hundreds of lectures, hands-on workshops, seminars and product demonstrations will take place on topics ranging from lasers to implants to orthodontics to esthetics to practice management and team building.

Here is just a sample of what you can expect.

- *Botox, Dysport and dermal fillers:* These hands-on workshops introduce procedures on actual patients to teach dentists how to use Botox/Dysport and dermal fillers in their practices; courses are offered today, Monday and Wednesday.

- *Sleep medicine:* Three days of the latest research and awareness of

»see OFF, page 3

Get out and explore

By Fred Michmershuizen,
today Staff

■ One of the greatest things about coming to the Greater New York Dental Meeting is that you can explore one of the greatest cities on Earth. When you are done at the Javits Center, there is always plenty to see and do in the Big Apple.

It doesn't matter whether this is your first time in New York or if you come here every year. There is always something new to discover. Turn the pages for some ideas.



• Ice skaters go in graceful circles beneath the gilded statue of Prometheus and the glittering Christmas tree at Rockefeller Center. (Photos/Provided by NYC and Company)

»see EXPLORE, page 46


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today Greater New York Dental Meeting Show Dailies Vol. 8 appear during the Greater New York Dental Meeting in New York City, N.Y., Dec. 1-4, 2013.

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Off *from page 1*

dental sleep medicine. Learn how to establish dental sleep medicine protocols in your practice and identify patients at risk.

- **Invisalign Expo:** Three days (today, Monday and Tuesday) of Invisalign programming is offered for the entire team. Learn how to incorporate Invisalign into your practice.

- **Lunch and Learn:** Learning and lunch discussions are being offered today and Tuesday. Attendees receive free C.E. and a free lunch at the close of the program. Space is limited.

- **CoLABoration:** This new feature brings dentists and technicians together in a designated laboratory exhibit area and features specialized education and demonstrations of digital dentistry and technology.

Learn about CAD/CAM and digital workflow

Zahn Dental, a Henry Schein company, will sponsor three hands-on classroom education courses during ColLABoration GNYDM 2013. Courses are structured to promote a team-based approach to patient care where dentists and technicians can interact and learn in a classroom setting.

Topics and sessions to be featured at ColLABoration include:

- "Digital Workflow from Operator to Final Restoration," 11:10 a.m.-noon today, with Marcus F. Abboud, DDS, and Joseph M. Apap, CDT, MDT. Information about the latest digital impression systems and materials will be presented. C.E. credits: 3

- "Go Digital for Better Dentistry," 12:30-2:30 p.m. Tuesday, with Doug Statham. C.E. credits: 2

- "The CAD/CAM Ceramic Update," 9:45-11 a.m. Wednesday, with Markus B. Blatz, DMD, PhD, and Michael Bergler, MDT. C.E. credits: 3

ColLABoration workshops are open to all lab technicians, dentists, hygienists and practice staff. To register online, please visit www.dentalaegis.com/idt/collaboration/attendee/.

Visit Zahn's booth, No. 425, for lectures, hands-on demos and the latest in digital technology.

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We can't wait to meet you!
We welcome you to our booth at GNYDM, where you can see live demos, try our products and much more.

Booth 833/834

Don't miss 3Shape's lectures, with inspiring topics for dentists and technicians

Scientific Session:
Sunday 9:45 am. CAD/CAM Technology in Implant Abutment Design
Course No: 3070 - Speaker: CDT, MDT Daniel Alter
Wednesday 1:10 pm. Clinical advantages in digital dentistry
Course No: 6040 - Speaker: DDS Jonathan Ferencz

Follow us on:

Special course: Hear firsthand how 3-D imaging, lasers, scanning and chairside milling has transformed a New York City-area general practice

A total technology solution

BIOLASE Inc. (booth No. 600) is co-sponsoring a special free educational event here at the Greater New York Dental Meeting in conjunction with Dental Tribune International. The course, taking place today and entitled “The Total Technology Solution: Lasers, 3-D Cone Beam, Scanning and Milling,” will be led by New

York-area general dentist Dr. Howard Golan.

The educational session will be held from 2 to 3:30 p.m. in the Dental Tribune Lounge in the main lobby of the Jacob K. Javits Convention Center. The event is free of charge for all participants. You may visit BIOLASE booth No. 600 for more information.

Golan, of Williston Park, N.Y., is one of a few general dentists in the United States who has adopted the full gamut of the Total Technology Solution, which includes 3-D imaging, lasers, scanning and in-office milling.

The Total Technology Solution, according to BIOLASE, is an innova-

Meet, learn, connect

The Greater New York Dental Meeting is full of prime educational opportunities, and once again, Dental Tribune is doing its part by offering a chance to learn from and connect with some of the industry’s key opinion leaders and dental professionals from around the world.

Today and Monday, educational sessions will be held in the DT Lounge, located in the Crystal Palace, near the 35th Street Entrance Hall.

Topics on the schedule include “The Total Technology Solution: Lasers, 3-D Cone Beam, Scanning and Milling” by Dr. Howard Golan, “Head to Toe” dental ergonomics with Orasoptic and a discussion of the UNIDI, the Italian Dental Association, by the association’s president, Gianfranco Berrutti.

Stop by the DTI Lounge during the show for more information. Refreshments will be provided.

tive range of best-in-class technology systems from BIOLASE, NewTom, 3Shape and imes-core GmbH. With best-in-class all-tissue and soft-tissue lasers, 3-D and 2-D imaging solutions, digital impression scanners, design software and professional-grade milling systems for the dental office, the Total Technology Solution aims to bring the best of the best to the general dental practice.

Adding to the Total Technology Solution, BIOLASE is introducing its new Galaxy BioMill CAD/CAM System here at the GNYDM.

Federico Pignatelli, chairman and CEO of BIOLASE, said: “We believe that the GALAXY BioMill is the final key step in the completion of our Total Technology Solution. We can now offer a complete portfolio of unique and standard-of-care-changing hard and soft-tissue dental lasers, 2-D and 3-D digital radiography and best-in-class CAD/CAM products.”

Visit the BIOLASE booth, No. 600, for more information on this course or to see the Total Technology Solution and the all-new GALAXY BioMill System in action.



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U.S. Commercial Service and other federal agencies for export services.

Here at the Greater New York Dental Meeting (GNYDM), the commercial service offers export programs to assist you in your export and partnering efforts.

Contact

For more information about the U.S. Commercial Service worldwide network, call (800) USA-TRADE or visit www.trade.gov/cs.

So, whether you're new to export or want to expand into new markets, the commercial service expertise can help add to your bottom line.

Stop in and see the commercial service representatives. They are located in the International Business Center, part of international registration, just next to the show office.

International buyer program

Once again this year, the GNYDM has been selected by the U.S. Department of Commerce to participate in the international buyer program (IBP), a service that significantly enhances the ability to make the show a truly global marketplace.

Through this program, the commercial service offers a number of services to help attendees make the most of their show experience and assists small- and medium-sized U.S. businesses in exporting their products and services.

During the show, commercial services trade specialists will manage the International Business Center. At the center, buyers can negotiate with sellers, use the meeting rooms provided – free of charge on a first-come, first-served basis – and take advantage of the facility to plan visits to the exhibit floor.

Exhibitors are encouraged to visit the International Business Center for export counseling by staff and to meet with international buyers.

The commercial service offers free, interactive export seminar

Through the Commercial Service Export Seminar, exhibitors will learn the tools of the trade and have an opportunity to learn about the different markets represented by international commercial specialists.

The export seminar will take place from 8:30–9:30 a.m. Tuesday in the exhibitor lounge on the fourth floor, A/B Terrace.

Go global with help from the U.S. Commercial Service

U.S. firms looking to increase their bottom line by making new sales abroad can benefit from the export services and programs of the U.S. Commercial Service, many of which are available at no cost. Talk to a commercial service representative to find out more. Highlights include:

- market research,
- trade events that promote products or services to qualified buyers,
- introductions to international partners,
- counseling and advocacy.

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periodontal gel) 2.5% / 2.5%



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For more information, call **1.800.225.2787** or visit **oraqix.com**.

Oraqix is indicated for adults who require localized anesthesia during scaling and/or root planing. Oraqix is not for injection. Oraqix is contraindicated in patients with known history of hypersensitivity to local anesthesia of the amide type or to any other component of this product. The most common adverse reactions in clinical studies were application site reactions, headaches and taste perversion. For Oraqix prescribing information, warnings and contraindications, see the product insert on opposing page.

References: 1. Oraqix[®] Prescribing Information. 2. van Steenberghe D, Bercy P, De Boever J, et al. Patient evaluation of a novel non-injectable anesthetic gel: a multicenter crossover study comparing the gel to infiltration anesthesia during scaling and root planing. J Periodontol. 2004;75(11):1471-1478.

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PHA01-0911-2.1

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Not for injection.

oraqix[®]

(lidocaine and prilocaine periodontal gel) 2.5% / 2.5%

INDICATIONS AND USAGE

Oraqix[®] is indicated for adults who require localized anesthesia in periodontal pockets during scaling and/or root planing.

CONTRAINDICATIONS

Oraqix[®] is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type or to any other component of the product.

WARNINGS

Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents. Methemoglobinemia has also been reported in a few cases in association with lidocaine treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Oraqix[®] should not be used in those patients with congenital or idiopathic methemoglobinemia and in infants under the age of twelve months who are receiving treatment with methemoglobin-inducing agents. Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate grey cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysrhythmia and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methHb-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the setting of methemoglobinemia. The diagnosis can be confirmed by an elevated methemoglobin level measured with co-oximetry. Normally, methHb levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. The development of methemoglobinemia is generally dose related. The individual maximum level of methHb in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.5 g Oraqix[®].

