

today



Meet the DTSC Symposia speakers!

What to expect from each of their sessions and why you'll want to be sure to attend.

»starting on page 14



Off to the exhibit hall

Before you are faced with 1,500-plus booths, read our guide to the new products on the market and the ones that might just change your practice.

»starting on page 50



Get out and sightsee!

There is more to New York City than the convention center, and we have a list of places you'll be really glad you decided to check out.

»page 54

DTSC Symposia returns for third year

From ortho to endo, there's something for everyone each day of the show

■ For the third year, Dental Tribune is partnering with the organizers of the Greater New York Dental Meeting to offer four days of symposia in various areas of dentistry.

Each day will feature five individual one-hour lectures led by experts in the field. The final day will feature the Osseo University Summit, a program dedicated to implantologists.

Participants in all of the sessions not only earn C.E. credits but also gain

»see DTSC, page 10



• Wollman Rink in Central Park. (Photo/Courtesy of NYC and Company)

By **Jayne S. McNiff**, GNYDM Education Coordinator

■ Welcome to New York and to one of the largest and most comprehensive dental meetings in the United States.

Whether it's your first time here or your 50th, you will find something to interest you – from the latest technologies to resources and education designed to keep your dental practice current, competitive and rock solid.

The exhibit floor and the diverse continuing education programs are the centerpiece of this annual expansive meeting. Organizers coordinate

»see OPEN, page 6

AD

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DTSC presents the first Osseo University Summit

■ On Wednesday, join Dental Tribune and the Dental Tribune Study Club to learn about implant-driven dentistry from a true collection of masters, carefully selected from across the globe.

Dr. Kenneth Serota, founder of www.OsseoUniversity.com, helped to design the Osseo University Summit for dentists who are interested in better preparing themselves to determine which treatment option is most appropriate for each individual implant patient.

The summit promises to benefit dentists seeking C.E. by offering great relevance to their daily work while letting them learn from a world-class, experienced faculty.

The program, which is moderated by Dr. Benedict Bachstein, offers you a collection of the hottest topics in implantology today.

Course No. 1: 12:45–1:30 p.m.

“Utilizing Patient Specific Abutments to Achieve Exceptional Results” with Dr. Ethan Pansick, United States

This course will describe the indications and contra-indications of the different types of implant abutments available for use today.

Course No. 2: 1:35–2:20 p.m.

“Microscopic Management of Alveolar Bone Defects in Fresh Socket Implants” with Dr. Enrique Merino, Spain

For both inexperienced and advanced clinicians, all possible treatment options in fresh socket implants under the microscope are presented in detail.



• Dr. Ethan Pansick

Course No. 3: 2:25–3:05 p.m.

“Implants and Bisphosphonates, Osteonecrosis, Osteoporosis, Esthetics” with Dr. David Hoexter, United States

This lecture presents bone grafts, sinus lifts and implants in patients taking oral bisphosphonates, leading to restoring vertical dimension as well as the creation of a bright youthful esthetic smile.

Course No. 4: 3:10–3:55 p.m.

“Contemporary Concepts in Tooth Replacement: Paradigm Shift” with Dr. Dwayne Karateew, Canada

This multimedia presentation, which incorporates video, animations, computerized graphics and clinical images, will help broaden the understanding in the philosophy and science behind the new and excit-



• Dr. Benedict Bachstein

Attend this course

Additional program details can be found at www.DTStudyClub.com/gnydm. Please register for free at www.GNYDM.com with course No. 6080 and earn four C.E. credits.

ing horizons currently being investigated.

Course No. 5: 4–4:45 p.m.

“Balancing the Art, Science and Business of Dentistry” with Dr. Jeffery Hoos, United States

The challenge for the dentist is to provide the patient with a functional, comfortable prosthesis. This lecture will explain how we can take this challenge and make it a positive and productive experience.

Help celebrate DVI clinic's 30th anniversary at international gala

■ The American Friends of Dental Volunteers for Israel (DVI) will host an international gala dinner and celebration tonight at the Museum of Jewish Heritage in New York City.

The event, which begins at 6 p.m., will celebrate the 30th anniversary of the DVI Trudi Birger Dental Clinic.

Stan Bergman, CEO of Henry Schein Inc.; Dr. Amid Ismail, dean of the Maurice H. Kornberg School of Dentistry at Temple University; Sen. Joseph Lieberman (I-Conn.); Dr. Gordon Christensen; and Dr. D. Walter Cohen are serving as honorary chairmen.

They will be on hand as the American Friends of DVI honors Dr. Alan Helfer, American Friends of DVI president; Steve Kess, vice president, glo-

bal professional relations for Henry Schein; and Ran Tuttnauer, CEO of Tuttnauer and DVI board member; for their dedication and support to the mission of bringing free dental care to indigent children in Jerusalem of every race, religion and ethnicity.

For more information on the event or to register, visit the organization's website at www.americanfriendsofdvi.org. Complimentary bus transportation will be provided from the Jacob K. Javitz Convention Center.

About DVI

Dental Volunteers for Israel was founded by Trudi Birger in 1980. A survivor of the Holocaust, Birger devoted her life to preventing the

suffering of children. Through her efforts over the past three decades, thousands of underprivileged children have received needed dental treatment. In September 2003, the clinic was renamed the Trudi Birger Dental Clinic in her memory.

DVI operates the only free dental clinic of its kind in the Middle East. It looks after the needs of Jerusalem's poor children, regardless of their religious and cultural backgrounds. It is staffed by dedicated volunteer doctors from around the world in addition to the general director, Dr. Roy Petel, who is a full-time pedodontist. In 2009, President Shimon Peres awarded DVI the President's Award for Volunteerism.

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Sunday at the show: what to know

Where is the Greater New York Dental Meeting?

The Jacob K. Javits Convention Center is on 11th Avenue between 34th and 39th streets. The 42nd Street Crosstown Bus (M42) and the 34th Street Crosstown Bus (M34) run east-west with stops on every block and outside the center.

Fare is \$2.25 in exact coins or you can use a MetroCard. Shuttle buses departing from all congress hotels are available today-Wednesday.

When and where do I register?

Registration takes place in the Upper Level of the Javitz Convention Center. Registration hours are as follows:

- **Today-Tuesday:** 8 a.m.-5:30 p.m.
- **Wednesday:** 8 a.m.-5 p.m.

What are the dates and times for the exhibit hall?

- **Today-Tuesday:** 9:30 a.m.-5:30 p.m.
- **Wednesday:** 9:30 a.m.-5 p.m.

Can I still buy tickets to any of the paid functions?

Yes. Tickets for all still-available functions can be purchased at all general registration booths located in the reg-

istration area on the Upper Level of the convention center. You must pay by cash or credit card.

What about food during the meeting?

Full-service and specialty cafes, food carts and restaurants are located throughout the convention center. Options include a variety of hot and cold sandwiches, salads, snacks and beverages.

What if I'm an international visitor?

The GNYDM has a hospitality center just for international visitors. Find it in the registration area in the Crystal Palace. The center is open whether you want to relax or join colleagues for a cup of coffee. The hours are as follows:

- **Today-Tuesday:** 8 a.m.-5:30 p.m.
- **Wednesday:** 8 a.m.-5 p.m.

What if I want to bring my kids?

Children are allowed to attend the meeting. However, baby strollers are not permitted on the exhibit hall floor. A limited number of baby carriers are available in the Exhibits Office.

Today, an offering of children's programs are available.

Up on the Fourth Floor Galleria, there will be a magic show from 10:30-11:30 a.m., face painting from 11:45 a.m.-1:45 p.m. and a carnival from noon-2:30 p.m.

Also in the same place, from 11:30 a.m.-2:30 p.m., will be a child identification program.

The Grand Lodge of Free and Accepted Masons of the State of New York sponsor this free, five-minute child identification program. They will offer the following:

- Digital photos, which can quickly be distributed to the media in case of an emergency
- Digital fingerprinting
- Personal information, including photos and fingerprints, burned on to a CD

What are some of the highlights of today's education sessions?

You won't want to miss the Live Dentistry sessions, which are just that: dentistry on live patients, in a 300-seat theater with 18 high-definition, 60-inch television screens.

What's even better than watching

world-class clinicians work in real time? That tuition to these events is free, so come early to Exhibit Floor Aisle 5400/5500 if you don't want to stand.

For a detailed schedule of the Live Dentistry sessions, see Page 9.

You also won't want to miss the Dental Tribune Study Club Symposia. This program takes place on the exhibition floor in Aisle 6000, Room No. 3 and will feature the following agenda for today:

- **10-11 a.m.:** "Beautiful: Go with the FLOW" with Dr. Howard Glazer
- **11:20 a.m.-12:20 p.m.:** "Light Cured Adhesive Dentistry - Science and Substance" with Dr. John Flucke
- **12:50-1:10 p.m.:** "Exciting New Tools for Superb Impressions" with Dr. Marc Gottlieb
- **1:20-2:20 p.m.:** "A Simplified Approach to Multi-Layer Direct Composite Bonding" with Dr. Martin Goldstein
- **2:40-3:40 p.m.:** "Digital Impressions: Are they for me?" with Dr. Richard Rosenblatt
- **4-5 p.m.:** "Total Facial Esthetics for Every Dental Practice" with Dr. Louis Malcmacher

AD



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



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For the third year in a row, the DTSC hosts its annual CE Symposia at the GNYDM, offering four days of focused lectures in various areas of dentistry.

**FIND US ON THE EXHIBITION FLOOR
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28 NOV

10:00 - 11:00 Dr. Howard Glazer, DDS, FAGD
BEAUTIFIL: 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. Jeffery Hoos, Dr. Benedict Bachstein
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Raising the bar again

Derma fillers and Botox/Dysport sessions highlight this year's meeting

By Jayme McNiff, GNYDM Education Coordinator

In an effort to stand out and leap forward and to expand dental esthetic office procedures, the Greater New York Dental Meeting (GNYDM) is again offering educational programs such as Botox/Dysport and dermal fillers at this year's event.

The GNYDM is presenting programs by CEO Dr. Bruce Freund and President Dr. Zev Schulhof, co-founders of the American Academy of Facial Cosmetics. These unique hands-on workshops will introduce procedures on actual patients to teach attendees how to use Botox/Dysport and dermal fillers. Both clinicians are renowned educators and have extensive experience in this specialty field.

Dr. John Halikias, general chair of the GNYDM, said: "Facial dermal fill-



A woman receives an injection during a 2009 Botox/dermal filler session. (Photo/Provided by GNYDM)

ers can greatly enhance the esthetics of anterior dental restorations. These injectables can alter the appearance of the lip, especially in those with 'smoker's' lines around the oral cavity."

Here at the GNYDM

"Dermal Fillers Hands-On Workshop" will be held from 9:45 a.m.-12:45 p.m. and from 2-5 p.m. Sunday and Tuesday. "Botox/Dysport Hands-On Workshop" will be held from 9:45 a.m.-12:45 p.m. and from 2-5 p.m. Monday and Wednesday. Both sessions take place in Exhibit Floor Front Aisle 5400/5500 and cost \$1,500.

Attendees will learn about the different types of facial fillers, such as Restylane, Perlane, Juvéderm and Radiesse, which produce immediate results.

"There is some scientific evidence that certain TMJ pain symptoms can be alleviated with Botox/Dysport injections, which are neuromuscular relaxers," Halikias said.

"Therefore, dentists should be aware of these alternative treatment modalities."

The GNYDM will accommodate the expected popularity of Botox/Dysport and dermal filler facial

injectables by offering two Botox/Dysport programs and two dental filler programs during the course of the meeting.

Botox/Dysport and dermal fillers are on the "up and up" and gaining more publicity across the United States and worldwide, said Dr. Robert Edwab, executive director of the GNYDM.

"Participants will learn to use Botox/Dysport facial injectables for facial therapeutic and esthetic treatments, as well as to improve the appearance of the skeletal profile and lips to match the smile and dental esthetics of the individual patient," Edwab said.

"The hands-on workshops are particularly unique from other programs and courses at dental meetings because they offer a live, up-close view of procedures right on patients at the exact moment they are happening."

This year, the GNYDM has added a second high-tech live dentistry arena to the mix. In total, two live dentistry arenas offer 16 programs.

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The emphasis on periodontics

By Jayme S. McNiff, GNYDM Education Coordinator

■ The Greater New York Dental Meeting's periodontal program focuses on the most important topics concerning periodontists by incorporating more seminars and workshops each year.

Periodontal disease has become one of the most prevalent conditions affecting adults today. Estimates show that 50 percent of American adults suffer from periodontal disease and are therefore twice as likely to suffer from heart attacks.

"Non-surgical Periodontal Treat-

ment," by Drs. Neil Gottehrer and Jack Martin, will review oral body inflammatory connection and its impact on cardiovascular and periodontal disease as well as periodontal risk assessment (PRA). The seminar is today from 9 a.m.-noon.

Dr. Lee Silverstein's hands-on workshop is also this morning from 9:45 a.m.-12:45 p.m., and will explore the how, why, what and when of socket grafting.

Following in the evening are two workshops from 2-5 p.m. Dr. Frank Milnar incorporates minimally invasive concepts to prevent sensitivity

through the usage of glass ionomer while Dr. Silverstein discusses "Suturing for the Dental Practitioner and Surgical Staff."

"The Future of Periodontal Care" is on Monday from 2-5 p.m. with Drs. Gottehrer and Martin. This seminar will discuss the medical risks related to periodontal disease, increased risk of heart disease and the reversal of atherosclerosis following nonsurgical periodontal treatment.

Dr. Jim Grisdale's "Concepts and Procedures for Predictable Crown Lengthening Techniques" is designed for the general practitioner and

focuses on the different techniques utilized in crown extension. The seminar emphasizes soft- and hard-tissue surgical approaches and takes place on Tuesday from 2-5 p.m.

Soft- and hard-tissue complications can lead to unsatisfactory results for the patient, including unacceptable tooth morphology, poor phonetic skills and lack of confidence.

On Wednesday, Grisdale's hands-on workshops focus on "Predictable Soft-Tissue Grafting" in the morning, followed by "Predictable Bone Grafting and Guided Tissue Regeneration" in the afternoon.

Open from page 1

more than 300 full- and half-day seminars, essays and hands-on workshops.

Among the specialty programs are topics including orthodontics, endodontics, cosmetic dentistry, pediatric dentistry and implant dentistry.

Celebrity luncheon

Join the GNYDM at Monday's celebrity luncheon with featured speaker, an American culture icon, Joan Rivers. As a comedian, TV host and CEO, Rivers is also a bestselling author, Emmy award-winning talk show host, Tony-nominated actress, *Celebrity Apprentice* winner, writer, director and savvy businesswoman.

Exhibit hall

This year, there will be more than 1,500 booths representing more than 500 exhibiting companies. Smart buyers are looking for a maximum return on investment when they shop for cutting-edge equipment and innovative products. There are extensive tax advantages for making your purchases in 2010.

Two live dentistry arenas

The GNYDM offers two modern and high-tech, free, live dentistry arenas daily from Sunday through Wednesday. The interactive live program features clinicians performing dental procedures on real patients from a stage before 300 attendees on either side of the exhibit floor.

Topics include orthodontics, esthetics, endodontics, pediatrics, implants, oral surgery, lasers and a hygiene program. Arrive early as seating is limited to 300 in each arena.

Greater New York Smiles

The Greater New York Smiles Children's Program invites New York City public school students from all five boroughs to attend this oral health program from Monday to Wednesday. More than 1,500 third- and fourth-grade students will be taught how to effectively brush their teeth.

The program is sponsored in part by Colgate Palmolive Company, the



• A boy practices his brushing skills during the 2009 Greater New York Smiles. (Photo/Provided by GNYDM)

United Federation of Teachers and DentaQuest.

Along with the help and dedication of the coordinators and volunteers from New York University, Hostos Community College and New York City College of Technology, the children learn about proper nutrition and eating habits that lead to a happy and healthy smile.

During this field trip, the students will have the opportunity to visit different "stations," consisting of an educational film, an exhibit on nutrition, a "How to Brush" instructional demonstration and Colgate's "Bright Smiles, Bright Futures Van" where those students who are granted parental permission will have their teeth screened by a dentist.

Other volunteers are from the Dental Hygienists' Association of the City of New York and the New Jersey Dental Hygienists' Association.

25th anniversary General Practice Residency Fair

The General Practice Residency Fair provides dental students an opportunity to gather information regarding general practice residency and advanced education in general dentistry programs in an informal atmosphere. The 25th annual fair is today

from 9:30 a.m.-noon. Admission is free.

Luncheon and Learning Program

Tuesday's Luncheon and Learning is a free program that includes a complimentary lunch ticket.

The panel will discuss how dental technology can help to maintain a patient's physical health and possibly help reduce the risk of cardiac disease. Sponsors of the program are ChaseHealthAdvance, Electro Medical Systems, Hiossen, Sirona and Captek. Pick up your free tickets at any of their booths on Sunday, Monday and Tuesday.

Partner with Invisalign

The Greater New York Dental Meeting is partnering for the third year with Align Technology to offer the Invisalign Expo. These educational courses extend for four full days, beginning today.

Taught by the most seasoned team of Invisalign specialists, dental professionals will learn the logistics of tooth alignment and other abnormalities.

Invisalign Clear Essentials I is scheduled today and Tuesday. Attendees can also complete Clear Essentials II on Monday or Wednesday.

Implant dentistry

Educational courses in implant dentistry are offered all day through Wednesday. Speakers in workshops, seminars and essays will discuss topics including surgery, restoration and partially edentulous implants.

In addition, attendees will have a chance to visit the free live patient demonstrations in implant dentistry, offered each day from Sunday to Wednesday.

Orthodontic programs

A diverse selection of orthodontic programs is offered from today through Wednesday. At this exclusive series, attendees will learn from world-class clinicians about continuing and upcoming treatments and technologies in orthodontics.

The New York State Academy of General Dentistry Mastership workshop program in orthodontics is today. Drs. Elliott Moskowitz and Laurance Jerrold will host "Orthodontic Essentials for the General Practitioner: Learn It Today, Do It Tomorrow." This hands-on, full-day workshop focuses on the practical utilization of various removable and fixed orthodontic appliances within a general or pediatric dental practice.

Various speakers from New York University's College of Dentistry and Orthodontic Alumni Association, on Tuesday and Wednesday, will present a selection of innovative anchorage applications and auxiliaries for various malocclusions.

Pediatrics program

Nowadays, parents demand the restorations of their children's teeth to be not only functional but esthetically advanced. Glass ionomers, resinomers, composites and various types of crowns are illustrated on children and adolescents at Dr. Fred Margolis's workshop on Tuesday. Attendees will learn to integrate both function and esthetics to maximize a complete pediatric restoration.

Early childhood caries (ECC) is the most common chronic disease of early childhood. Multiple essays in pediatric dentistry will explore this issue today from 9:45 a.m.-12:45 p.m.

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Please see Brief Summary of Prescribing Information on adjacent page.

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

USE

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

CONTRAINDICATIONS

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

WARNINGS

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

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

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

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

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

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

PRECAUTIONS

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

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

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

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

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

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

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

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

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

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

Information for Patients:

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

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

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

Pregnancy: Teratogenic Effects-Pregnancy Category C.

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

When articaine hydrochloride was administered subcutaneously to rats throughout gestation and lactation, 80 mg/kg (approximately 2 times the maximum recommended human dose on a mg/m² basis) increased the number of stillbirths and adversely affected passive avoidance, a measure of learning, in pups. This dose also produced severe maternal toxicity in some animals. A dose of 40 mg/kg (approximately equal to

the maximum recommended human dose on a mg/m² basis) did not produce these effects. A similar study using Articadent™ with epinephrine 1:100,000 rather than articaine hydrochloride alone produced maternal toxicity, but no effects on offspring.

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

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

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

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

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

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

ADVERSE REACTIONS

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

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

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

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

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

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

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

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

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

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

Hemic and Lymphatic System: ecchymosis, lymphadenopathy.

Metabolic and Nutritional System: edema, thirst.

Musculoskeletal System: arthralgia, myalgia, osteomyelitis.

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

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

Skin and Appendages: pruritus, skin disorder.

Special Senses: ear pain, taste perversion.

Urogenital System: dysmenorrhea.

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

OVERDOSAGE

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

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

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

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

HOW SUPPLIED

Articadent™ (articaine HCl 4% with epinephrine 1:100,000 or 1:200,000 injection) is available in 1.7 mL glass cartridges, in boxes of 50 cartridges. The product is formulated with a 15% overage of epinephrine.

NDC 66312-602-16 4% Articadent™ with epinephrine 1:200,000 Box of 50 cartridges
NDC 66312-601-16 4% Articadent™ with epinephrine 1:100,000 Box of 50 cartridges

Manufactured for:

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Novocol Pharmaceutical of Canada, Inc.
Cambridge, Ontario Canada N1R 6X3

Two are better live than one

This year's Greater New York Dental Meeting doubles the live arenas

By Jayme S. McNiff, GNYDM Education Coordinator

As the leading dental convention and event in the United States, the Greater New York Dental Meeting (GNYDM) continues to grow and reach for new innovative programs in hopes of attracting the most renowned clinicians and dental professionals from around the world.

In 2009, the GNYDM registered 59,166 attendees from all 50 states and 124 countries, an increase from the previous year. The GNYDM organizers feel their event must contain programs to inspire the entire dental team to excel in their profession. Thus, this year's meeting has expanded to include two Live Dentistry arenas to incorporate more cutting-edge, oral health-care programs.

This year, the GNYDM is offering an innovative live hygiene session, where for the first time, dental hygienists and assistants will learn and see the latest materials and equipment available on the market to advance their skills and knowledge.

Dr. John Halikias, general chairman of the GNYDM, said, "The 'Live Dentistry' arena is a place where the most prominent and respected clinicians can share breakthrough technology and techniques, allowing dental professionals the chance to learn the most about innovative dental products, technology and procedures."

In these two modern, high-tech arenas, attendees will watch procedures on numerous 60-inch, high-definition LED screens, which project up-close views of live procedures right on the exhibit floor.

Due to its immense popularity,

the arenas fill up quickly, so be sure to arrive early to obtain a seat at one or all of the tuition-free sessions. In 2009, the GNYDM not only filled the arena's seating for 300 attendees during the entire four days, but also had an additional 100 attendees watching from outside the arena.

Live Dentistry Arena No. 1			
a.m. session		p.m. session	
Today	Monday	Tuesday	Wednesday
VOCO America	VOCO America	Discus Dental	Nobel Biocare
Ultradent Products	Ultradent Products	Kodak Dental Systems	OrthoTAD and implants

Live Dentistry Arena No. 2			
a.m. session		p.m. session	
Today	Monday	Tuesday	Wednesday
DENTSPLY	Discus Dental	Luncheon for Learning	AMD LASERS
3M ESPE	Biolase Technology, GC America and Kuraray America	Hygiene program	Implants

AD



• It was standing room only at the Live Dentistry sessions during the 2009 Greater New York Dental Meeting. (Photo/Provided by GNYDM)

DTSC *from page 1

an invaluable opportunity to learn diverse aspects of dentistry and how to integrate a variety of treatment options into their practice.

The speakers have been carefully selected and are nationally and internationally renowned for their influence in enhancing dental education through extensive clinical experiences and diverse backgrounds.

The program will take place on the exhibition floor in Aisle 6000, Room No. 3 and will feature the following agenda.

Today

- 10-11 a.m.: “Beautiful: Go with the FLOW” with Dr. Howard Glazer
- 11:20 a.m.-12:20 p.m.: “Light Cured Adhesive Dentistry – Science and Substance” with Dr. John Flucke
- 12:50-1:10 p.m.: “Exciting New Tools for Superb Impressions” with Dr. Marc Gottlieb
- 1:20-2:20 p.m.: “A Simplified Approach to Multi-Layer Direct Composite Bonding” with Dr. Martin Goldstein
- 2:40-3:40 p.m.: “Digital Impressions: Are They For Me?” with Dr. Richard Rosenblatt
- 4-5 p.m.: “Total Facial Esthetics for Every Dental Practice” with Dr. Louis Malcmacher

Monday

- 10-11 a.m.: “Eco-Friendly Infection Control – Understanding the Balance” with Noel Brandon-Kelsch
- 11:20 a.m.-12:20 p.m.: “Incorporating New Advances in Dental Materials and Techniques into Your Restorative Practice” with Dr. Gregori Kurtzman
- 12:50-1:10 p.m.: “A Game-Changing Approach to Difficult Class II Composites” with Dr. Marc Gottlieb
- 1:20-2:20 p.m.: “Optimizing Your Practice with 3-D Cone-Beam Technology” with Dr. Damien Mulvany
- 2:40-3:40 p.m.: “High-Resolution Cone Beam with PreXion 3D” with Dr. Edward Katz



• Dr. David Hoexter



• Dr. Fay Goldstep



• Dr. John Flucke



• Dr. Howard Glazer



• Dr. Martin Goldstein



• Dr. George Freedman

- 4-5 p.m.: “Soft-Tissue Lasers and Caries Diagnosis” with Drs. Freedman, Goldstep and Lynch

Tuesday

- 10-11 a.m.: “Soft-Tissue Lasers and Caries Diagnosis” with Drs. Freedman, Goldstep and Lynch
- 11:20 a.m.-12:20 p.m.: “Soft-Tissue Lasers Adjunctive to Orthodontic Treatment” with Dr. Lou Chmura
- 12:50-1:10 p.m.: “The Newest Developments in the Art and Science of Air Abrasion” with Dr. Marc Gottlieb
- 1:20-2:20 p.m.: “Introduction to Cone-Beam CT (CBCT), Especially as it Pertains to Prevention of Fail-

ures in Oral Implantology” with Dr. Dov Almog

- 2:40-3:40 p.m.: “Cleaning and Shaping with New Technology” with Dr. Bettina Basrani
- 4-5 p.m.: “Contemporary Concepts in Tooth Replacement: Paradigm Shift” with Dr. Dwayne Karateew

Wednesday

- 10-11 a.m.: “Best Management Practice, Waste Management for the Dental Office, and OSHA Compliance” with Al Dube
- 11:20 a.m.-12:20 p.m.: “Hard- and Soft-Tissue Lasers” with Dr. Glenn van As
- 1-4:30 p.m.: “The Osseo University

Here at the GNYDM

The DTSC symposia are free for registered attendees, but seating is limited. The program will take place on the exhibition floor in Aisle 6000, Room No. 3.