Management of Methemoglobinemia: Clinically significant symptoms of methemoglobinemia should be treated with a standard clinical regimen such as a slow intravenous infusion of methylene blue at a dosage of 1-2 mg/kg given over a five minute period.

Patients taking drugs associated with drug-induced methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, and quinine are also at greater risk for developing methemoglobinemia. Treatment with Oraqix[®] should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment.

PRECAUTIONS

General: **DO NOT INJECT** Oraqix[®] should not be used with standard dental syringes. Only use these product with the Oraqix[®] Dispenser, which is available from DENTSPLY Pharmaceutical. Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock. If these reactions occur they should be managed by conventional means.

Oraqix[®] coming in contact with the eye should be avoided because animal studies have demonstrated severe eye irritation. A loss of protective reflexes may allow corneal irritation and potential abrasion. If eye contact occurs, immediately rinse the eye with water or saline and protect it until normal sensation returns. In addition, the patient should be evaluated by an ophthalmologist, as indicated.

However, Oraqix[®] should be used with caution in patients with a history of drug sensitivities, especially if the etiologic agent is uncertain.

Patients with severe hepatic disease are at greater risk of developing toxic plasma concentrations of lidocaine and prilocaine.

Information for Patients: Patients should be cautioned to avoid injury to the treated area, or exposure to extreme hot or cold temperatures, until complete sensation has returned.

Drug Interactions: Oraqix[®] should be used with caution in combination with dental injection anesthesia, other local anesthetics, or agents structurally related to local anesthetics, e.g., Class 1 antiarrhythmics such as tocainide and mexiletine, as the toxic effects of these drugs are likely to be additive and potentially synergistic.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY:

Carcinogenesis - Long-term studies in animals have not been performed to evaluate the carcinogenic potential of either lidocaine or prilocaine. Chronic oral toxicity studies of o-toluidine, a metabolite of prilocaine, have shown that this compound is a carcinogen in both mice and rats. The tumors associated with o-toluidine included hepatocarcinomas/adenomas in female mice, multiple occurrences of hemangiosarcomas/hemangiomas in both sexes of mice, sarcomas of multiple organs, transitional-cell carcinomas/papillomas of urinary bladder in both sexes of rats, subcutaneous fibromas/fibrosarcomas and mesotheliomas in

male rats, and mammary gland fibroadenomas/adenomas in female rats. These findings were observed at the lowest tested dose of 150 mg/kg/day or greater over two years (estimated daily exposures in mice and rats were approximately 6 and 12 times, respectively, the estimated exposure to o-toluidine at the maximum recommended human dose of 8.5g of Oraqix[®] gel on a mg/m² basis). Complete conversion of prilocaine to its metabolite o-toluidine on a molar basis is assumed. This gives a conversion on a weight basis of about 50% for prilocaine base (dependent on the molecular weights, i.e. 220 for prilocaine base and 107 for o-toluidine).

Mutagenesis - o-Toluidine, metabolite of prilocaine, was positive in Escherichia coli DNA repair and phage-induction assays. Urine concentrates from rats treated orally with 300 mg/kg o-toluidine were mutagenic to Salmonella typhimurium in the presence of metabolic activation. Several other tests on o-toluidine, including reverse mutations in five different Salmonella typhimurium strains with or without metabolic activation, and single strand breaks in DNA of V79 Chinese hamster cells, were negative.

USE IN PREGNANCY:

Teratogenic Effects: Pregnancy Category B

There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Oraqix[®] should be used during pregnancy only if the benefits outweigh the risks.

Nursing Mothers: Lidocaine and, possibly, prilocaine are excreted in breast milk. Caution should be exercised when Oraqix[®] is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established. Very young children are more susceptible to methemoglobinemia. There have been reports of clinically significant methemoglobinemia in infants and children following excessive applications of lidocaine 2.5% topical cream (See WARNINGS).

Geriatric Use: In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS

A causal relationship between the reported adverse reactions and Oraqix[®] could neither be established nor ruled out.

Following SRP treatment with Oraqix[®] in 391 patients, the most frequent adverse events were local reactions in the oral cavity. These events, which occurred in approximately 15% of patients, included pain, soreness, irritation, numbness, vesicles, ulcerations, edema and/or redness in the treated area. Of the 391 patients treated with Oraqix[®], five developed ulcerative lesions and two developed vesicles of mild to moderate severity near the site of SRP. In addition, ulcerative lesions in or near the treated area were also reported for three out of 168 patients who received placebo. Other symptoms reported in more than one patient were headache, taste perversion, nausea, fatigue, flu, respiratory infection, musculoskeletal pain and accident/injury.

OVERDOSAGE

Local anesthetic toxicity emergency: If other local anesthetics are administered at the same time as Oraqix, e.g. topically or by injection, the toxic effects are thought to be additive and could result in an overdose with systemic toxic reactions. There is generally an increase in severity of symptoms with increasing plasma concentrations of lidocaine and/or prilocaine. Systemic CNS toxicity may occur over a range of plasma concentrations of local anesthetics. CNS toxicity may typically be found around 5000 ng/mL of lidocaine, however a small number of patients reportedly may show signs of toxicity at approximately 1000 ng/mL. Pharmacological thresholds for prilocaine are poorly defined. Central nervous system (CNS) symptoms usually precede cardiovascular manifestations. The plasma level of lidocaine observed after the maximum recommended dose (5 cartridges) of Oraqix[®] in 11 patients exposed over 3 hours ranged from 157-552 ng/mL with a mean of 284 ng/mL ± 122 SD. The corresponding figure for prilocaine was 53-181 ng/mL with a mean of 106 ± 45 SD.

Clinical symptoms of systemic toxicity include CNS excitation and/or depression (light-headedness, hyperacusis, visual disturbances, muscular tremors, and general convulsions). Lidocaine and/or prilocaine may cause decreases in cardiac output, total peripheral resistance and mean arterial pressure. These changes may be attributable to direct depressant effects of these local anesthetic agents on the cardiovascular system. Cardiovascular manifestations may include hypotension, bradycardia, arrhythmia, and cardiovascular collapse.

Management of Local Anesthetic Emergencies: Should severe CNS or cardiovascular symptoms occur, these may be treated symptomatically by, for example, the administration of anticonvulsive drugs, respiratory support and/or cardiovascular resuscitation as necessary.

DO NOT FREEZE. Some components of Oraqix[®] may precipitate if cartridges are frozen. Cartridges should not be used if they contain a precipitate.

Do not use dental cartridge warmers with Oraqix[®]. The heat will cause the product to gel.

Rx only

Manufactured for: DENTSPLY Pharmaceutical York, PA 17404
By: Recipharm Karlskoga AB Karlskoga Sweden
Rev. 09/2010

Renew your passion

By LVI Staff

■ Welcome to the Greater New York Dental Meeting, and congratulations on actively moving your understanding and professional success forward! It is only through excellent education that we individually grow and develop as dental health professionals and, through that, build a practice that is not just successful but delivers comprehensive and high-quality care.

As a patient, I expect the best care I can find. As a dentist, I want to deliver the best care possible. That takes us to the power of continuing education and, as dentists, we are faced with many choices in continuing education.

As a way to introduce you to the Las Vegas Institute for Advanced Dental Studies, or LVI, I want to outline what LVI is about and what void it fills in your practice. The alumni who have completed programs at LVI were given an independent survey, and unlike the typical surveys of dentists, 99.7 percent love being a dentist, and of those surveyed, 92 percent enjoy their profession more since they started their training at LVI. That alone is reason enough to go to LVI and find out more.

While the programs at LVI cover the full breadth of dentistry, the most powerful and life-changing program is generally reported as being Core I, or “Advanced Functional Dentistry – The Power of Physiologic Based Occlusion.” It is a three-day course that is designed for clinicians and their teams to learn together about the power of getting their patients’ physiology on their side.

In this program, clinicians can learn how to start the process of taking control of their practice and start to enjoy the full benefits of owning a practice and providing high-quality dentistry. Regardless of whether it is a solo practice or a group setting, every dentist can start the process of creating comprehensive care experiences for their patients.

We will discuss why some cases that dentists are asked to do by their patients are actually danger-

ous cases to restore cosmetically. We will discover the developmental science behind how unattractive smiles evolve and what cases may need the help of auxiliary health-care professionals to get the patient feeling better.

The impact of musculoskeletal signs and symptoms will be explored, and we will look at how the supporting soft tissue is the most important diagnostic tool you have – not simply the gingiva but the entire soft-tissue support of the structures and not just

For more information

For more information on the Las Vegas Institute for Advanced Dental Studies, visit www.lviglobal.com.

in the mouth but also in the rest of the body.

A successful restorative practice should not be built on insurance reimbursement schedules. An independent business should stand not on the whims and distractions of a fee sched-

ule but rather on the ideal benefits of comprehensive care balance by the patients’ needs and desires.

Dentistry can be a challenging and thankless business, but it doesn’t have to be. Through complete and comprehensive diagnosis, there is an amazing world of thank yous and hugs and tears that our patients bring to us when we change their lives.

The Core I program at LVI is the first step on that journey. That’s why when you call, we answer the phone: “LVI, where lives are changing daily!”



• The Las Vegas Institute for Advanced Dental Studies in Las Vegas. (Photo/ Provided by LVI)



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AD

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GNYDM exhibitors

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Sensodyne Repair & Protect: A layer of protection for dentin hypersensitivity

By Sensodyne Staff

■ Dentin hypersensitivity, defined as “a transient tooth pain, characterized by a short, sharp pain arising from exposed dentin in response to a stimulus that cannot be attributed to any other form of dental defect or pathology”,⁴ is a common condition that affects about one in three adults.⁴

The dentin, a softer mineral layer that lies beneath the tooth enamel, is filled with tiny tubules. In dentin hypersensitivity, these dentin tubules are exposed because of either gum recession or enamel loss.

The most widely accepted explanation for dentin hypersensitivity, the hydrodynamic theory, states that stimuli like hot or cold foods and drinks cause fluid to move within the exposed dentin tubules, triggering the pulpal nerves and causing pain.⁴ Dentin hypersensitivity can cause significant discomfort and inconvenience for sufferers.

Sensodyne Repair & Protect, a desensitizing toothpaste

Sensodyne® Repair & Protect is a toothpaste from Sensodyne, the No. 1 recommended brand for sensitive teeth.⁵ Sensodyne Repair & Protect combines 0.454 percent stannous fluoride with 5 percent sodium tripolyphosphate in a non-aqueous formulation.

With twice daily brushing, Sensodyne Repair & Protect forms a durable layer over and within dentin tubules, sealing them shut to prevent stimuli from triggering dentin hypersensitivity.^{1,2}

Sensodyne Repair & Protect builds a robust layer over dentin tubules that resists removal by dietary acids

In vitro studies show that Sensodyne Repair & Protect builds a robust

Here at the GNYDM

For more information on Sensodyne Repair & Protect toothpaste, stop by the GSK booth, No. 5218.

reparative layer over and within dentine tubules.^{1,2} The layer starts to form from the first use and continues to build with twice daily brushing. The layer formed is resistant to removal by dietary acids.²

In an in vitro study, a dentin surface with the Repair & Protect reparative layer in place was exposed to a cola drink for two minutes and then 10 minutes. Even after 10 minutes, the layer remained intact, demonstrating its ability to withstand typical daily challenges.²

With twice daily use, Sensodyne Repair & Protect delivers effective, lasting relief from the pain of dentin hypersensitivity

Sensodyne Repair & Protect is clinically proven to relieve dentin hypersensitivity.³ In a clinical study, it delivered significantly reduced sensitivity in response to tactile and evaporative sensitivity challenges at four and eight weeks, for a 212 percent improvement over baseline at eight weeks.

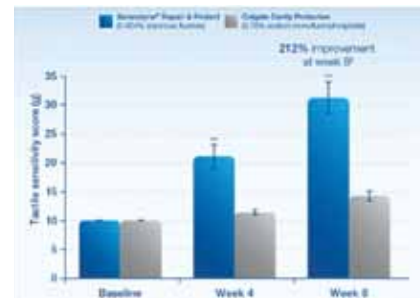
At both time points, the reduction in sensitivity achieved with Sensodyne Repair & Protect was significantly greater than that achieved with a standard toothpaste.³

Sensodyne Repair & Protect helps to prevent stain buildup

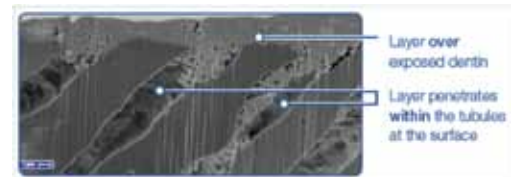
Sensodyne Repair & Protect toothpaste is formulated with a high pellicle cleaning ratio (PCR) relative to its relative dentin abrasivity (RDA) level. This gives it good cleaning performance and helps to prevent



• Sensodyne Repair & Protect toothpaste builds a robust reparative layer over and within dentin tubules. The layer begins to form from the first use, and with twice-daily brushing, provides proven, lasting protection from dentin hypersensitivity. (Photos/Provided by Sensodyne)



• Tactile sensitivity scores at four and eight weeks. (** indicates significant between-treatment differences, $p < 0.001$.)³



• In vitro SEM image of layer formed over dentin after a single brushing (cross section).

stain buildup. In a clinical study, Sensodyne Repair & Protect was shown to help prevent buildup of extrinsic stain following professional prophylaxis, with a cleaning performance comparable to a standard toothpaste.⁶

As well as helping to prevent buildup of stain, Sensodyne Repair & Protect has been shown to help remove established staining and is, in fact, comparable to a marketed whitening toothpaste at removing natural surface stain.⁷

A layer of protection from Sensodyne

The advanced stannous fluoride and sodium tripolyphosphate formula of Sensodyne Repair & Protect builds a durable, acid-resistant layer over

exposed dentin without causing tooth staining.^{1,2,6,7} This layer blocks painful stimuli from reaching the nerve to deliver clinically proven sensitivity relief.³

Recommend Sensodyne Repair & Protect to patients looking for an alternative to their current daily desensitizing toothpaste.

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To learn more about Broadview Networks' OfficeSuite Dental, stop by the booth, No. 4733.


tem specifically designed for dental practices.

When Dr. Brown of Yakima, Wash., decided his practice needed a new phone system to streamline commu-



• (Photo/Provided by Broadview Networks)

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nications, his office manager, Katrina Vickers, conducted research to identify the most comprehensive solution that would meet Brown's practice needs. She knew the practice needed a solution that was optimally efficient for staff, cost effective for Brown and would aid the staff in improving the patient experience.

OfficeSuite Dental allows practice staff to efficiently prioritize phone calls, schedule appointments and even collect outstanding balances. With OfficeSuite Dental, an automatic pop-up window is triggered on the practice PC when a patient calls. This window displays important patient records, including family history, appointments and clinical details, prescriptions and account balance information.

This helps dental practice staff members improve employee efficiency by having the most relevant information at their fingertips. It also helps enhance patient satisfaction by avoiding data entry errors and reducing the amount of time spent on the phone during routine calls.

The new system improved the way Brown's front desk operates and the ease with which staff are able to service customers.

"[OfficeSuite Dental] definitely helps improve our patient care and our correspondence by making everything so much quicker," Vickers said. "We are able to remind patients about account balances, scheduled appointments and inform them of upcoming family member appointments. We are able to be so much more thorough in our conversations, rather than constantly putting patients on hold to reference such information.

"I would absolutely recommend OfficeSuite Dental to any office because it has saved us so much time and effort in the easiest ways," she said. "I just couldn't be more pleased with the product and with the customer service."

To learn more, visit OfficeSuiteDental.com. OfficeSuite Dental is available through Henry Schein, and Broadview phone systems are available as part of the Henry Schein Tech-Central portfolio of computer and business technology solutions.



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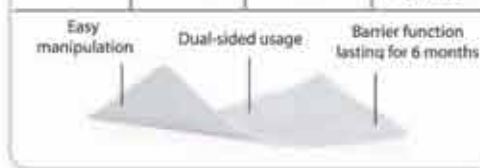
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| DCO05 | 0.5cc Demineralized Bone Matrix (DBM) | \$47.00 |
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| MCO20 | 2.5cc Cortical Bone Matrix (GBM) | \$172.00 |
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SPECIALS EXPIRE January 4, 2014

LAPIP protocol: You can save ailing implants

By Allen S. Honigman, DDS, MS

■ An 84-year-old male presented on Oct. 29, 2012, with inflammation and minimal attached tissue on the buccal aspect of implants at the #17 and #18 sites that had been placed more than five years earlier. The patient wore an implant-supported maxillary denture. The patient underwent regular hygiene maintenance approximately every three months, and no other treatment had been performed.

At #17, bone loss to the sixth thread was noted mesially and distally; at #18, bone loss to the third thread was noted mesially and distally. The

Here at the GNYDM

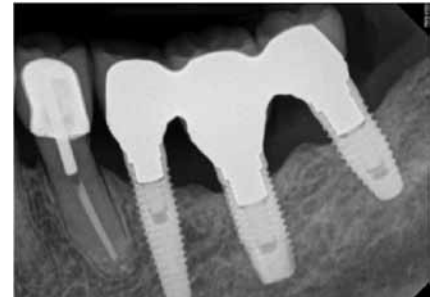
To learn more about the LANAP and LAPIP protocol for the treatment of periodontitis and peri-implantitis:

- Catch Marc Nevins, DMD, MMSc, from 2 to 5 p.m. Monday for a lecture on the LANAP protocol (course 4440/\$140). Register at www.gnydm.com/courses_2013/_4440.htm
- Don't miss a live patient demonstration of the LANAP treatment from 10 a.m. to 12:30 p.m. Tuesday. This event features Charles Braga, DMD, MMSc, performing the laser-based periodontal treatment (course 5040/free). More here: www.gnydm.com/courses_2013/_5040.htm
- Also, learn about the LAPIP protocol and LANAP protocol via a hands-on workshop led by Braga from 2 to 5 p.m. Tuesday (course 5570/\$295). More here: www.gnydm.com/courses_2013/_5570.htm

For additional information, stop by the Millennium booth, No. 4033.

patient had experienced little pain for a couple of months.

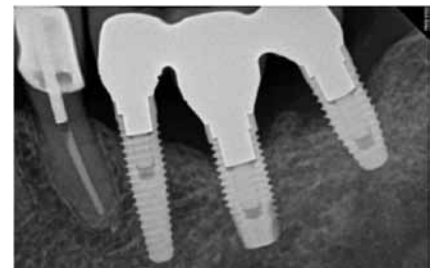
The patient's medical history included seasonal allergies, respira-



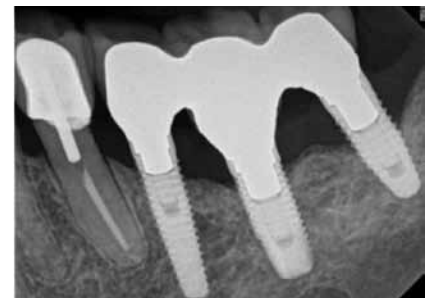
• Fig. 1: Implants on April 4, 2011, showing no bone loss noted around implants. (Photos/Provided by Allen S. Honigman, DDS, MS)



• Fig. 2: Implants on Oct. 29, 2012, showing bone loss to the sixth thread mesially and distally at #17 and to the third thread mesially and distally at #18.