Summit: A Collection from Masters of Implantology” with Dr. Benedict Bachstein, Dr. Ethan Pansick, Dr. Enrique Merino, Dr. Jeffery Hoos, Dr. David Hoexter and Dr. Dwayne Karateew

For exact program details, please check the schedule under www.DTStudyClub.com/gnydm.

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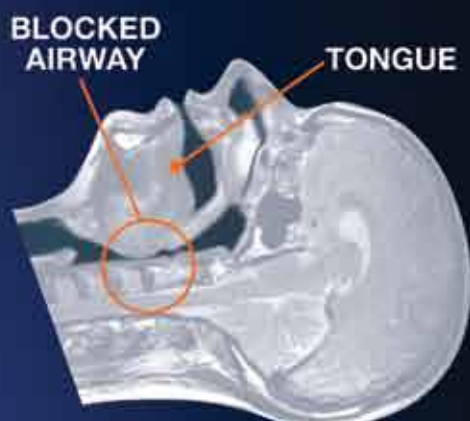
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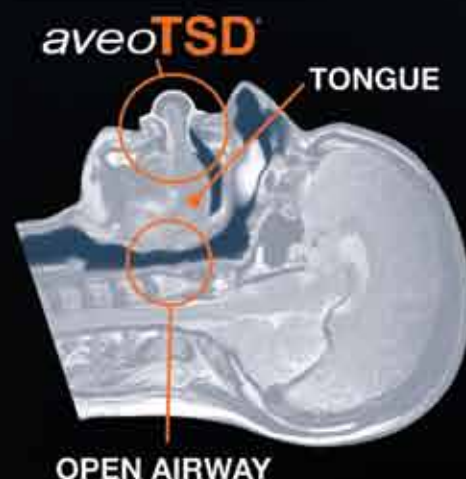
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In this MRI** image, the tongue falls into the back of the airway as a person sleeps. This blocks the airway, leading to snoring.

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Looking to export?

U.S. Commercial Service helps meeting participants go global as on-site export expertise brings together buyers and sellers

■ Ninety-five percent of the world's consumers live outside the United States, and more and more U.S. companies are looking to meet these prospective buyers. To increase international sales, businesses are turning to the Commerce Department's U.S. Commercial Service and other federal agencies for export services.

Here at the Greater New York Dental Meeting, the Commercial Service offers outstanding export programs to assist you in your export and partnering efforts.

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.

The Commercial Service staff – located at U.S. embassies and consulates throughout the world – works to

Contact

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



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 staff members managing the International Business Center are Michael Grossman, Jetta DeNend, Carol Rudman, Jeanne Townsend, Dina Vulpis and Gerry Zapiain. Please see the IBC staff to sign up for a meeting room.

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. For the first time, the seminar will take the form of an open forum with international commercial specialists dialoging back and forth between each other, the moderator and the audience.

Exhibitors may participate in showtime, one-on-one appointments made in advance of the show between the delegation leaders from the embassy network and the exhibitor. Together, they will explore export opportunities and discuss the latest market information on their respective countries.

At past GNYDM shows, these Commercial Service efforts, have led to numerous export successes.

The Export Seminar will take place from 11 a.m.–12:30 p.m. on Monday in room 1E09.

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.

With a network of 1,700 trade specialists in 107 U.S. cities, and American embassies and consulates in nearly 80 countries, the Commercial Service provides a number of services to assist small- and mid-sized U.S. businesses.

Highlights include:

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

recruit foreign buyer delegations and helps organize their business plans for the show.

This year, 19 official Commercial Service delegations from all over the world will attend the show, escorted by Embassy Commercial specialists. These delegations include:

- Albania
- Austria
- Brazil
- Canada
- Colombia
- Costa Rica
- Dominican Republic
- Ecuador
- Mexico
- Nicaragua
- Norway
- Russia
- El Salvador (with Guatemala)
- Saudi Arabia
- Slovak Republic
- Thailand
- Ukraine
- Venezuela

Approximately 500 delegates are expected to attend. Commercial Service specialists advertise the GNYDM through various media outlets, encouraging buyers to register and come on their own.

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

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The 'new' generation of flowable resins

Dr. Howard Glazer talks about his DTSC Symposia session, 'Beautiful: Go With the FLOW'

By Kristine Colker, Managing Editor

■ Today, from 10–11 a.m., Dr. Howard Glazer will present "Beautiful: Go With the FLOW" as part of the DTSC Symposia.

In his session, Glazer will discuss the use of this new flowable resin as a base/liner as well as a primary restorative in Class I restorations. He

will also discuss the use of Beautiful Flow Plus in combination with Beautiful II restorative materials to provide maximum esthetic results.

Before Glazer takes the podium, Dental Tribune sat down with him to get his thoughts on his session.

Your DTSC Symposia session is "Beautiful: Go with the FLOW." Please tell us a little about what participants can hope to get out of it.

I would hope the participants will have a better understanding of the advantages of the "new" generation of flowable resins and the various indications for use as a dental restorative.

Could you go into a little more detail about the Beautiful product? What are some of the characteristics that you like about it and does it offer any advantages over other products you've used?

To me, the two most distinct advantages are the "no-flow" viscosity of this flowable material and its wonderful chameleon quality. Another distinct advantage is that once applied and photocured, it is about 95 percent finished and polished. Just a quick "touch" with a Supersnap single green and red or a One Gloss disc is sufficient to achieve a glass-like finish and high shine.

About the speaker



Dr. Howard Glazer is a fellow and past president of the Academy of General Dentistry, and former assistant clinical professor in dentistry at the Albert Einstein College of Medicine (Bronx, N.Y.). Additionally, he is a fellow of the American College of Dentists, International College of Dentists, American Society for Dental Aesthetics, the American Academy of Forensic Sciences and a diplomate of the American Board of Aesthetic Dentistry. For the past several years, he has been named as one of the "Leading Clinicians in Continuing Education" by Dentistry Today, and most recently was named as one of the Top Dentists in New Jersey by New Jersey Monthly magazine.

Additionally, he is a fellow of the American College of Dentists, International College of Dentists, American Society for Dental Aesthetics, the American Academy of Forensic Sciences and a diplomate of the American Board of Aesthetic Dentistry. For the past several years, he has been named as one of the "Leading Clinicians in Continuing Education" by Dentistry Today, and most recently was named as one of the Top Dentists in New Jersey by New Jersey Monthly magazine.



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?

Certainly the presentation is geared toward the restorative dentist who can utilize and fully appreciate the advantages of the flowable resins.

Your session is sponsored by Shofu. How did you begin working with the company and what is it that you like about its products and services?

I, like most of my colleagues, know of and respect Shofu for its products designed for finishing and polishing porcelains and composites. With the introduction of the seventh-generation adhesive Beauty Bond and its composite line, Beautiful II, the company has well earned a place in the restorative community.

These products, along with Shofu's new flowable line, allow the practitioner to achieve highly esthetic and durable restorations.

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

Come and learn about the "new" generation of flowable resins and the various indications for use in daily practice.

Is there anything else you would like to add?

I will also discuss a wonderfully simple matrix band system that uses a Tofflemire-type retainer with the Contact Perfect matrix band. This unique band can be used with many of the sectional systems presently on the market. In either case, a perfect contact is virtually assured each and every time!

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Enjoying dentistry more

Dr. Richard Rosenblatt talks about how digital impressions can not only improve your practice but perhaps your career as well

By Kristine Colker, Managing Editor

■ Dr. Richard Rosenblatt will present “Digital Impressions: Are They for Me?” today from 2:40–3:40 p.m.

His session will deal with the fact that digital impressions are fast becoming the preferred choice among dentists and labs, leading more doctors to say goodbye to conventional impression taking. Quick and easy quadrant impressions and full-jaw impressions broaden the indication spectrum, and because everything is digital, it allows the dental office and the dental laboratory to work together more efficiently.

Digital impression technology is estimated to see double-digit growth rates as more dentists adopt this highly flexible, affordable and accurate solution into their practices.

Your DTSC Symposia session is “Digital Impressions: Are they for me?” Please tell us a little about what participants can hope to get out of it.

People attending this lecture will get information about what digital impressions are, what the advantages are in using digital impressions, how to image and submit a case and how digital impressions have improved my dentistry and enjoyment of my profession.

Could you go into a little more detail about some of the advantages of digital impressions?

There are many advantages to using digital impressions. I will discuss numerous advantages in the lecture, but a few quick ones are:

- better visualization of the preparation because it is magnified more than 20 times
- accurate impressions with no pulls, tears or voids, which can happen with PVS and other impression materials
- patients love no-impression material (especially gaggers!)
- lab technician can receive the impression within a few minutes and call you back while the patient is in the chair if anything additional would be needed.
- when doing chairside milling, we can deliver the final product in one visit

I’ll discuss many more in the lecture.

Why do you think so many dentists are switching over to them from traditional impressions?

I think so many dentists are switching to digital impressions because

they have become much easier, they are profitable and they cause you to be a better dentist.

Seeing your preps blown up 20 times the size in three dimensions makes you really improve your preps. This in turn creates an excellent fitting final restoration and, therefore, a very quick seating visit.

Would you say your presentation is geared toward a specific audience or is it more general?

My lecture is geared to the person who knows nothing about digital impressions but is interested in knowing what digital impressions are and how digital impressions can improve that persons’s dentistry and enjoyment.

Is there anything attendees need to know about ahead of time in order to understand it?

I don’t think that there is anything that an attendee will need to know other than what an impression is. If they have taken a conventional impression, that will be more than enough knowledge.

I will use the hour to go into detail about how the digital impressions work and will also do a demonstration on a model so they can see the entire process live.

When did you first begin using digital impressions?

I started doing digital impressions in 2003.

What was it that made you decide to switch?

What helped us decide to switch was when the system went to the 3-D software. Once I could see the restoration being virtually designed, it made sense.

We already knew that it made sense financially with the size of our lab bill, but I was concerned about the learning curve prior to 2003. The decision was the best one I have ever made and have not looked back since!

Your session is sponsored by Sirona. How did you begin working with the company and what is it that you like about its products and services?

I actually started working with Sirona back in 2006. I started a study club in Chicago for CEREC users in 2005. It became a popular study club and the largest of its kind in the United States.

I brought in Roddy Macleod from Sirona to speak to our members in ’06. He was in charge of the beta testing program at the time, liked what I was doing with this study club and

About the speaker



Dr. Richard Rosenblatt graduated from the University of Medicine and Dentistry of New Jersey in 1997. He completed a general practice residency at St. Joseph’s Medical Center in Reading, Pa., in 1998. He has been practicing in the Chicagoland area since 1999 and presently owns a dental practice in Lake Forest, Ill. Rosenblatt has been a CEREC user since 2003. He created the Northern Illinois CEREC study club, which is one of the largest CAD/CAM study clubs in the United States. He is a software beta tester and a certified speaker for Sirona Dental Systems. He is also a CEREC basic trainer for Patterson Dental. He is on the faculty of the *cerecdoctors.com* website and is a faculty mentor at the Scottsdale Center for Dentistry in the CAD/CAM division.



asked me if I’d like to help beta test the software.

That is how it all began for me. I have been a raving fan of Sirona since I became a CEREC user. Seeing the passion that this company has for all things digital, the amazing quality it puts into all its products and how phenomenally the company treats its consumers has made me a loyal customer for life!

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

Be prepared for an energetic speaker who loves to speak about this wonderful technology. I’m a bread-and-butter dentist who has a small practice in the northern suburbs of Chicago.