• Fig. 3: On Jan. 23, 2013, post-LAPIP therapy, radiographs confirmed maintenance of bone regeneration.



• Fig. 4: On March 25, 2013.

tory and sinus problems, glaucoma, bruxism and HBP. The patient was pre-diabetic (non-medicated) and used a CPAP. He had undergone corneal transplants in both eyes. Medications included Zyrtec, Simvastatin, Lisinopril, aspirin, depot testosterone and vitamin B-12, with no known drug allergies.

Decreasing inflammation was the most important priority, and given the position of the implants, traditional surgical methods would have been difficult, especially with visualization. The treatment plan recommended was LAPIP around implants #17 and #18 to reduce inflammation and regenerate bone support.


LAPIP was performed on Nov. 5, 2012, utilizing the PerioLase® MVP-7™ Nd:YAG laser at 75 J increments,

• see LASER, page 26

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LASER *from page 24

with cooling in between to prevent overheating of the implant. Removing the superstructure was deemed too difficult as it might have caused unnecessary damage and possibly required remaking the entire fixed prosthesis. Therefore, the LAPIP therapy proceeded with laser ablation intersulcularly on #17 and #18, then scaling with the PS tip of an EMS piezo scaler, utilizing a chlorhexidine irrigant to further decontaminate the implant surface.

Hemostasis was achieved with the Nd:YAG laser (PerioLase MVP-7), followed by occlusal adjustment of the implants. The energy density for #17 was 15.1J/mm and for #18 was 11.8J/mm.

The patient was placed on amoxicillin (500) four stat, then one tab every eight hours until finished; Motrin (800), one tab every eight hours for three days, then PRN pain; and chlorhexidine rinse, twice a day for 30 seconds. The patient was evaluated post-operatively at one, three, six, 12, 19 and 33 weeks, with occlusion checked each time at each appointment.

At 33 weeks, minimal, if any, tissue loss and no inflammation were observed. Radiographs confirmed bone regeneration/recalcification on both implants. Additionally, the patient reported no pain.

Now in capsule form

Shofu announces new delivery system for two of its products

By Shofu Staff

The CX-Plus capsule: A glass ionomer luting cement

Shofu Dental is announcing the launch of its GlasIonomer Luting Cement CX-Plus – now in a capsule form.

CX-Plus is an ideal, self-curing, glass ionomer luting cement designed for minimally invasive dentistry.

Indicated for cementing crowns, inlays, long span bridges and orthodontic appliances, CX-Plus has a high compressive strength, low film thickness and is radiopaque. It is resistant to water contamination and can exist in a moist environment.

CX-Plus Capsules bond to both enamel and dentin to provide an excellent marginal seal, thus minimizing postoperative sensitivity. Additional features are its high fluoride release and low levels of acid erosion. These, combined with its superior handling, fast setting time and three-year shelf-life, make

Here at the GYNDM

Dr. Daniel Ward will present a hands-on course, "Improving and Simplifying the Placement of Esthetic Restorations," on Monday from 9:45 a.m. to 12:45 p.m. in aisle 5800, room 8. During his session, he will discuss how to use GlasIonomer FX-II in Class V restorations. For more information about GlasIonomer FX-II, stop by the Shofu booth No. 4407.



• During the Greater New York Dental Meeting, buy one box of the new CX-Plus Capsules and get one box of Beautiful II A2 Tips free. (Photos/Provided by Shofu Dental)

CX-Plus an ideal luting cement.

Shofu's GlasIonomer Cement CX-Plus is available in powder/liquid form and now comes to you in a more convenient delivery system – the capsule. For application, simply shake the capsule to loosen the powder, push in the plunger to activate and mix for 10 seconds. Total setting time is four minutes, 10 seconds from start of mixing.

Dr. Fred Margolis, DDS, a pediatric dentist from Highland Park, Ill., who has used CX-Plus in a recent clinical

case, said: "I have used CX-Plus Luting Cement for stainless-steel crowns and zirconium crowns for children. This cement is one of my favorites; it saves time and is reliable. Shofu's CX-Plus Luting Cement is great for pediatric crowns and works well, even for difficult moisture-control situations."

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• Before GlasIonomer CX-Plus

The GlasIonomer CX-Plus Capsules are available through your local dealer in a box of 50 for \$227.99 or \$4.56 per capsule. Stop by the Shofu booth, No. 4407, for a demonstration.

The GlasIonomer FX-II Capsule: a glass ionomer direct restorative

Shofu Dental is also announcing the launch of its new direct restorative, GlasIonomer FX-II Capsule. Those interested in seeing the material are encouraged to visit booth No. 4407 for a firsthand product demonstration.



• After GlasIonomer CX-Plus

The GlasIonomer FX-II Capsule is an esthetic, all-purpose, glass ionomer direct restorative, designed for minimally invasive dentistry. As a restoration, the material is shown to have superior levels of fluoride release/rechargability and compressive/tensile strength in comparison to other leading glass ionomers, making it ideal for high caries pediatric and geriatric patients.

In addition to this, adhesion to enamel and dentin is consistently stable at equal levels, creating a stronger

marginal seal. The restoration experiences far less strain because of the adhesive strength, and the thermal expansion properties are very similar to natural teeth. The radiopaque qualities of the new GlasIonomer FX-II display a highly favorable natural fluorescence.

The application benefits of GlasIonomer FX-II are equally noteworthy. One key benefit is there is no conditioner required for this material, resulting in faster application time. Simply prepare the cavity using the conventional method, mix the capsule for 10 seconds and apply. Net setting time is two minutes and 30 seconds. The combination of a fast setting time and no conditioning requirement greatly reduces valuable working time and allows one to see more patients within a day.

Unlike many other glass ionomer restoratives, the new GlasIonomer



• Buy one box of the GlasIonomer FX-II capsules during the Greater New York Dental Meeting and get one OneGloss PS Kit free.

FX II Capsule demonstrates excellent handling and packability. Indications for use include non-load bearing C I and C II restorations in permanent dentition, restorations of C III and C V cavities and wedge-shaped defects, pediatric/geriatric restorations and core build-up and base/liner material. Offered in shades A2, A3, A3.5 and B2, the material is simultaneously translucent and opaque, creating an esthetic appeal and beautiful vita shade-matching abilities.

Shofu Dental's GlasIonomer FX-II Capsule is overall stronger and more durable and is a highly therapeutic, minimally invasive restorative, but the most impressive point of all is its price point – only \$4.54 a capsule, packaged in a kit of 50 with a total cost of \$227.70.

Stop by the Shofu booth No. 4407 to experience the new GlasIonomer FX-II Capsule.

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The stats are on your side

The first step in reducing oral cancer is the conventional intra- and extra-oral head and neck examination. (Photo/ Provided by LED Dental)



Performing an intra- and extra-oral head and neck exam

The conventional intra- and extra-oral head and neck examination is taught in dental and hygiene schools to screen patients for oral cancer and other oral disease.

It normally consists of a visual inspection of oral tissue, or oral mucosa, under incandescent or halogen light using the naked eye to look for suspicious lesions, as well as extra oral palpation of the face and neck to feel for suspicious lumps and intra-

Here at the GNYDM

For more information on oral cancer screenings, stop by the LED Dental booth, No. 3313.

oral palpation of the mucosa.

Why is it important?

A three-to-four minute visual and palpation exam is crucial in the discovery of oral diseases. It is quick to perform, painless for the patient and enhances the patient experience with the dental practice.

According to the Oral Cancer Foundation, nearly 42,000 Americans will be diagnosed with oral or pharyngeal cancer this year. The percentage of oral cancer patients who ultimately die of the disease is higher than for many other cancers.

The key to reducing the number of lives lost to oral cancer is earlier detection of the disease, and the key to earlier detection is more frequent and more thorough intra- and extra-oral head and neck exams. The majority of oral cancers are detected in the later stages, when the five-year survival rate is about 50 percent. The good news? When discovered early, the survival rate leaps to 82 percent.

But did you know?

Independent surveys indicate the majority of patients say they have never had an oral cancer exam. A recent U.K. survey found "92 percent of respondents would like their dentist to tell them if they were being screened for signs of oral cancer and 97 percent would like help from their dentists to reduce their risk."¹

What can you do?

Although you may offer the conventional intra- and extra-oral head and neck examination as part of your normal standard of care, your patients may not be aware they are receiving this examination nor even understand why you insist on performing it.

Inform your patients that this simple exam may help in the discovery of abnormalities, including precancerous and cancerous tissue, and then assist with expediting a treatment plan to help them back on the road to recovery.

Coming tomorrow **today**: Adjunctive devices and tissue fluorescence technology

Reference

1. Patients' perceptions of oral cancer screening in dental practice: a cross-sectional study. Oluwatumise Awojobi*, Suzanne E Scott and Tim Newton BMC Oral Health 2012, 12:55 doi:10.1186/1472-6831-12-55.

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| Shannon Pace Brinker, CDA AUXILIARY TECHNIQUES | Clifford Ruddle, DDS ENDODONTICS |
| Elizabeth Somer, RD NUTRITION | John Sorensen, DMD, PhD RESTORATIVE |
| Barbara Steinberg, DDS GENERAL HEALTH | Dennis Tarnow, DDS IMPLANTS |

PROGRAM HIGHLIGHTS

- New Dentist Itinerary
- Hands-On Cadaver Programs
- Evolutionary Dentistry
- The Pankey Institute: Update 2014
- Marketing Symposium
- Diagnosis and Treatment of Oral and Facial Lesions Fast Track
- Dental Team Playbook: Strategies for Success
- Social Media Hot Spot
- RDH @ YDC
- Ninth Annual Conference for Women in Dentistry
- Botox & Dermal Fillers Live Patient Hands-On Courses

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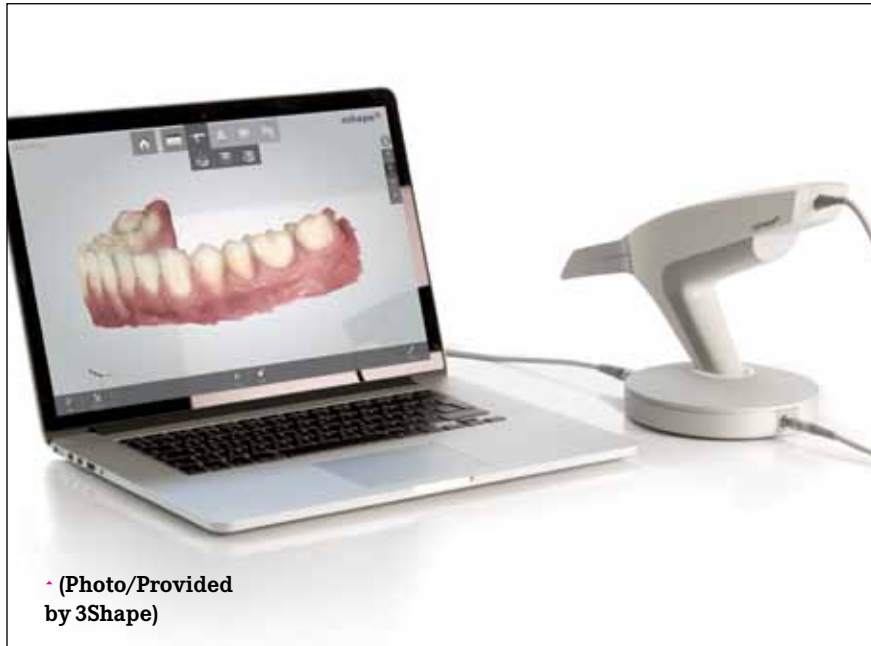
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(Photo/Provided by 3Shape)

3Shape TRIOS Color receives 'Best of Class' honor

3Shape, a provider of 3-D scanners and CAD/CAM software solutions for the dental industry, recently received the highest honor from Pride Institute for its innovation in dental technology.

The 3Shape TRIOS® Color digital impression solution was one of only

Here at the GNYDM

For more information or to see the TRIOS Color, stop by the 3Shape booth, No. 833, during the Greater New York Dental Meeting.

18 products honored as "Best of Class" by the Pride Leadership Panel.

The 'Best of Class' Technology Award

Now in its fifth year, Pride Institute's award continues to recognize products that demonstrate excellence in their category. A panel, composed of leading voices in dental technology, comes together each year to discuss, debate and decide which products merit recognition.

According to Pride Institute, each product honored as "Best of Class" features unique characteristics that differentiate it from the competition in a compelling way, and more importantly, it creates value for the general dentist.

Dr. Lou Shuman, president of Pride Institute and creator of the award and its selection process, said: "In this highly competitive category, 3Shape's TRIOS Color solution impressed the panel on many fronts. Scanning is fast and easy to perform, and it creates scanned images in the appearance of real teeth and gingiva with very natural looking colors. The fact that it is so respected in the lab space should be a differentiating factor to the practitioner."

Flemming Thorup, CEO of 3Shape, said: "We are naturally honored to be chosen for such a prestigious, highly respected and important award from among so many prominent technology companies. TRIOS Color introduces many exciting and unique innovations that make digital workflows attractive for dentists and their business."

About TRIOS Color

3Shape TRIOS Color is built on 3Shape's Ultrafast Optical Sectioning™ and RealColor™ technologies. Its features include capture of teeth and gingiva in natural-looking colors, spray- and powder-free scanning and optimized scanning for an extensive range of indications, including customized abutments with emergence profile capture, clinical scan validation and more.

The built-in Communicate™ software lets dentists and labs interact directly to exchange case information, 3-D designs, 2-D treatment previews and comments.

AD

Core I: Advanced Functional Dentistry — The Power of Physiologic Based Dentistry

The Future of Dentistry Awaits You

In response to the power and popularity of the Core I program we are bringing it to your area to make it convenient for you to find out how much more there is to dentistry that will change your life and your patients' lives. The LVI Core I program encompasses the principles in physiologic restorative concepts creating excellence in care for your patients and prosperity for you. This program will start you on a path to greater understanding and enjoyment of our profession while creating loyal, enthusiastic and grateful patients!

This exciting three-day, hands-on program that shows you how to evaluate cases and educate your patients for advanced restorative dentistry and more comprehensive case acceptance. For many of your patients you will learn how to eliminate a lifetime of pain that no other medical professional has been able to address, and for some learn how you can actually save their lives!

In essence, become a mouth doctor with ability to do things you never were taught in dental school. You have patients in your practice RIGHT NOW that can benefit from these concepts and you have the opportunity to change their lives starting the day you return to your office.

And now, instead of you having to go to Las Vegas, LVI is bringing this unique and valuable information to you. Dr. Bill Dickerson, Dr. Heidi Dickerson and Dr. Mark Duncan will present this information in a practical, easy to understand manner where you will feel comfortable presenting these exciting and practice building new options to your patients on Monday. Don't miss this golden opportunity to find out about this incredible world of dentistry that awaits you!

"LVI has given me a new driving force in my career. It has recharged my enthusiasm for dentistry and made me realize that my career choice was not a mistake."

—Dr. Charles Shin, Stouffville, ON

"I wish I would have attended LVI earlier in my career. I still have time to make a difference but this info is too valuable to not be used throughout an entire dental career."

—Dr. Tim Stirneman Algonquin, IL

"Not only did I learn what I didn't know about dentistry, I learned how to help my own long history of pain in the head and neck. Thanks for the missing link."

— Dr. Paul Bell, Denver, CO

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April 30- May 2, 2014
June 18-20, 2014
October 1-3, 2014
December 10-12, 2014



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Delivers a computer regulated flow of anesthetic, allowing you to consistently and accurately deliver anesthesia below the patient's pain threshold every time.

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Remove the stress and discomfort caused by the traditional syringe. Stand out from the rest by marketing your practice as syringe free.

"Since introducing The Wand into my practice, new patient referrals have sky-rocketed"
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The ergonomic, pen-like handpiece is easy to hold and provides precise fingertip feedback. It eliminates muscle fatigue and strain to the wrist and forearm, allowing your last injection of the day to be as comfortable as the first.



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300 dental products and counting

Mydent International's record of reliable service dates back more than 27 years

By Mydent International Staff

■ Launched in 1985, the DEFEND brand, by Mydent International, has grown into a global leader, serving more than 50 countries in the manufacturing of high-quality infection control products, disposables, preventatives and impression material systems.

With more than 27 years of reliable service to the dental industry, Mydent International manufactures more than 40 percent of consumables used in the dental operator.

From award-winning sterilization products, impression materials, prophylaxis paste, wipes and lab coats to disposables and more, Mydent International manufactures more than 300 items used by dental professionals.

Award-winning impression material

Mydent International's impression material line is an industry favorite. Recognized by Dental Product Shopper as a "recommended" product, DEFEND impression materials have been described by dentists as "the best material ever used." Offering exceptional mix and flow characteristics, DEFEND VPS and bite registration impression materials provide outstanding detail and need minimal dispensing effort.

Award-winning disinfectant wipes

DEFEND+PLUS Wipes disinfect, deodorize and clean hard, non-porous surfaces safely and effectively. The wipes, which contain a stable, low-pH-formulated disinfectant and deodorant, feature a new, two-minute kill time for various organisms, including methicillin-resistant *Staphylococcus*



(Photo/Provided by Mydent International)

aureus; influenza A; *Pseudomonas aeruginosa*; and hepatitis B and C; and they deliver a one-minute kill time for human immunodeficiency virus-1. These wipes were awarded "Best Product 2011" by Dental Product Shopper.

Ultrasonic cleaning tablets

Mydent International's Ultrasonic Enzymatic Tablets dissolve in a gallon of water in less than a minute to create a powerful and effective ultra-

sonic cleaning solution. In 2012, The Dental Advisor conducted a clinical evaluation of Mydent International's DEFEND Ultrasonic Enzymatic Tablets. Evaluated by 34 dental consultants in 821 uses, the tablets received a high 90 percent positive clinical rating.

Jackets and lab coats

Awarded a 4.5+ rating out of 5 from The Dental Advisor, DEFEND+PLUS jackets and lab coats provide the latest technology in protection, with 28 percent better bacterial filtration (Nelson Laboratories, January 2011). These jackets and lab coats are made of a soft, three-layer, SMS fabric and provide higher quality stitching, cuffs and collar compared to most competition.

New spore testing service

Mydent's new DEFEND spore testing service was issued the prestigious "Best Product 2013" award from a recent clinical evaluation through Dental Product Shopper. Eleven clinical evaluators participated, resulting in a final score average of 4.6 out of 5.0.

According to the evaluation, "ease of use" received the highest rating (4.9 out of 5.0). The other criteria evaluated included response time, effectiveness, instructions, ease of doing tests, documentation and overall satisfaction. This spore testing service

Here at the GNYDM

Visit Mydent International at booth No. 3618 for free product samples, exclusive 4+1 specials and chances to win SpaFinder gift certificates. For more information on Mydent International and the DEFEND brand of products, call (800) 275-0020 or visit www.defend.com.

provides dental professionals with a quick turnaround time and access to test results via a secure website.

Dual fit masks feature latest technology

Mydent's newly designed line of DEFEND Dual Fit Face Masks create a tight custom fit for enhanced facial protection. With the latest in contour technology, these face masks feature a form-fitting pliable nose and adjustable chin band to ensure ultimate comfort.

New prophylaxis angles

DEFEND Prophylaxis Angles have been added to Mydent's expanded line of dental supplies. These disposable prophylaxis angles are constructed with contra design to reduce hand fatigue and micro traumas while allowing greater access. DEFEND Prophylaxis Angles are also latex-free, smooth running and vibration-free.