Digital impressions have changed both the quality of my dentistry and how much I enjoy what I do. I hope to share my enthusiasm with those who are looking into what digital impressions can do for their practice.

Is there anything else you would like to add?

I think we have touched on pretty much everything. Thanks!

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'Most dentists don't know what they are missing'

Dr. Louis Malcmacher explains why Botox and dermal fillers are good for the entire practice

By Kristine Colker, Managing Editor

■ Today, from 4–5 p.m., Dr. Louis Malcmacher will present “Total Facial Esthetics for Every Dental Practice” as part of the DTSC Symposia.

In his session he will aim to teach dental professionals the background and usage of Botox and dermal fillers in daily dental practice for both cosmetic and dental therapeutic uses.

If the teeth that you treat are surrounded by a chin, lips, cheeks and muscles, then Botox and dermal fillers can help you grow your dental practice by adding new services, completing esthetic dental cases, and giving you new treatment options for cases ranging from orthodontics to TMJ and bruxism cases.

Your DTSC Symposia session is “Total Facial Esthetics for Every Dental Practice.” Please tell us a little about what participants can hope to get out of it.

Dentistry is no longer limited to only cosmetic dentistry. Now with every state allowing the use of Botox and dermal fillers for therapeutic uses and more than 30 states allowing dentists to also use them for esthetic purposes in the oral and maxillofacial areas, we have a new category in dentistry called total facial esthetics.

Of all the health-care professionals, dentists are the only ones who can truly accomplish total facial esthetics because, along with eliminating wrinkles and folds in the face with Botox and dermal fillers, we can also give them nice, white, straight teeth so they now truly have a great looking smile with beautiful teeth, lips, cheeks and faces.

Dentists now have the ability to treat patients for esthetics from the chin to the top of the forehead with soft-tissue esthetics to complement their dental esthetics.

Could you go into a little more detail about how Botox and dermal fillers can help a dental practice grow? What are some of the treatment options or services they can allow a clinician to provide?

Botox and dermal fillers are the most common esthetic procedures in the world. They eliminate unsightly wrinkles and folds in the face due to age, muscle contraction and loss of collagen and fat in the facial areas.

Your patients are getting these services right now from other health-

care professionals with much less training in facial anatomy. Dentists are the best injectors of all health-care professionals and work on the face every day we practice.

Botox and dermal fillers fit in perfectly with all of the other procedures we do and can rapidly grow a dental practice by expanding into new services that your patients are getting elsewhere.

Dentists can now eliminate skin wrinkles in the forehead, between and around the eyes, as well as eliminating those commonly called “smokers lines” around the lips. In addition, dentists can also perform beautiful subtle lip augmentations and add volume to the nasolabial folds and corners of the mouth to frame the teeth and treat gummy smiles, maxillary and mandibular deficiencies and other dental conditions. These procedures are relatively easy to accomplish with proper training.

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?

This presentation is geared to all dentists and their teams that want to finally understand how Botox and dermal fillers fit into their practice.

Most dentists don't even know what these procedures are – we will describe in detail what Botox and dermal fillers are, how it directly affects your everyday dentistry, why they must be a part of many dental treatment plans for TMJ, bruxism, facial pain and certainly dental esthetic cases, and why a dentist needs to get trained in this arena.

Using the existing skill sets that dentists already possess, comprehensive training is what you need to get started.

How did you get involved in Botox and dermal fillers? Did it require a lot of training in order to provide these services?

I got involved purely for this reason, as funny as it sounds: My wife found out that dentists could do these procedures and nicely informed me that if I didn't start performing Botox and dermal filler procedures, she would go pay someone else to get these procedures done.

It turns out we see many dentists take our courses for this same reason. They then realize as I did that this is

an outstanding procedure to offer all of their patients.

I spent a lot of time and wasted a lot of money taking a number of courses in this area; there was almost nothing that related to dentistry at the time. Taking a medical training course still left the dentist vastly undertrained.

Having been a dental educator for close to 30 years, I applied that experience to the use of Botox and dermal fillers in dentistry. I practiced these procedures, did research in this area, adapted them to every day dental uses and wrote specific dento-facial treatment protocols that many state boards and liability companies now use.

A few years ago, we started the American Academy of Facial Esthetics [AAFE, www.facialesthetics.org], which developed educational programs specifically for dentists and is accepted by many of the state dental boards. The AAFE is now the first ever to offer a fellowship and mastership track to build and develop competency in the area of facial esthetics.

I am proud to say that the AAFE now has 50 two-day courses a year in Botox and dermal fillers all across North America and is probably the most comprehensive course continuum in the world. We have a great faculty of some of the most highly respected dentists and physicians in the facial esthetics field who have trained a few thousand dental professionals in the last couple of years, including dentists from many other countries.

If a clinician wants to start using Botox and dermal fillers in his or her own practice, do you have any advice for him or her?

Get trained as soon as you can, bring your team members – who, by the way, will be pushing you to take the course – and get ready to add a great new service to your practice that your patients will love.

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

Right now, most dentists don't know what they are missing by not having Botox and dermal fillers in their treatment mix. With nearly 20 percent of dentists in North America now performing these procedures, it is by far the fastest growing part of dentistry.

We will show patients being

About the speaker



Dr. Louis Malcmacher is a practicing general dentist in Bay Village, Ohio, and an internationally known lecturer and author. An evaluator for Clinicians Report, Malcmacher has served as a spokesman for the AGD and is president of the American Academy of Facial Esthetics. He works closely with dental manufacturers as a clinical researcher in developing new products and techniques. His website is www.commonssensedentistry.com.

treated with Botox and dermal fillers, and dentists will quickly understand why this is important to add to their practice from a clinical and practice management perspective, how simple it is to do and what the benefits are to the dental office and primarily to the patient.

Is there anything else you would like to add?

I want dentists to come to this course as skeptical as possible. I have always found the biggest skeptics are the ones who then get into this area faster once you see the treatment possibilities in adding new services and providing better esthetic and therapeutic outcomes to so many of your existing dental cases.

And if you are a male dentist, don't forget to bring your wife, girlfriend and team members who will then convince you once and for all to add this to your practice.



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SUNDAY
NOVEMBER 28

FULL DAY SCHEDULE

10:00 - 11:00 Howard Glazer, DDS, FAGD
BEAUTIFIL: GO WITH THE FLOW

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

12:50 - 1:10 Marc Gottlieb, DDS
EXCITING NEW TOOLS FOR SUPERB IMPRESSIONS

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

2:40 - 3:40 Richard Rosenblatt, DDS
DIGITAL IMPRESSIONS: ARE THEY FOR ME?

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

5:10 - 5:30 Dirk Gieselmann
HOW A MMP-8 TESTING CAN CHANGE YOUR OFFICE



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LED curing: A bright idea whose time has come

By John Flucke, DDS

■ I can still remember seeing the James Bond film “Live and Let Die” when I was a kid. In one of the opening scenes, Bond looks at his watch, which was, at the time, a state-of-the-art red LED timepiece.

I can still hear the crowd gasping as Bond pressed the button and the digital time lit up on the face of the watch.

Fast forward 35-plus years to a market with a constant buzz about new technology. One category of products that always creates quite a stir is the LED curing light.

Major manufacturers had managed to take blue LEDs and used them to create devices to cure composites. There were lines in the booths demonstrating the lights, and sales were brisk.

The excitement around these lights persisted until late spring 2002 when one of the manufacturers admitted to having problems with its lights and began to recall them.

Suddenly LED curing lost its luster and the demand for them began to drop.

However, demand for LED lights is on the rise again as more manufacturers have developed devices and more doctors have purchased them. Dentists, seeing others using LEDs with good success, have become intrigued with the idea of LED curing.

LEDs are a unique animal in the curing jungle. They offer wavelengths and intensity similar to an argon laser with the convenience and lower cost of halogen lights. However, LED curing lights offer unique advantages over any other curing modality.

LEDs are durable. The lifetime of the diodes may well exceed the life of the device itself.

LEDs have low power requirements. This means devices can be smaller and powered by rechargeable batteries. This means they are much more portable than other curing devices.

LEDs are bright and powerful. They can rapidly activate photoinitiators.

LEDs are affordable. Compared to most high-intensity curing devices, LEDs are much more cost effective. Prices for LED curing lights can be less than \$1,300, which is impressive considering what they bring to the world of dentistry.

There are several different versions of LED curing lights currently being marketed. Each has unique characteristics and advantages.

One that deserves particular focus is Ultradent's VALO broadband LED curing light.

VALO

Ultradent's VALO was unveiled at the ADA meeting in 2009. It is the fourth LED curing light from Ultradent. Its predecessors were the Ultra-Lume 1, Ultra-Lume 2 and Ultra-Lume 5.

What happened to 3 and 4? The last edition derived its name from the fact that it used five LEDs.

VALO is a broadband LED curing light unlike any other in the dental industry. It has a sleek and lightweight body that has proven to be exceptionally durable. Because of its design, VALO has the ability to access even hard-to-reach areas.

Unlike many curing lights, VALO's focused and columnar beam combined with a custom-LED pack provide consistent, uniform cures without overheating the wand body. VALO also features a revolutionary plasma emulsion mode that rivals plasma arc lights in its level of energy delivery.

In June, VALO received a five-star, No. 1 rating from Reality publishing group and the Bronze Award from the International Design Excellence Awards.

LEDs have come a long way in a very short time. They are convenient,



• Ultradent's VALO (Photo/ Provided by Ultradent)

See Dr. Flucke

Dr. John Flucke will present “Light Cured Adhesive Dentistry – Science and Substance” today from 11:20 a.m. – 12:20 p.m. Theories and protocols abound on how best to achieve successful bonded restorations. Learn the science of light-cured composites and the secrets to routinely achieving sensitivity free composite restorations in a fast-paced and interactive format. Participants will learn techniques and principles that they can use the next day back in the office.



About the speaker

Dr. John Flucke is the technology editor of Dental Products Report Magazine and serves as peer review chairman for the State of Missouri. He is in private practice in Lee's Summit, Mo., and pushes his office to always be on the leading edge. He consults with many manufacturers on new devices, materials and techniques. He also speaks extensively on leading edge clinical technologies and techniques.

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powerful and reliable. Many major manufacturers are now selling the devices and a wide array of designs are available.

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curing device, give definite consideration to an LED device such as VALO.

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The 5th Hand: a simple tool to use for accurate dental impressions

By Marc Gottlieb, DDS

■ We are in the middle of a digital revolution in dentistry, yet we daily must revert to using some of our vintage tools to obtain dental impressions. Most impression articles focus on the impression material. This article will focus on the 5th Hand, a product engineered to make our job faster, easier and more productive.

The 5th Hand lip and cheek retractor is a simple product designed by dentists for dentists and now manufactured by Danville Materials in California.

Prior to taking an impression with any material, have the patient brush his or her teeth and rinse out his or her mouth. This removes the chance of debris remaining on the teeth.

Once settled back in the chair, insert an appropriately sized 5th Hand lip and cheek retractor. The retractor is available in four sizes. The small size is for young children or patients with a limited opening and the extra large for larger adults and the edentulous. Most patients will accommodate the medium or large size.

The 5th Hand is easily placed inside the upper or lower lip to allow placement of the impression tray or for full lip and cheek retraction for digital photographs. Its black color helps frame the clinical photo highlighting the teeth and alveolar ridge.

This simple device provides better access to the oral cavity and, at the same time, prevents the patient from catching his or her upper lip on the impression tray. You can simply bend the flaps in the posterior to conform to the plane of the cheeks. These flaps were designed to hold dry angles in place and also cause ischemic compression of Stensen's Ducts, blocking the flow of saliva.

If the patient feels discomfort from the retractor resting on the ridge, the manufacturer has provided optional white foam pads to absorb that pressure or you can lightly pull the retractor up and out against the lip.

One of the most common flaws or problems with dental impressions is the patient's lip catching the inside of the tray and limiting the seating of the tray over the teeth. The 5th Hand takes care of that problem. It also will retract the lip and cheeks to prevent facial hair from getting caught in the impression.

This small step speeds up the discharge and cleanup process. With the lip held out of the way, the impression material flows up around the teeth and into the labial fold.

Another challenge is holding the lip out of the way while syring-



• Fig 1: The 5th Hand. (Photos/Provided by Dr. Marc Gottlieb, except where noted)



• Fig 2: The 5th Hand's black color. (Photo/Provided by Dr. Guzzardi)



• Fig 3: Catching the upper lip on the impression tray.



• Fig 4: Stensen's Ducts blocking the flow of saliva.



• Fig 5: The impression flows up around the teeth and into the labial fold.