New DEFEND ordering website

Mydent International has developed an ordering website for dental professionals to conveniently place DEFEND orders through their dealer.

For a limited time, Mydent International is giving away \$50 restaurant.com eGift cards to dental professionals who order \$150 or more (suggested retail) of DEFEND products through their selected dealer from the website. Learn more at www.defend.com/order.

Charitable initiatives

Mydent International is active in supporting charitable organizations. With autism rates estimated as high as one in 91 children, Mydent International feels compelled to take action. As a result, a portion of the profits from every DEFEND product sold goes to Autism Speaks, the nation's largest autism science and advocacy organization.

Mydent International is dedicated to fully maintaining the DEFEND brand promise: "To provide the health-care professional with the highest quality infection control products, disposables, preventatives and impression materials at affordable prices, supported by superior service and 100 percent customer satisfaction."

AD






"Head to Toe" dental ergonomics
with Orascope

Monday, December 2nd 2013, 11:30 AM - 12:30 PM

Vanessa Velasco and Tom Lindsey



DTI lounge
35th Street Entrance Hall
at the Crystal Palace

IMPLADENT LTD PROUDLY INTRODUCES AN AFFORDABLE ALTERNATIVE



OSTEOMEND®XTD BOVINE COLLAGEN

- * Absorption Time: 4-6 months on average
- * Derived from Achilles Tendon
- * Excellent Handling Characteristics
- * Strong and Predictable Absorption
- * Sizes: 15mm x 20mm and 25mm x 30mm



COLLAFORM®SINGLES BOVINE COLLAGEN

- * Absorption Time: 4-6 weeks on average
- * Absorbable Collagen for Tissue Preservation
- * Maintains Graft in Extraction Site for Ridge Preservation
- * Socket Grafting without Primary Closure allowing Keratinized Tissue Preservation
- * Size: 12mm x 20mm x 3mm each



COLLAFORM®PLUG BOVINE COLLAGEN

- * Absorption Time: 4-6 weeks on average
- * Absorbable Collagen Wound Dressing
- * Economical - Easy to Handle
- * Size: 10mm x 20mm each

OSTEOGEN IS A NON-CERAMIC CRYSTAL OSTEOCONDUCTIVE SYNTHETIC BIOACTIVE RESORBABLE GRAFT

Artzi reports "What is important is the implant success rate over time, as reported by the Sinus Consensus Conference, a 98% cumulative success rate over 5 years has been found with pure alloplast OsteoGen®." Artzi further noted that "OsteoGen® is physicochemically and crystallographically equivalent to human bone making it a pure alloplast. The spaces between the crystal clusters facilitate cellular and tissue proliferation within the grafted material, thus enhancing faster osseointegration." *

* Artzi Z, Nemovskiy CE, Dagan D. Nonceramic hydroxyapatite bone derivatives in sinus augmentation procedures: Clinical and histomorphometric observations in 39 consecutive cases. Int J Periodontics Restorative Dent 2003; 23:383-389. *Fogartoni PA, Vignoli L. Int J Oral Maxillofacial Implants 1998; 13:115-120.

OSTEOTAPE®

PREFORMED POROUS BONE GRAFT SHAPES TO ENHANCE BLOOD AND CELL ANGIOGENIC INFILTRATION



FAST EFFECTIVE DELIVERY SOLUTIONS FOR PERIODONTAL AND MAXILLOFACIAL SURGERY

- REPAIR INFRABONY DEFECTS AND IMPLANTS
- RIDGE PRESERVATION
- SINUS AUGMENTATION
- BUCCAL ONLY GRAFTING
- GBR TECHNIQUES
- TOOTH EXTRACTIONS

**NON-CERAMIC
NON-PYROGENIC**

Make 2 mm holes and use medullary blood to build better bone



SIMULATES NATURAL COLLAGEN MATRIX AND MINERAL STRUCTURE OF HUMAN BONE

**RADIOLUCENT DAY OF SURGERY
NEW BONE SHOWS RADIOPAQUE**

CUT AND DELIVER DRY TO SURGERIZED SITE FOR BETTER ADAPTABILITY AND CONTROL

SURGICAL TECHNIQUE TO ACHIEVE REGIONAL ACCELERATORY PHENOMENON



Holes are made through the cortex. Defect concavities are grafted with OsteoGen®. Modeling is attained by securing OsteoTape® strips dry over graft with 1.5 mm Self-Drilling screws.



After cortex perforation, buccal implant concavity is filled with OsteoGen® to slightly above level of cortex. OsteoTape® is secured over the graft with 1.5 mm Self-Drilling screws.



Ridge height and width modeling requires 1.5 mm to 2.0 mm cortical perforations to maintain vascularity over a longer period of time. On x-rays at 4 to 5 months, defect site will show radiopaque.

MINIPLATE™ STARTER KIT

**BONE GRAFT FIXATION SCREW AND TITANIUM MESH SYSTEM
5 IN 1 STERILIZATION CASSETTE**



BUILD YOUR OWN CASSETTE

YOUR CHOICE OF 15 SCREWS AND TENTING SCREWS

STARTER SYSTEM INCLUDES:

- 1.5 MM SELF-DRILLING TACK-SCREW
- 2.0 MM SELF-TAPPING SCREW (also used as an emergency screw)
- 1.5 MM TENTING SCREW
- SCREWDRIVER HANDLE AND BLADE
- MANUAL TWIST DRILL BIT
- 1.5 GRAM OSTEOGEN® GRAFT
- 2.0 CC OSTEODEMIN™ BONE
- TITANIUM MESH (CHOOSE FROM 2 SIZES)



Debridement and enucleation of buccal region was followed by perforating the cortex to marrow using 2 mm round bur. Bleeding was controlled, and the defect concavities were grafted with OsteoGen®.

OsteoGen® and OsteoDemin™ were mixed with 4 ml blood. Titanium mesh cage was secured lingually with 2 screws. Bone graft mixture placed on ridge and mesh. Cage was secured buccally with 2 screws.

5-6 Months Post-Op. Screws were removed and the cage reflected revealing restoration of 10 mm vertical bone height by 7 mm thickness. Two 4 mm diameter implants were placed in the restored site.

OSTEOGEN®

**non-ceramic crystal clusters
Synthetic Bioactive Resorbable Graft (SBRG)**

- Physicochemically, OsteoGen® is like trabecular bone
- Radiolucent today ... Radiopaque in 4-6 months



Making it easier to shape and finish hard-to-access areas

Dentatus introduces the Profin PDX Contra/Angle

By Dentatus staff

■ Dentatus is introducing its new Profin PDX Contra/Angle at this year's Greater New York Dental Meeting.

Smaller, lighter, more ergonomic and more affordable than its predecessor, the Profin, with safe-sided

diamond-coated Lamineer® Tips, is the instrument of choice for shaping and finishing hard-to-access areas without damaging adjacent surfaces of all restorative materials, according to the company.

Said Dr. Howard Strassler, professor and director of operative den-



• The new Profin PDX Contra/Angle for Standard E-fitting has tactile ergonomics, smooth glare-free surface and a miniature head for even easier access in hard-to-reach areas. (Photo/Provided by Dentatus)

AD



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|---|---|---|--|---|---|--|

Registration information:

12 days of live training with the Masters in Como, Heidelberg, Maspalomas + self study Details and dates on www.TribuneCME.com

Curriculum fee: € 11,900 contact us at tel.: **+49-341-48474-302** / email: **request@tribunecme**
(€ 900 when registering, € 3,600 prior to the first session, € 3,500 prior to the second session, € 4,000 prior to the last session)

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Here at the GNYDM

For more information or to view a demo of the product, visit Dentatus at booth No. 1714 during the Greater New York Dental Meeting or go online to www.DentatusUSA.com.

tistry at the University of Maryland Dental School in the Department of Endodontics, "Although it is the workhorse of any dental practice, a conventional handpiece (that rotates and accepts friction grip and latch-type burs and abrasives) does not meet all the demands of adhesive restorative dentistry."

Modern dentistry emphasizes esthetics and shaping restorations to consistent clinical standards of form and function. The Profin features precise and directionally controlled movement of a 1.2 mm reciprocating motion. According to the company, it is ideal for delicate and safe shaping, contouring and polishing of natural dentition, as well as for all restorative materials, including composite, cements, porcelain, ceramics, amalgam and metals.

The Profin can be set in a self-steering mode, most often selected for polishing procedures, or a fixed mode, achieved by pushing the tip into one of six notched indexing positions. The fixed position controls directional movement of the tip.

The complete assortment of Lamineer Tips are safe-sided and come with various diamond-coated micron-grain sizes. The largest, 150 micron diamond tips, are used for effectively removing bulky overhangs, while sequentially using the finer grain tips down to 15 microns will produce a very fine smooth finish.

The knife-edge "S-series" offers maximum access and is ideal for creating gingival and incisal embrasures. Smoother finishing is achieved with the Wolfram Tungsten tips, which will not scuff healthy enamel when finishing margins.

Specialty tips are also available for fine finishing of shoulders, chamfers and interproximal reduction.