• Fig 6: Impression material can be placed along or around the teeth



• Fig 7: A final polyether impression for a no-prep veneer case.



• Fig 8: The material can be placed on to the retractor.



• Fig 9: Contour the material and capture the muscle pulls.

See Dr. Gottlieb

Dr. Marc Gottlieb will present "Exciting New Tools for Superb Impressions" from 12:50-1:10 p.m. today as part of the DTSC Symposia. His session will feature six new items that optimize access, eliminate gagging, customize stock trays, distribute low-viscosity materials three dimensionally, save expensive material and grant ergonomic access to difficult areas when it comes to impressions.



ing light or regular body impression material bilaterally against the teeth. Once the 5th Hand is in place, the impression material can be placed along or around the teeth and then the loaded tray seated over the dental arch. In utilizing the 5th Hand, the lip cannot fall back against the teeth, helping to isolate the arch and providing an ideal solution for a final

polyether impression for a no-prep veneer case.

A regular challenge in taking an impression for immediate or partial dentures is to capture the entire labial fold. With the 5th Hand in place, impression material can be placed onto the retractor and the loaded impression tray sandwiched onto it.

The retractor is removed before the impression material sets and the lips manipulated into function to contour the material and capture the muscle pulls. This technique works well when using alginate impression material.

Specialized lip and cheek retractors have been around for decades. Utilizing an extra dental assistant to hold the cheeks out of the way requires extra resources and can be expensive. The 5th Hand lip and cheek retractor is a simple inexpensive disposable tool to help take accurate impressions and retract the lips and cheeks for digital photographs.

About the author




Marc Gottlieb, DDS, was born and raised on Long Island, N.Y., and attended Union College in Schenectady, N.Y., as well as the University of Buffalo School of Dentistry. While at Buffalo, he

received many academic scholarships, awards and fellowships. After graduation, Gottlieb went on to a two-year, post-doctoral residency program at Long Island Jewish Medical Center. This opportunity provided advanced training in anesthesiology and all the specialties of dentistry. Gottlieb is on staff at Stony Brook University Hospital, maintains a full-time private practice, lectures all across the United States and has authored more than a dozen dental articles.

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Restoring in the other color: pink

By Martin B. Goldstein, DMD

■ I think we've all purchased products at one time or another and shortly thereafter wondered, "What will I do with this stuff?" This might describe how I felt shortly after acquiring Voco America's Amaris Gingiva.

"AG," as I'll call it, is a composite system geared toward cervical restoration of teeth with the sole purpose of emulating the appearance of gum tissue as opposed to hard tooth structure. It consists of three opaquers (varying shades of pink) and a universal paste that Voco America calls "Nature."

It is a semi-translucent paste, allowing the chosen opaquers (applied singularly or mixed) to reflect through and thus influence the final look of the "tissue restoration." A handy tissue-toned shade guide will assist you in this matter.

To appreciate AG, one has to abandon the concept that a pink restoration will fool anyone on close inspection. Retract a patient's lips, put on your loupes (or not) and you'll have no problem identifying a pink composite restoration. You might even ask your-



• Fig. 1: Pre-op image demonstrates suggestion of advanced caries on cervical of #8.

self, as did I, "What's the point?"

OK, here's the point: If you or your patient is interested in maintaining the visual symmetry of his or her smile by not throwing a tooth-colored composite halfway up the patient's face, then AG might just be the ticket. The case that follows will illustrate what I mean by this concept of "maintaining visual smile symmetry."

Marlene, a patient new to my practice, presented with a fairly new, long-span bridge that featured advanced caries under the #8 abutment. Understanding the economics of having to section or replace such a large restoration, I agreed to attempt to salvage the bridge by restoring #8, if possible.



• Fig. 2: A diode laser gingivectomy has been used to expose the lesion.

She was told root canal treatment was a distinct possibility.

Figure 1 reveals the tip of the iceberg while Figure 2 demonstrates the carious lesion following a diode laser gingivectomy (Biolase EZlase). (As an aside, the beauty of a laser gingivectomy in advance of taking a carbide burr to the area is the absence of bleeding and the consequent interference with bonding as well as the procedural slow-down.)

Figure 3 finds the root lesion rendered caries free and ready for restoration. While restoring in a tooth-colored resin is certainly a reasonable option, the other option, "pink," provides a certain amount



• Fig. 3: The lesion has been rendered caries free and is ready for restoration.

of insulation from whatever tissue shrinkage might occur following the gingivectomy. Such insulation means that upon a wide smile, teeth #8 and #9 will, at a glance, appear to be the same length, thus maintaining the visual symmetry of the smile — a camouflage, if you will.

In figure 4, a glass ionomer paste (Geristore, Denmat) is being employed as the restoration's base followed by a coat of Voco USA's self-etching Futurabond DC. Figure 5 features AG's included shade guide, searching for the closest shade of pink to match the adjacent tissue. In figure 7, the "light" opaquer has been chosen and placed atop the glass ionomer base

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• Fig. 4: Placement of a glass ionomer base.



• Fig. 5: Choosing the closest tissue shade opaquer.



• Fig. 6: 'Light' shade has been selected as the base opaquer.



• Fig. 7: 'Light' opaquer in place.



• Fig. 8: Final restoration following placement of 'Nature' composite paste.



• Fig. 9: Two-week post-op showing tissue friendliness of Amaris Gingiva and retained visual symmetry.

(Photos/Provided by Dr. Goldstein)

followed by the translucent "Nature" paste to complete the restoration as seen in figure 8.

Figure 9 demonstrates the two-week post-op result. If you look closely, you'll notice the tissue is regrouping nicely, but there is an indication that it might not make it back to its original level. Regardless, if you squint when looking at the same image, you'll notice that #8

and #9 remain visually symmetrical much as they might while my patient is conversing or smiling. Thus, the visual appeal of the bridge has been maintained.

As experience dictates, there will be multiple situations where restoring in "pink" will make sense – most notably in large canine abfractions that can spoil the smiles of our baby boomer patients. Implant provision-

als also lend themselves to the occasional need for a pink cervical area, particularly when implant placement was more apical than might have been ideal (We've all been there).

So consider a "pink" restorative option to be just another tool in your belt. You won't use Amaris Gingiva every day, but when the need arises, you'll be glad you have it, and your patient will think you're brilliant.

See Dr. Goldstein

Dr. Goldstein will present "A Simplified Approach to Multi-Layer Direct Composite Bonding" from 1:20-2:20 p.m. today as part of the DTSC Symposium. His session will cover a simplified approach to obtaining sophisticated results using today's direct composite systems. Special attention will be paid to the use of VOCO America Amaris.

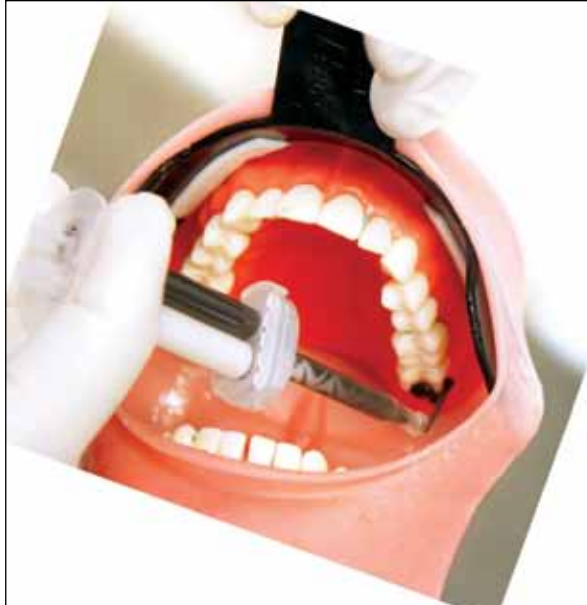
About the author



Dr. Martin Goldstein, a fellow of the International Academy of Dento-Facial Esthetics, practices general dentistry in Wolcott, Conn. Recognized as a Dentistry Today Top 100 C.E. leader for the last six years and for his expertise in the field of dental digital photography, he lectures and writes extensively on cosmetics and the integration of digital photography into the general practice. Goldstein serves as a consultant to a host of dental manufacturers including Coltene Whaledent, Parkell, Dentsply Caulk, Voco America and Sybron Kerr. He can be reached at martyg924@cox.net or www.drgoldsteinspeaks.com.



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Innovative Design. Reliable Performance

Practice success begins with systems

By Roger P. Levin, DDS

■ If the economy of the last two years has taught us anything, it is this: Dental practices have to be innovative and prepared to meet the challenges of a changing economic landscape.

In previous decades, clinicians could enjoy a high level of success even with inefficient or outdated systems. The recent downturn exposed the inherent weaknesses in that practice model.

If dentists want to reach their true potential, they can't expect outdated systems to drive practice performance. Implementing updated step-

by-step systems is the most effective way for dentists not only to jumpstart practice growth, but also to increase their revenue over 20 years by \$3 to \$6 million.

Practices with effective systems gain the following:

- Improved production, profit and efficiency
- Less stress and a more enjoyable work environment
- Time for the clinician to focus on leadership and team-building without detracting from patient care
- A motivated team that enjoys learning and is willing to partici-

pate in practice growth

- Greater acceptance for recommended treatment and increased patient satisfaction
- The ability to train new team members more efficiently
- The capability to rapidly adapt to change

Systems

Establishing documented systems is critical to long-term practice success. Six key systems that require analysis and possible revision are:

- Scheduling
- Case presentation and case acceptance

- Hygiene productivity
- Practice financial management and budgeting
- Account receivables
- Customer service

Updating your systems should be based on ideal models customized to fit the unique needs of your practice.

For example, every practice differs in the type of services provided, number of staff and type of technologies used. Thus, each of these differences necessitates a variation of the ideal model.

Why do systems matter? Remember that dentists depend on the dental team. What does the team rely on? Systems.


If team members do not have efficient, updated systems to guide them, stress and chaos will become their standard operating procedures.

Conclusion

Many dentists have "dream practices." They go to their offices every day and find very little stress despite being highly productive. They add new services on a regular basis and either change or add team members with little effort. How?

Their practices have a solid foundation of effective systems that drive growth and increase production. If these practices can achieve this kind of success, so can yours!

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About the author



Dr. Roger P. Levin, DDS, is founder and chief executive officer of Levin Group, a leading dental practice management consulting firm. For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practicing dentistry.

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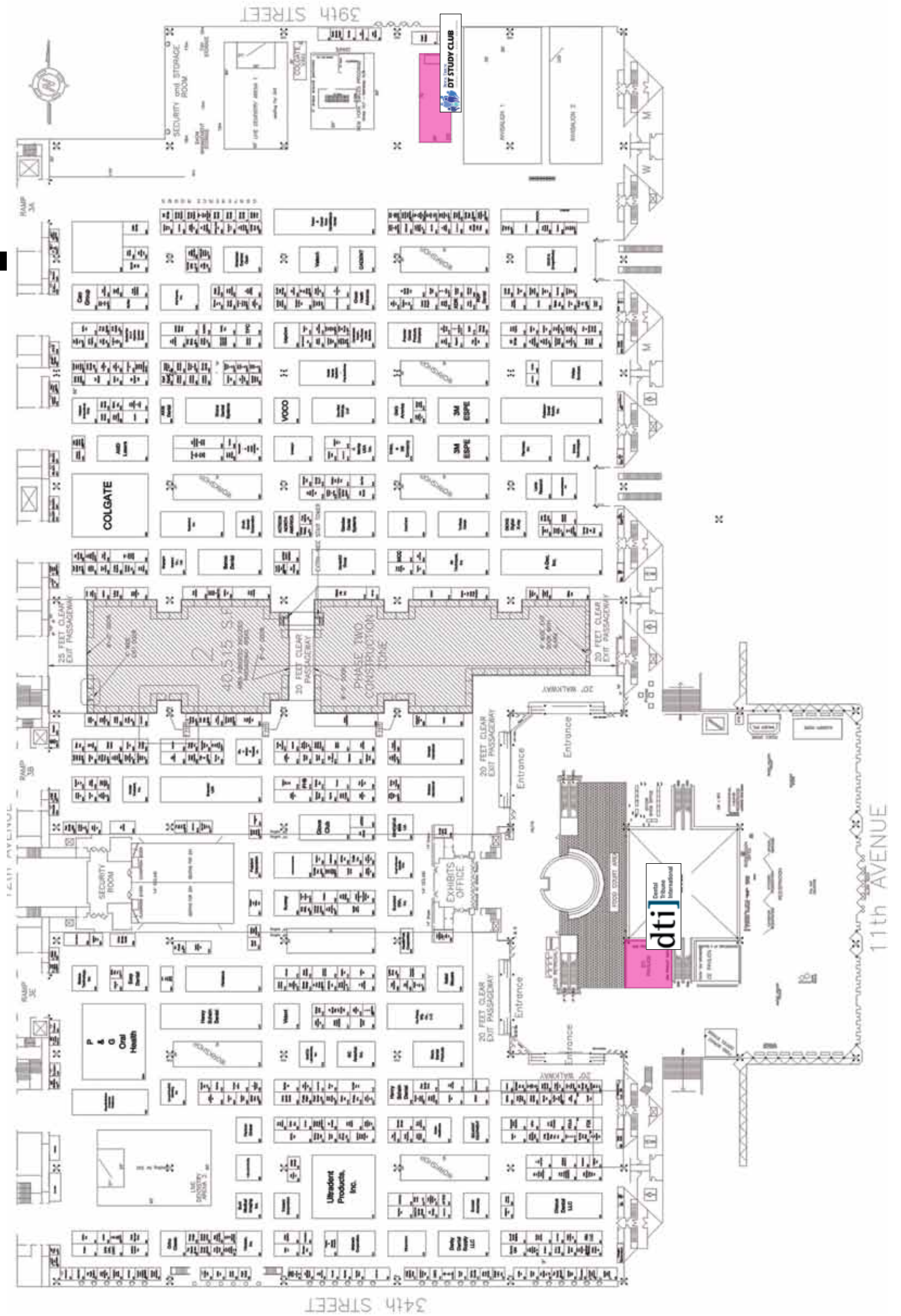
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		Darby Dental Supply	209		

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Doc's Duds	800	Health Volunteers Overseas	5939	LLI Advisory Group	5112
Doc's Duds	800	HealthFirst Corporation	1801	Lumalite	108
DOCS Education	5210	Healthplex	408	Luniforme	4806
DORAL REFINING CORP.	806	Heartland Dental Care	5020	MacPractice	5216
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Dr. Fresh	1819	Hi Tec Implants	801	Malaysian Rubber Export Promotion Council	4938
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Dr. Travel	4400	High Tech Innovations	5003	Mani	4735
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* Pink denotes advertisers in today GNYDM

Help patients stop snoring and sleep better with the aveoTSD

By Michael C. DiTolla, DDS, FAGD

■ Snoring and sleep apnea are two words ignored by nearly every dental school in the United States. In fact, most dentists aren't even aware of their role in the treatment of sleep disordered breathing. And while you might think it's safe to assume the average physician would be educated on the treatment of snoring and sleep apnea, you would be wrong.

Unfortunately for the roughly 20 million people in the United States who suffer from sleep apnea, neither profession has made diagnosis and treatment of sleep disordered breathing a top priority, even though half of all American adults snore regularly. The American Academy of Dental Sleep Medicine (www.aadsm.org) would love to educate you on how to recognize sleep disordered breathing and the variety of oral treatment devices available.

One available treatment is the aveoTSD anti-snoring device. Developed



(Photo/Provided by Glidewell)

by Dr. Chris Robertson, a dental sleep medicine expert who has made finding an effective treatment for snoring his life's work, the aveoTSD has been perfected over a period of many years.

"We've spent in excess of \$1 million in development and patent costs to date, but at last we're now in the

international marketplace," said Robertson, who is based in New Zealand.

"Money is not a big motivating factor for me," he said. "I'm doing this because it is something I care about."

Glidewell Laboratories is proud to be the North American distributor of the aveoTSD, which we have had

Here at the GNYDM

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

trouble keeping in stock. Apparently there are more snoring dentists than we expected who are trying to score points with their spouses.

Unlike most oral devices, the aveoTSD doesn't advance the mandible or even attach to the teeth. It is an extra-oral appliance with a small suction cup that holds the tongue forward – something that was the whole point of mandibular advancement anyway. Because it doesn't attach to the teeth, no impressions need to be made, and the medium size fits 95 percent of patients.

If you have been searching for a less-intrusive appliance for yourself, a staff member or a patient, I recommend you give the aveoTSD a try.

Sirona Dental Systems expands infiniDent services

New management, more indications and more material choices

■ Sirona Dental Systems recently announced the expansion of infiniDent, an Internet-based laboratory service that caters exclusively to Sirona inLab® and inEos® Blue users and which will now include Ivoclar Vivadent's IPS e.max® CAD material.

Sirona laboratory customers can upload the digital impressions they receive from CEREC® dentists to infiniDent, located in Charlotte, N.C., for fabrication of all restoration types. The Sirona-operated facility then returns the completed work to the laboratory within three business days.

Under the new management of Bob Vasile, the range of materials and indications have been expanded from framework materials to include full-contour materials made from Ivoclar Vivadent's IPS e.max CAD lithium disilicate and VITA's new RealLife® material.

Vasile recently joined Sirona as the CEREC laboratory manager for infiniDent, and he brings a unique set of skills to Sirona. He most recently worked for a major manufacturer of custom CAD/CAM-fabricated implant abutments.

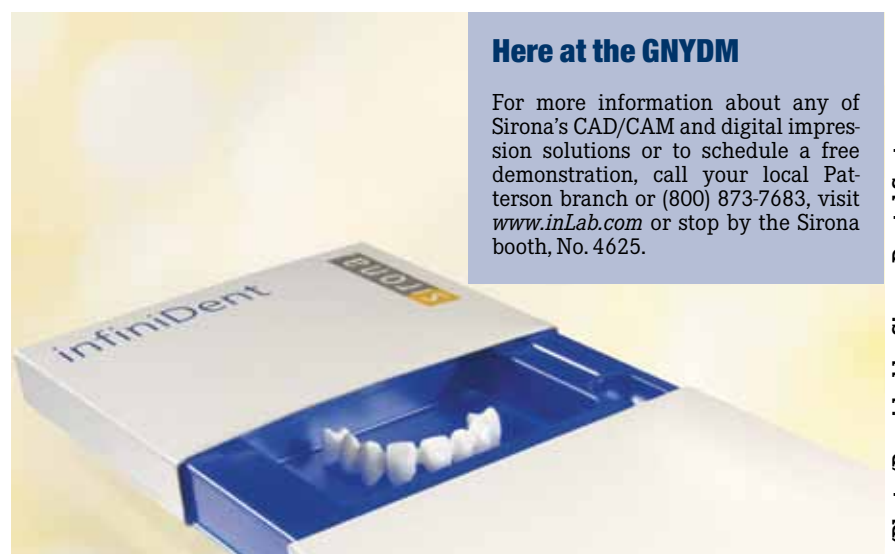
Additionally, Vasile owned and operated his own dental laboratory for more than 20 years.

Under Vasile's management, and since Sept. 15, infiniDent offers even more services and an expanded list of materials. Initially limited to providing only copings and bridge frameworks, infiniDent now provides a number of complete restorative applications, including recently added full-contour restorations and veneers. New materials now include Sirona CEREC Blocs, IPS e.max CAD lithium disilicate, VITA Mark II, VITA TriLuxe forte and VITA RealLife.

"infiniDent provides an extremely wide variety of indications," said Vasile. "We're flexible; if a laboratory owner has only our inEos Blue scanner, for example, he or she can send the case over to us and we will send back the finished product. We've also added full-contour materials to meet the growing demands of our inLab and inEos customers."

infiniDent continues to support existing materials, such as pure zirconium oxide (ZrO₂), aluminum oxide (AlO₂) and laser-sintered, non-precious metal, as well as fully anatomic wax patterns.

infiniDent enables current inLab and inEos owners to derive additional value from their technology investments by providing access to a continuously expanding menu of materials and indications, as well as



Here at the GNYDM

For more information about any of Sirona's CAD/CAM and digital impression solutions or to schedule a free demonstration, call your local Patterson branch or (800) 873-7683, visit www.inLab.com or stop by the Sirona booth, No. 4625.

(Photo/Provided by Sirona Dental Systems)

providing customers with complete design control of their restorations.

infiniDent is an ideal solution for various lab groups, such as:

- Labs that have their own inLab system but no sintering furnace: These labs can utilize infiniDent to offer pure zirconium oxide crown and bridge frameworks to their dentists without giving up design control, as they would when sending their work to an outsourcing lab. infiniDent allows them to build their volume to a level that enables them to buy their own sintering furnace, if they choose.
- Labs looking for a low-investment,

but expandable, entry model into CAD/CAM: In this case, a lab buys only an inEos Blue scanner. It would then scan and design its work in its own lab and have infiniDent fabricate the restorations. As the volume grows, the lab can purchase its own inLab MC XL milling unit, as well as its own sintering furnace.

- inLab users who want to gain access to future indications and materials: infiniDent protects their investment in inLab technology by enabling lab owners to order new materials as soon as they become available.

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Something to 'rayve' about

Gendex shows off its new sensor, which promises to improve patient comfort and be easier to use

■ With the launch of the new GXS-700™ sensor, Gendex has something to “rayve” about! According to the company, the sensor is already getting high marks on its enhanced image acuity, improved patient com-

Here at the GNYDM

Be sure to stop by the Gendex booth, No. 4017, to see the GXS-700 and to see how it can enhance your practice.

fort, portability and ease-of-use.

Quintessential quality

Enhancing image quality to elevate diagnostic capabilities was the highest priority in the design of the 700, according to Gendex. Its advanced CMOS sensor technology delivers

more than 20 visible line pairs per millimeter, and its small 19.5 μm pixel size highlights the smallest details and emphasizes distinctions in density. The result: stunning, high-resolution images.

Dazzling design

When size matters, the GXS-700 comes to the rescue, with two ergonomically designed sensors suited for both children and adults.

Rounded corners and smooth-edge finishes comfortably fit the anatomical shape of the mouth. You won't



Showing off the new Gendex GXS-700 sensor. (Photo/Provided by Gendex)

have to fix it if it isn't broken. The durable materials and components of this product increase the life span of the 700.

Workflow wonder

The sensor works and plays well with others. The 700 was engineered for smooth integration into practice management systems.

A time-saver, the unique “Always Ready” feature automatically recognizes the presence of radiation; there's no need to initiate image capture through the software. And you can take it with you: Direct high-speed USB 2.0 connectivity offers optimum portability, and there is no need for USB controllers, adapters or docking stations. The sensor simply plugs directly into USB 2.0 port on the computer for speed and efficiency.

First reaction

Dr. John Flucke, technology editor of Dental Products Report, notes that his initial reaction was: “Wow!”

He adds: “Gendex has hit another home run with the GXS-700 series sensors. The direct USB connection eliminates clutter and hardware hassles. The redesigned sensor case provides amazing patient comfort. However, convenience and comfort are nothing without diagnostically accurate images.

“In this regard, the GXS-700 is a game changer. Once you see the image quality, you'll see why I'm saying the GXS-700 series is a must-have for those who want the very best in digital radiography.”



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A new kind of cone-beam imaging

Facial Imaging Mobile brings 3-D cone beam directly to dentists

By Kristine Colker, Managing Editor

■ Almost three years ago now, something happened in the tri-state area to change the world of 3-D cone-beam dental digital imaging forever. Elana Magreli, Alon Hayka and Dr. Marvin M. Rosenberg teamed up to start Facial Imaging Mobile, a company dedicated to bringing digital imaging directly to dentists' doorsteps.

By now, the benefits of a 3-D cone-beam dental digital imaging unit are well known — a more accurate diagnosis and treatment plan for a more predictable outcome, greater treatment acceptance with increased office efficiency, significantly less radiation when compared to a medical CT scan and an almost immediate turnaround time as opposed to having to wait days, or even weeks, to get results of traditional scans.

However, as Magreli, Hayka and Rosenberg knew, there are still a couple of big drawbacks to cone-beam digital imaging — namely, that full field-of-view units are not always affordable for all dentists, and many don't have the experience working with it.

Keeping all that in mind, the three of them came up with the idea to offer a mobile unit in a customized van that would come directly to dentists' and specialists' offices, allowing their patients to take advantage of the latest technology without having to leave the comfort of their own clinicians' office.

Magreli, Hayka and Rosenberg brought their idea to NewTom, which came on board. Each of the mobile units now utilizes the NewTom VGi Cone Beam CT, the only CBCT warranted for use in a mobile environment and designed specifically to offer state-of-the-art cone-beam 3-D scans to general dentists, periodontists, oral and maxillofacial surgeons, endodontists and orthodontists in the convenience of their own practices.

The company serves practices in the tri-state area, along with the entire state of New Jersey, Pennsylvania, Maryland, Virginia and Washington, D.C.

Today, mobile cone-beam units are gaining in popularity as more of them are starting up across the country. Magreli, Hayka and Rosenberg, however, know they offer a few things the others don't.

First is the experience the three of them provide.