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PROTOCOL



Craig Long, DDS

Sunil Thanik, DMD, MSD

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Exhibit #4033
at the Greater New York
Dental Meeting



Monday, December 02, 2013
Marc L. Nevins, DMD, MMSc

2:00 PM - 5:00 PM
*Laser Assisted New Attachment
Procedure (LANAP)*



Live Patient Demonstration:
Tuesday, December 03, 2013

The LANAP Protocol
10:00 AM - 12:30 PM
Charles Braga, DMD, MMSc

Hands-on Workshop :
Tuesday, December 03, 2013

*LANAP and LAPIP: Laser-Mediated
Periodontal Therapy*
2:00 PM - 5:00 PM
Charles Braga, DMD, MMSc

**You CAN save
ailing implants**



Pre-Op

Radiographs courtesy of B. Seimons, DDS, Hirokazu, M - Periodontist



12 Months Post-LAPIP Protocol

**MDT Exhibit
#4033**

New possibilities for patient comfort during local anesthesia delivery

By Rich Mounce, DDS

■ Highly anxious patients, atypical nerve anatomy, irreversibly inflamed lower molars and past experiences of poor anesthesia all combine to create the perfect storm for endodontic pain-control challenges.

Being a full-time endodontist in private practice, this clinical scenario, to one degree or another, presents

Here at the GNYDM

For more information on the Wand STA All-Injection System or to see it for yourself, visit Aseptico at booth No. 4024.

itself frequently. Aside from common nerve blocks, some forms of advanced

local anesthesia techniques are often essential to provide a comfort in the aforementioned scenarios.

To this end, the Wand STA All-Injection System (Aseptico, Woodinville, Wash.) device and the Anesto handpiece (W&H, Windsor, Ontario, Canada) have proven invaluable.

I use the Wand STA on every patient. It has become an indispensable part of my anesthesia technique.

All infiltrations, blocks and PDL injections are given with it. The injections are more controlled, comfortable (for both me and the patient!) and predictable than standard injections.

The pen-style grip of the Wand STA handpiece allows the clinician to inject with far greater tactile control. Various handpiece sizes are available for the different injections. While economical, the unit is also simple to learn and use.

While the Wand STA has three injection speeds, in my hands all injections are given at the slower of the three speeds with exceptional patient acceptance. Empirically, it is my experience that the Wand STA leads to far fewer (none in three years) epinephrine reactions (increased heart rate, patient anxiety, etc.) and incidence of an “electric shock” reaction, which happens with traditional systems if the needle touches the nerve bundle.

Finally, for cases in which intraosseous anesthesia is required, I favor the Anesto system by W&H. Anesto is a solid choice, as the perforating and injection needle are one, eliminating some of the pieces required for other systems.

In clinical practice, once the clinician believes adequate anesthesia has been obtained, it is advisable to confirm profound anesthesia with both percussion and hot and cold (depending on the diagnosis as indicated). Once accessed, especially for vital inflamed cases, consideration should be given to also providing an intrapulpal injection into the orifice of each canal, followed by placing a small handfile to the apex.

Ideal for this purpose are the Mani #6 K files and Mani #8 D finders (D Finders are stiffer than a K file and used for negotiation of calcified canals). Exploration of the canal in this manner, done without discomfort, provides absolute confirmation of total anesthesia, invaluable for the anxious patient.

I welcome your feedback.

AD

The poster features a background of a city skyline at night with the Space Needle. The text is arranged in several sections:

- Top: Academy of Osseointegration
- Below that: SAVE THE DATE! • 29TH ANNUAL MEETING
- Center: REAL PROBLEMS REAL SOLUTIONS
- Bottom left: MARCH 6-8, 2014 SEATTLE WASHINGTON STATE CONVENTION CENTER
- Bottom right: osseo.org
- Bottom left corner: ADA CERP Continuing Education Recognition Program

About the author



Rich Mounce, DDS, is in full-time endodontic practice in Rapid City, S.D. He has lectured and written globally in the specialty. He owns Mounce-Endo LLC, marketing the rotary nickel-titanium

MounceFile in controlled memory and standard NiTi. He can be reached at richardmounce@mounceendo.com, www.mounceendo.com and on Twitter at @MounceEndo.



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Two-day custom abutments and crowns from intraoral scans

■ Clinicians are leveraging their investments in chairside digital impression systems to reduce the time and cost of implant therapy. Dental technicians produce custom abutments and crowns directly from digital impressions taken with these systems, eliminating the need for physical models.

From a chairside digital impres-

Here at the GNYDM

For more information on custom abutments and digital implant impressions, stop by the Glidewell Laboratories booth, No. 5601.



• Glidewell Laboratories reports that its chairside digital impression scans communicate patient anatomy to the lab with improved accuracy and efficiency. (Photos/Provided by Glidewell Laboratories)

sion, Glidewell Laboratories will dig-

AD

ADA.2014
AMERICA'S DENTAL MEETING

October 9-14, 2014 | San Antonio

Education: October 9-12 | Exhibition: October 9-11
House of Delegates: October 10-14

Education

Participate in challenging CE courses that fit into your schedule and budget.

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Research and purchase dental products and services at a discount.

Connections

Mingle with colleagues from across the world.

ADA American Dental Association®
America's leading advocate for oral health.

To learn more, visit ADA.org/meeting.

itally design and fabricate a custom abutment or crown in two days or less. Dentists save on the cost of impression materials, shipping to the lab and model work, and they benefit from lower lab prices on restorations. The process for taking the digital implant impression and sending it to the lab is straightforward:

- 1) Remove the healing abutment and attach an Inclusive® Scanning Abutment (available through Glidewell Direct) to the implant. For Bellatek® Encode® Impression System (Biomet 3i™; Warsaw, Ind.) digital impressions, it is not necessary to remove the healing abutment.
- 2) Take buccal, lingual and occlusal scans of the implant site.
- 3) Scan the opposing dentition.
- 4) Remove the scanning abutment and scan the bite.
- 5) Electronically submit the digital implant impression to the lab.

For system-specific information on how to send digital implant impressions to Glidewell Laboratories, intraoral workflow guides are available by visiting the "Digital Impression Systems" page under Dentist, then Services, at www.glidewell.com.



• System-specific intraoral workflow guides are available at www.glidewell.com.



• CAD/CAM crowns and abutments ship in two days or less when derived from digital implant impressions.

Together We're Helping Health Happen



Through participation in our Calendar of Caring programs, our valued customers have helped raise over \$950,000 to help health happen!

Henry Schein Cares, our global corporate social responsibility program, is a source of pride for Team Schein Members around the world. Through many activities, we “help health happen” by expanding care to underserved populations.

One way our customers can assist the important work of Henry Schein Cares is through participating in our **Calendar of Caring programs**. Throughout the year, we offer special products for purchase, a portion of which will be donated to the Henry Schein Cares Foundation in support of health-related causes. Together we can do more!

Make an impact!

Help us broaden access to health care around the world.

Please visit www.hscaresfoundation.org to make a donation or learn more about our programs.

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The Henry Schein Cares Foundation, is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Contributions are tax-deductible as provided by law.

NiteBite targets bruxing

By Keystone Industries Staff

■ Bruxing has always been an issue for a large portion of the population. More than 50 million people (one in six) in the United States have symptoms of bruxing; however, they are rarely ever given an effective treatment.

That's why Keystone Industries is excited to announce its product, NiteBite®, a truly innovative device that easily and effectively treats grinding, clenching, pain, headaches

Here at the GNYDM

For more information about NiteBite or other Keystone products, contact Keystone Industries toll-free at (800) 333-3131 or fax (856) 663-0381 or stop by the Keystone Industries booth during the Greater New York Dental Meeting.

and jaw joint syndrome (TMD or TMJ).

There are plenty of niteguard options out there, but they hardly ever work properly. Often, these

devices overcorrect by opening the bite too far, and they do not stop bruxism and clenching.

NiteBite is different. Its special design and thin construction within the freeway space – the distance between the physiological rest position and the first point of contact of the upper and lower teeth – stops people from clenching and grinding their teeth. NiteBite can stop symptoms such as headaches and tooth and jaw pain as well.

This proprietary, patented and



• The NightBite is the first biteguard that functions within the patient's freeway space. (Photo/Provided by Keystone Industries)

FDA-cleared device is the first biteguard that functions within the patient's freeway space.

NiteBite uses the jaw's natural proprioceptive response to trigger the jaw-opening reflex. As the lower teeth approach contact with the NiteBite, the jaw-opening reflex returns the lower jaw to the physiological rest position, where no teeth touch each other or the NiteBite. The muscles relax, and NiteBite effectively relieves jaw, head and neck pain, as well as associated symptoms of TMJ disorder.

Not only does the device work physiologically and simply, but it's also easy to mold to the patient's bite. In less than five minutes, a dentist or hygienist can heat the device and shape it to the patient's front teeth. Then the patient is ready to go home with his or her new NiteBite.

Key features

- Stops bruxing and clenching
- FDA cleared for use by dental professionals
- Inserts, molds and fits in five minutes
- No second patient visit needed
- No lab time or expense
- Custom fit for each user (in office)
- Easy to fit and comfortable to wear
- Safe and easy to use
- Clinically proven to be effective
- One of the most profitable occlusal appliances on the market
- Little or no adjustment is needed
- Prevents TMJ/TMD syndrome
- Relieves chronic tension and pain within the head, jaw and neck neuromuscular system
- Available through your distributor

NiteBite is sure to revolutionize how bruxing and TMJ/TMD are treated. With its simple design and easy application, NiteBite allows dentists to finally help the millions of untreated bruxing patients across the country.

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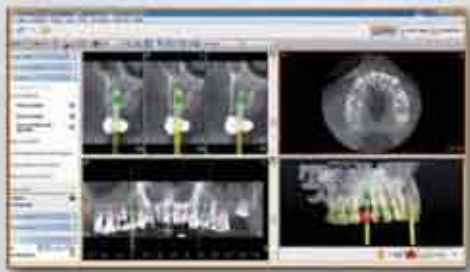


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For more information, visit www.impladenttd.com, call (800) 526-9343 or stop by the Impladent Ltd booth, No. 3431, here during the Greater New York Dental Meeting.