"We have three world-class experts at the offices of the company," Rosenberg said. "Alon is the technical side. He developed the Image Guided Surgery Systems for implant dentistry and is an expert in 3-D planning,



• A look inside one of Facial Imaging Mobile's units. (Photos/Provided by Facial Imaging Mobile)

imaging and navigational systems. I'm the clinical side. I'm a world-recognized specialist in periodontology and have lectured all across the world. I'm also considered to be an



expert in implant dentistry. Elana is the managerial side. She is a class-act and the driving force behind us."

Rosenberg said together, the three of them have all the skills needed to run a successful business.

The second thing Facial Imaging Mobile has that many others don't is a fully customized van, which features

Here at the GNYDM

To check out the mobile vans for yourself, to discuss creating a joint venture or just to get more information, e-mail Magreli at elana@facialimagingmobile.com, visit www.facialmobileimaging.com or stop by the NewTom booth, No. 5401.

waiting rooms, doors and is more similar to a mobile blood bank than other 3-D mobile units, which leaves patients feeling more at ease about the process.

AD

Science, non-fiction.



Performance Indicator

CarieScan PRO ¹	92.5
Bitewing X-ray ²	62.5
Laser Fluorescence ³	58.8
Clinical Visual ³	47.7

¹ Combination of sensitivity at D3 and specificity at D1 taken from references:
² Pitts et al. *Caries Research* 2008, vol 42(3) p 211.
³ Bader et al. *Journal of Dental Education* 2001, Vol 65, No 10 p980
³ Bader et al. *Journal of Am Dent* 2004, 135 p 1413 - 1420

Superior technology for accurate and confident caries detection.

Like most procedures in your practice, caries detection has come a long way. X-rays don't show the whole picture, and laser fluorescence delivers too many false positives. Introducing CarieScan PRO™. Scientifically proven, CarieScan PRO™ uses ACIST (AC Impedance Spectroscopy) technology to determine both healthy and carious teeth with 92.5% accuracy. It's lightweight, bluetooth enabled and simple to use. Just touch the tooth and within seconds the result is displayed on the unit. CarieScan PRO™ - detect caries with confidence.

For more information, contact your Patterson representative.

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CARIESCAN
EXCEED EXPECTATIONS

CarieScan PRO: Superior technology for accurate and confident caries detection

By Prof. Nigel Pitts, BDS, PhD, Fay Goldstep, DDS, FACD, FADFE, and George Freedman DDS, FAACD, FACD

■ The trend toward more preventive, patient-centered caries management is being advocated by groups such as ICDAS, CAMBRA and the ADA. This approach has led to the promotion of better quality information to make decisions about appropriate diagnosis, prognosis and clinical management at both the individual and public health levels.

In particular, ICDAS also provides a framework to support and enable personalized comprehensive clinical caries management for improved long-term outcomes.

Modern caries management now involves not waiting until end-stage disease is evident (significant dental cavitation), but seeking to identify also early-stage disease, which can be controlled in many cases without ever requiring surgical intervention.

The value of early caries detection to the patient is the ability to control the disease process sufficiently to contain, arrest or remineralize lesions in order to avoid or delay the burdens and costs associated with a spiral of restoration and re-restoration. Best practice now favors a preventive and patient-personalized approach to treatment and recall.

In order to introduce effective caries management, it is essential for the clinician to have suitable protocols and tools for the accurate detection of primary caries.

Scientific evidence shows that purely visual inspection is not able to identify more than 40 percent of initial lesions, leading to further progression of the caries process. X-ray examination is not able to identify primary lesions in their early stage, and more recent laser fluorescence innovations can lead to excessive false positives.

Excessive false positive readings lead to unnecessary surgical treatment of healthy teeth and uncertainty among clinicians. But now, advanced scientific technology has led to a better solution.

Better technology means better results

The CarieScan PRO™ is the first dental diagnostic device to use ACIST (AC Impedance Spectroscopy) technology to quantify dental caries measuring changes in tooth mineral density.

This direct measurement is compared to a classification map of normal densities built up through six years of research and development at the Universities of Dundee and St. Andrews.

The concept of using an electrical signal for caries detection dates from



• The CarieScan PRO. (Photo/Provided by CarieScan)

the 1950s. In 1996, *Nature Medicine* (February 1996, Vol. 2:2, pp. 235-237) reported on the first use of multiple electrical frequencies involving a method known as ACIST. The use of variable frequencies was a major step forward in characterizing the status of dental hard tissues more accurately and being able to better differentiate between healthy and diseased teeth.

ACIST uses alternating electrical current (low-amplitude) to pass through tooth enamel and the pulp, measuring mineral density of the tooth. It penetrates through the entire tooth, not just scanning the surface.

The CarieScan PRO system then assigns mapped values of disease probability from 0 to 100 based on electrical impedance, at multiple AC frequencies within four seconds. Both numerical and the LED-colored inDECAYtor™ provide the clinician with repeatable information for accurate patient-based treatment plans.

The variance in impedance response between the different stages of decay is significant.

The impedance measured in a healthy tooth is significantly greater than that of a demineralizing tooth site with a carious lesion, which in turn is significantly greater than that of a tooth site with extensive decay into dentin.

As a result, the sensitivity (correct detection of caries) and specificity (correct detection of healthy) of the ACIST technology in distinguishing these different stages of disease is far higher than current alternative diagnostic methods.

Positively fewer false positives

Other methods rely on optical or radiographic means. The former are easily confused by stains or discolorations, and the latter subjects the patient (and the clinician) to unnecessary and potentially damaging levels of ionizing radiation.

While fluorescence-based systems are effective in finding established dental lesions and caries better than conventional visual and radiographic methods, they are prone to a very high number of false positive readings, particularly in the presence of staining.

The poor specificity associated with laser fluorescence systems results from false positives readings as high as 40 percent*, which can in turn lead to unnecessary drilling of healthy teeth. The CarieScan PRO has a sensitivity and a specificity (minimizing false positives) both greater than 92 percent.

No pain, all gain

There's no pain, no sensation, no ionizing radiation; simply touch the sensor to the patient's dry tooth. Readings are clear and easily understood by patients, allowing you to simply explain the treatment plan. CarieScan PRO gives you the technology to build your practice, retain more patients and generate additional revenue.

Manage and monitor long-term dental health

The CarieScan PRO provides consistent, repeatable, reliable data, enabling the clinician to compare readings taken at subsequent patient

Here at the GNYDM

For more information on the CarieScan PRO, stop by the Patterson booth, No. 4601.

About the authors

Nigel Pitts graduated in dentistry from the University of London (with honors) and has since had an unusually broad career spanning clinical practice, scientific and clinical research and public health. This has led to a wide range of additional qualifications, including a PhD in computer-aided radiographic diagnosis from the University of London, fellowships from the Royal Colleges of Surgeons in London and Edinburgh, from the Royal Society of Edinburgh, from the Faculty of General Dental Practice (UK) and from the Faculty of Public Health. Pitts is currently director of the Centre for Clinical Innovations (CCI) and director of the Dental Health Services & Research Unit (DHS&RU).

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.

visits. The comparison data enables the monitoring of the effectiveness of treatment and disease progression or regression. Low cost per patient minimizes your financial outlay, while providing the most accurate data available from a handheld device.

With CarieScan PRO, you can diagnose caries with confidence.

References

- Bader et al.; *Journal of Am Dent.* 2004, 135 p 1413-1426
- Ritter et al.; *Journal of Esthetic and Restorative Dentistry (JERD)*, February 2010, Vol. 22:1, pp. 31-39

Midmark launches dental sterilizer promotion

Midmark has announced the launch of its 2010 dental sterilizer promotion, *Crunching Numbers*. The national promotion will run through Dec. 31 and will feature Midmark's market-leading sterilizers, which are known for their reliability and efficiency.

The year-end promotion offers dental practices the opportunity to receive a \$300, \$400 or \$500 rebate with the purchase of a Midmark M9 UltraClave, M11 UltraClave or M3 UltraFast sterilizer. A rebate of \$1,000 is offered with the purchase of two sterilizers, an M3 UltraFast plus an M11 UltraClave or M9 UltraClave.

"To meet the important need of proper infection control during instrument processing, dental practices need to be sure their sterilizers are working properly," said Bill Zulauf, director of marketing, dental products. "Through the *Crunching Numbers* promotion, we are providing customers with proven statistics and simple formulas to use to assess if a sterilizer is ready to be replaced.

"We are also providing the tools to help dental professionals choose the equipment that's best for their practice."

Important dates to remember:

- Promotional order period goes through Dec. 31
- Must take shipment by Jan. 31
- Must claim incentive offers by Feb. 15

For complete promotional details and product information, visit midmark.com.

Here at the GNYDM

For more information about Midmark, visit the company's website at midmark.com or stop by the booth, No. 217.

About Midmark Dental

Dedicated to helping dental professionals deliver the most efficient patient care, Midmark offers a complete line of innovative equipment solutions for operatories, instrument processing and central utilities. The Midmark Artizan™ Dental Furniture line and Integra™ Dental Casework



Midmark's M11 UltraClave and M3 UltraFast sterilizer. (Photo/Provided by Midmark)

offer one of the most comprehensive cabinetry solutions available from a dental manufacturer, and its line

of ergonomic dental chairs with patented integrated armrests is recognized for comfort and style.

AD

DentalVibe to host gathering with opinion leaders tonight

This evening, after the Greater New York Dental Meeting is done for the day, DentalVibe will sponsor a one-of-a-kind event, "Off the Podium," a gathering of neighborhood dentists and key opinion leaders, at the Marriott Marquis from 5:30-7:30 p.m.

The event will feature an open bar, appetizers and prizes. The event will be a unique opportunity for dentists to mingle and chat with the lecturers they typically only see on a podium.

Dr. Louis Malcmacher, Dr. Joe Blaes, Dr. George Freeman, Dr. Ron Kaminer, Dr. Marty Jablow, DentalVibe founder Dr. Steven Goldberg and other surprise guests will be on hand.

For more information, stop by the DentalVibe booth, No. 5033.

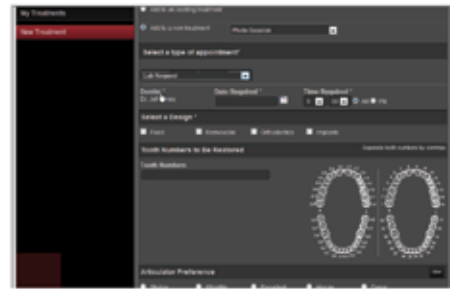


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■ Visit Leica Microsystems, booth No. 5334, to enter a drawing for one of four Leica V-LUX2 digital cameras. A random drawing will be held on each of the four days of the exhibit.

Leica Microsystems provides microscopes for dentistry that attract patients to your practice with modern, 21st-century technology and design.

The Leica M320 F12 with cable-free design fully integrates the following features:

- **Leica Microsystems' world-renowned optics:** See more details than ever before with crystal clear apochromatic technology and great depth of field; freely position the optical head where you need it.
- **High-definition (HD) imaging:** Features an integrated HD camera and recording system for easy documentation and sharing of information for teaching and consultation.
- **High-quality LED illumination:** Produces high-quality, daylight temperature illumination for high-fidelity colors and provides a low



Leica Microsystems' M320 F12 with cable-free design. (Photo/Provided by Leica Microsystems)

cost of ownership.

- **Antimicrobial surfaces:** Leica AgProtect™ nanosilver coating reduces pathogens on the microscope and prevents their transfer to users and patients.

Leica Microsystems will also show the unique Leica HM500 head-mounted microscope. The Leica HM500 head-mounted microscope, like the dental loupe, is worn on the

head. The system offers a sharp, 3-D view of all details in the field of treatment from all angles.

You can move freely and work in a natural posture for precise and efficient working for restorative dental procedures, in particular.

The Leica HM500 head-mounted microscope's variable magnification enhances what you see without changing how you naturally look at the patient's oral cavity. In addition,

Here at the GNYDM

For more information, visit booth No. 5334, call (800) 248-0123 or visit www.leica-microsystems.com.

the field of vision is always completely and uniformly illuminated.

The shadow-free, coaxial lighting delivers high-fidelity color and penetrates even the narrowest and deepest cavities and brings all details to the forefront. The integrated camera allows you to document and display cases on the screen with high resolution, precisely from the dentist's perspective.

Leica Microsystems supports you with modern imaging technology to provide the best patient care possible. Visit Leica Microsystems at booth No. 5334 to find out more and receive a professional consultation from a board certified DDS for your dental practice needs.

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Will you retire healthy?

RGP Dental says 'yes, you will'

■ Today's dental community is more aware of ergonomics than previous generations.

Still, dentists continue to retire early due to disabilities related to their daily working habits. In fact, if statistics and current trending analysis are correct, roughly 30 percent of active dentists will retire prematurely due in part to musculoskeletal injury.