References

1. Artzi Z, Nemcovsky CE and Dayan D. Nonceramic hydroxylapatite bone derivative in sinus augmentation procedures: Clinical and histomorphometric observations in 10 consecutive cases. *Int J Periodontics Restorative Dent.* 2003; 23: 381-389 (Personal correspondence with histology)
2. Valen M and Ganz SD. Part I: A Synthetic Bioactive Resorbable Graft (SBRG) for predictable implant reconstruction. *J Oral Implantology.* 2002; 28(4): 167-177

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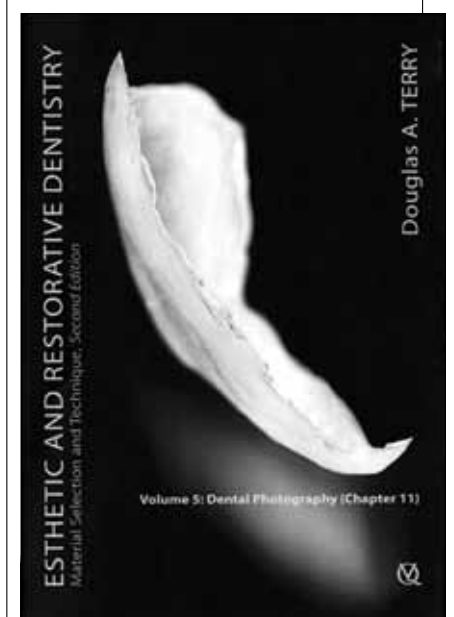
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For more information, go online to www.photomed.net, call (800) 998-7765 or stop by the PhotoMed booth, No. 100, here during the Greater New York Dental Meeting.



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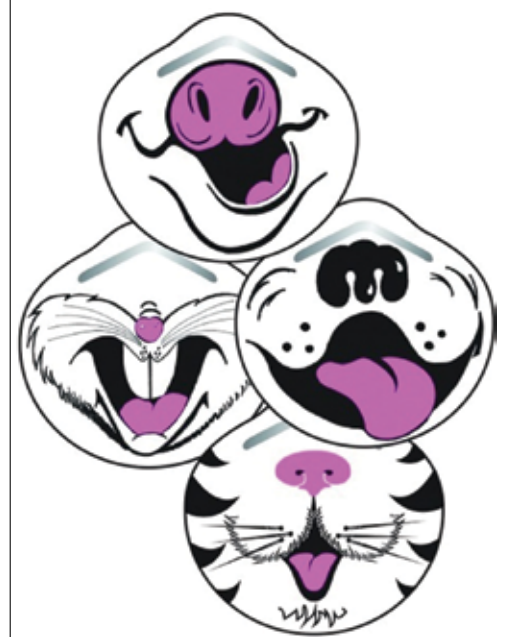
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■ New from Mydent International comes a product made especially for pediatric patients. The Krazy Cone Face Masks feature the faces of four animals – a dog, a cat, a rabbit and a pig.

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For more information or to check out the masks for yourself, go online to www.defend.com/krazy-cone-face-masks or stop by the Mydent International booth, No. 3618, here during the Greater New York Dental Meeting.



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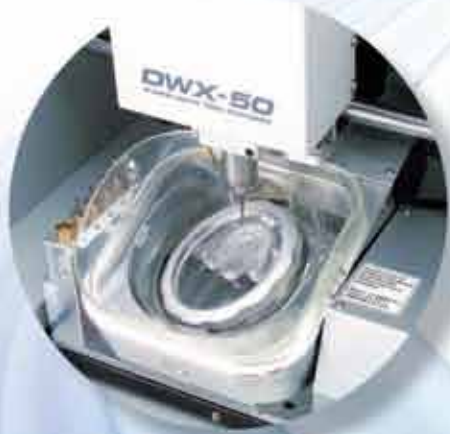
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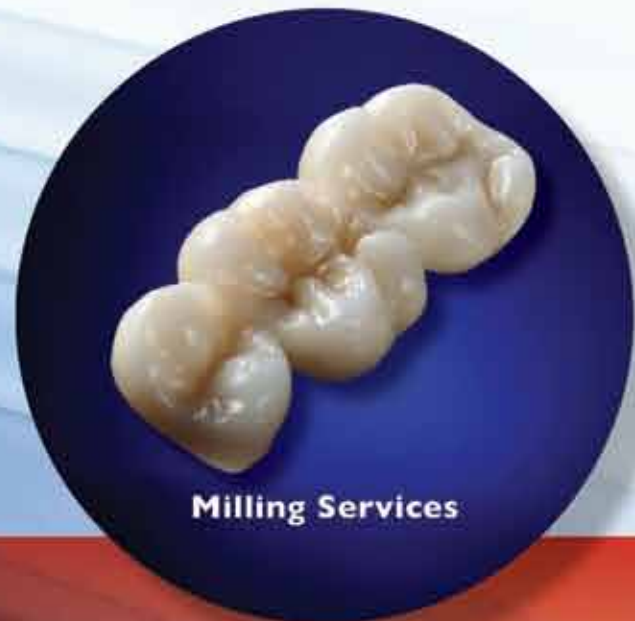
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EXPLORE *from page 1**See a Broadway show**

New York City is known for its live theater. There are literally dozens of Broadway and Off-Broadway shows to choose from, and getting tickets has never been easier and more convenient. Just head over to the Theater Development Fund's TKTS booth (www.tdf.org), located under the distinctive red staircase in Times Square.

Don't be scared by the long lines; they move quickly. You can get discounted tickets to many of the shows right up until curtain time, and they now accept credit cards in addition to cash and travelers checks.

You can now also purchase full-price tickets to future performances for all shows and same-day full-price

tickets to shows that aren't being discounted.

Honor the fallen at the 9/11 Memorial

One of the first things you'll notice about New York is the new tower that has risen in Lower Manhattan. Reconstruction of the World Trade Center complex is well under way, and the site will near completion next year, at which time all four sides of the National September 11 Memorial will be accessible to the public.

For now, visitors can access the memorial at the intersection of Albany and Greenwich streets. If you are interested in visiting the memorial itself, you must first acquire tickets online, at www.911memorial.org. Visitors may be asked to show valid photo ID matching their visitor pass



The TKTS booth in Times Square now sells tickets for all shows, not just the discounted ones.

name, and all visitors and baggage are subject to security screening.

Go figure skating

The Rink at Rockefeller Center is open to the public. You can skate beneath the gilded statue of Prometheus and the glittering Christmas tree. You can

even get skating lessons there if you like. For more information, call (212) 332-7654 or visit www.patinagroup.com/east/iceRink.

If you are too shy to skate with thousands of tourists gawking at you from above, check out the Wollman Rink in Central Park, (212) 439-6900, www.wollmanskatingrink.com; or the Sky Rink at Chelsea Piers at 23rd Street and the Hudson River, (212) 336-6100, www.chelseapiers.com.

See New York from above

You can see just about everything in New York City from the top of Rockefeller center, an Art Deco masterpiece of a building. The lines for Top of the Rock are much shorter than at the Empire State Building, yet the views are just as awe-inspiring.

Tickets are expensive but worth it. It's located in Midtown at 30 Rockefeller Plaza. For information, call (212) 698-2000 or visit www.topoftherocknyc.com.

Enter Manhattan on foot

Try this one if the weather is nice. You can get a priceless view of lower Manhattan by walking across the Brooklyn Bridge from the other side of the East River.

Here's how. Get on the Brooklyn-bound A Subway train to High Street. Then look for the walkway entrance next to the Federal Court Building. There are stairs on Cadman Plaza East and Prospect Street or a ramp entrance on Johnson and Adams streets.

The stroll takes 20 minutes to an hour, depending on how much time you spend taking pictures and reading the informative plaques along the way. You'll also have views of the Manhattan and Brooklyn skylines, the Statue of Liberty, Ellis Island and the South Street Seaport.

Ride the Staten Island Ferry

One of the greatest things about New York City is the Staten Island Ferry, which goes from the lower tip of Manhattan to the St. George section of Staten Island. It's one of the most enjoyable trips you'll ever take – and the best part is that it's free!

Once you board, you can move about as you pass by the Statue of Liberty and Ellis Island to the west, Governor's Island, Queens and Brooklyn to the east and the Verrazano-Narrows Bridge off to the south in the distance. A round-trip excursion will take an hour. You'll have to get off in Staten Island and get back on. Take the 1, N or R Subway train to South Ferry; or the 4 or 5 to Bowling Green.

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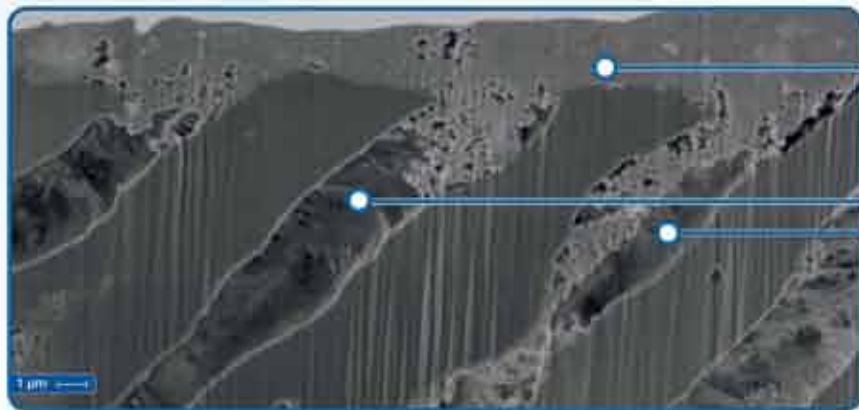
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References: 1. Earl JS, Langford RM. Am J Dent 2013; 26 (Spec Iss A): 19A-24A. 2. Burnett GR. Am J Dent 2013; 26 (Spec Iss A): 15A-18A. 3. Parkinson C et al. Am J Dent 2013; 26 (Spec Iss A): 25A-31A.

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