RGP Dental Inc. was founded in the United States in 1996. Ergonomic seating options at that time were minimal. RGP realized the need for products that would not only provide a superior health benefit but would also fit and support the human contour comfortably. RGP's founders had previously spent five years in Europe investigating the area of ergonomic seating.

Today, RGP Dental specializes in dental stools that help lessen or eliminate the four major risk factors that

'Putting your body in different positions throughout the day, or active seating, stimulates a varied muscle group and can help to strengthen the body without injury.'

contribute most to musculoskeletal disorders: repetition, force, mechanical stress and posture.

The active seating that the RGP stools offer helps increase blood flow and keeps the body active.

According to studies, sitting in a static position can create inflammation of the muscles, which can lead to serious injury.

Many of today's ergonomic speakers recommend using two different

types of stools in the office and rotating between procedures. In doing so, the risk of static injury decreases significantly.

Putting your body in different positions throughout the day, or active seating, stimulates a varied muscle group and can help to strengthen the body without injury.

RGP's 400-D is an easily adjustable operator stool whose backrest can fit perfectly into the small of anyone's back. When the lever is engaged, the backrest presses against your back and forces you to press on it in return. This will help actively engage the core muscles of your body.

While strengthening your muscles, the backrest never leaves your back. It will stay with the user when leaning forward or back.

Many of the stools user's will utilize the active seating feature to find their desired working position and then lock it in place.

The options and positions in which one can sit and be supported are endless with the 400-D.

Along with the 400-D stool, RGP

Here at the GNYDM

For more information on RGP and to try out any of the stools, stop by the booth, No. 5209.

also offers an array of seating options designed specifically for you. A popular alternative to the 400D is RGP's Straddle Stool.

RGP's Straddle Stool is an ergonomic stool that allows one to perform a task ergonomically at a height approximately 8-10 inches higher than you would with traditional seating. By straddling the stool as if riding a horse, you pre-position your spine into proper lordosis, or the proper 'S' curvature.

During the Greater New York Dental Meeting, RGP is offering a 20 percent discount on each stool and greater discounts on multiple orders.

RGP urges you to at least stop by its booth, Nos. 5209/5307, to see what it can offer to help make your career less painful and more enjoyable.

AD

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Invisalign G3 expands on original product to deliver better results

Upgrades also streamline overall planning process

■ In the decade since the commercial launch of the Invisalign® system, Align Technology has continuously worked to innovate and improve Invisalign products to deliver the outcomes patients want and doctors expect.

This fall, Align introduced Invisalign G3, the most significant collection of new features and innovations in the company's history.

Invisalign G3 is engineered to deliver even better clinical results, with new aligner and software features that make it easier to use Invisalign, including SmartForce™ features designed for increased predictability of certain tooth movements, simpler, more intuitive software to streamline treatment planning and review, and new aligner and software features that make it easier to use Invisalign with Class II and Class III patients.

Invisalign G3 builds on a new and improved feature set introduced in the Invisalign product line in 2009.

"The innovations in Invisalign G3 really get at the heart of what doctors have been asking for from Invisalign treatment," said Sheila Tan, Align vice president, marketing and chief marketing officer

"With technology and tools that are designed to expand the clinical scope of Invisalign, deliver greater predictability across most clinical situations and make treatment planning more efficient, Invisalign G3 represents a tremendous leap forward in Invisalign innovation and demonstrated how we leverage our technology to deliver the clinical outcomes doctors expect."



• Above: The Invisalign G3. At left: The SmartForce attachments. (Photos/Provided by Align Technology)

SmartForce features designed for greater predictability of tooth movements

SmartForce features are attachments and aligner features engineered to deliver the forces needed to achieve predictable tooth movements.

Based on biomechanical principles, SmartForce features are customized to each tooth using advanced virtual modeling and are positioned precisely to deliver the proper forces.

New SmartForce features include an optimized rotation attachment for bicuspid (previously available only for cuspids), a new Power Ridge™ feature for lower anteriors (previously available for the upper arch) and a Lingual Power Ridge feature for upper anteriors.

A new variation of the optimized rotation attachment is also being

introduced to address clinical situations where placement of the attachment may have previously been difficult.

ClinCheck 3.0 and the Invisalign Doctor Site

Invisalign G3 also streamlines the overall treatment planning process with a significant evolution of the ClinCheck software, making it easier and more intuitive for clinicians to create and modify Invisalign treatment plans.

Additionally, a significant redesign of the Invisalign Doctor Site (formerly Virtual Invisalign Practice or "VIP") makes it simpler and more intuitive for dentists to access Invisalign patient records, review and approve ClinCheck treatment plans, view patient account status, order treatment supplies and more.

Here at the GNYDM

For more information on Invisalign G3 and any of its features, stop by the booth, No. 4420, during the GNYDM.

Features that make it easier to use Invisalign to treat Class II and Class III patients

The treatment of Class II/III malocclusion often require the use of interarch elastics to provide anchorage control. The new precision cuts make it easier to use Invisalign to treat Class II and Class III patients as these clinician-prescribed pre-cuts in the aligners accommodate the use of elastics on cuspids, bicuspid and molars.

The improvements and innovation in Invisalign G3 also include new clinical preferences, improved staging for interproximal reduction (IPR) and the addition of compliance indicators to Invisalign Assist.

These features are available now at no additional cost to Invisalign-trained dentists in North America, with international availability in 2011.

The Invisalign treatment options are designed to help dental professional achieve the clinical results they expect, utilizing leading-edge technology. Today, with more than 1.3 million patients treated, the Invisalign system enjoys broad acceptance as an effective, in-demand treatment option.

Treatment is flexible and can be used to treat a wide range of clinical situation. It's an ideal solution for the majority of adults and teenagers – and patient love it. In fact, according to Align Technology, nine out of 10 patients would recommend Invisalign to their friends and family.

NYU residents to take a look at ANEW

■ New York University College of Dentistry second-year residents Drs. Jonathan Beley and Spyridon Xynogalax of the Arthur Ashman Department of Periodontology and Implant Dentistry will review case presentations on ANEW®, the narrow body implant system* from Dentatus USA, with the objective of introducing this implant modality to all interested dentists.

The Anew Implant restorative protocol, developed by Bernard Weissman in conjunction with NYU's Department of Periodontology and Implant Dentistry, has been in continuous use at the school since 2001.

The distinctive benefit of this implant system over others is that it fits where others cannot, advancing the field of implantology with unique solutions for situations that do not permit placement of the 3 mm or larger conventional implants.

With FDA approval and documented long-term success, narrow-body implants have become a viable and predictable treatment option, making it possible for a much larger segment of patients to have affordable remedies.

ANEW Narrow Body Implants are ideal for

- Limited spaces, narrow ridges, converging roots

- Single teeth, congenitally missing laterals
- Provisionalization during augmentation and sinus lift
- Age, health and financial constraints

(*Available in 1.8, 2.2 and 2.4 mm diameters and 7, 10 and 14 mm thread lengths.)

Here at GNYDM

Stop by booth No. 2401 and learn about the ANEW Narrow Body Implant System from Dentatus and be sure to ask about the show specials.

Find the beauty in dentistry

By John C. Comisi, DDS, FAGD, FACD, FICD

There are many things of beauty in this world: the Grand Canyon, Glacier Park in Alaska, the Greek Islands. But in the world of dentistry, beauty is sometimes a difficult thing to attain. There are many “cosmetic” restorative materials available, many of which are basically the same – some type of highly filled resin matrix that is resistant to wear and polishes well.

Shofu has developed a unique product called Beautifil II. It is a giomer. A giomer is a resin-based composite that contains pre-reacted glass ionomer (PRG) particles. These particles are made of fluorosilicate glass that has been reacted with polyacrylic acid prior to being incorporated into the resin.

There are two types of pre-reacted glass that can be used in composites. The first involves only the surface of the glass particles, called surface pre-reacted glass ionomers or S-PRG. The second type is when almost the entire particle is pre-reacted, called fully pre-reacted glass ionomer or F-PRG.

Shofu's Beautifil II contains S-PRG. Why is this important? The S-PRG particles form a film-like surface, which appears to inhibit plaque formation. This is a very important property, because if plaque can be inhibited, the surface of the restoration and the surrounding margin could be less susceptible to new acid attack by the bacteria of the mouth.

Additionally, Beautifil II releases and recharges fluoride in a way similar to a true glass ionomer. This benefit has been well documented in the literature for decades, and the advent and use of a giomer can potentially enhance the benefit of this glass ionomer property in a product that is durable and highly polishable. Beautifil II is easy to handle and has a

finish that is comparable to a microfill composite.

Beautifil II is a universal restorative material that is radio opaque and comes in 12 shades, including two opaque shades and an incisal and bleach white shade. The product is available in syringe form, which has a unique one-hand flip top for easy dispensing by your assistant, and it also comes in compules.

Stop by the Shofu booth here at the GNYDM to evaluate Beautifil II. I'm sure you'll find it to be a beautiful experience.



• Beautifil II. (Photo/ Provided by Shofu)

AD

Here at the GNYDM

For more information on the Beautifil II and other Shofu products, stop by booth No. 4025.

About the author

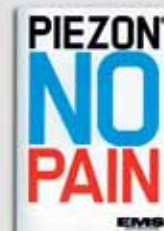
Dr. Comisi has been in private practice for general dentistry in Ithaca, N.Y., since 1983. He is a graduate of Northwestern University Dental School and received his bachelor of science in biology at Fordham University. He is a member of the Academy of General Dentistry, the American Dental Association, the New York State Dental Association and the Sixth District Dental Society. Comisi is a past president of the New York State Academy of General Dentistry, a fellow of the Academy of General Dentistry, a fellow in the Academy of Dentistry International, a fellow of the American College of Dentistry, a fellow of the Pierre Fauchard Academy and a past president of the Tompkins County Dental Society.

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“I FEEL GOOD”

DEXIS 'morphing video' shines spotlight on digital imaging

Each year at the Greater New York Dental Meeting, the spotlight shines on fresh ideas and state-of-the-art concepts. This year is no exception, with what is sure to be some exciting and enlightening experiences that can improve all facets of the dental practice.

Each year, exhibitors display their

products in creative and eye-catching ways — and this year technology is bound to play a greater role in the presentations than ever before.

In the spirit of the meeting, DEXIS has combined art and science for its booth presentation. Its "morphing video" is a great way to reach out to the GNYDM audience and spread the

news of latest digital X-ray innovations, according to company representatives. Starring the DEXIS Platinum sensor, the video will strive to inspire and inform dentists about the all of the benefits of this single-sensor solution.

After seeing the video, which some have dubbed, "Black, White and

Here at the GNYDM

Stop by booth No. 4007 to tune into DEXIS.

16,000 Shades of Gray," attendees should understand how Platinum can quickly become a celebrity of the practice.

Viewers will get glimpses of Platinum on the move, with cameo appearances by a morphing cast that demonstrates how the sensor is a perfect fit for patients and offices — regardless of their size.

The video also whisks viewers behind the scenes of X-ray capture with Platinum as a digital tour guide for a "CSI" view.

After catching the DEXIS Platinum presentation, at what has affectionately become known as the "Christine and Pam Show," knowledgeable representatives will be happy to offer even more details on DEXIS digital radiography.

Whether you are interested in a sensor that delivers clear, enlargeable images, the convenience of the direct USB "plug-n-ray" connection or technology that eliminates the need for multiple sensors, Platinum offers all of that and more.

After seeing these and other multimedia presentations, DEXIS believes attendees will undoubtedly want to join the cast of thousands of dentists who have made Platinum an integral part of their digital X-ray experience.

After all, in digital radiography, according to DEXIS, the DEXIS Platinum steals the show for clarity, comfort and efficiency.

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• You don't want to miss the 'morphing video' at the DEXIS booth. (Photo/Fred Michmerschuizen, DT Online Editor)

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– Dr. Charles Shin

“On a scale of one to ten, LVI is a twenty. I feel like my head and my heart have finally found a home, this is something I can believe in.”
– Dr. Atty Smith

“Not only did I learn what I didn’t know about dentistry. I learned how to help my own history of pain in the head and neck. Thanks for the missing link!”
– Dr. Paul Bell

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Leading the way in affordable laser technology

By Alan Miller, President and CEO of
AMD LASERS

■ When I launched the Picasso soft-tissue laser, it was much like a sonic boom. A small fighter jet is just a dot

in the sky, but at supersonic speeds produces percussion waves that can be heard and felt miles away.

Breaking the price barrier on lasers and making the technology affordable for all has always been



AD



• Alan Miller of AMD LASERS with the Picasso and the Picasso Lite. (Photo/Provided by AMD LASERS)

my goal – Picasso was, and still is the sonic boom heard around the world.

Just a short time ago, manufacturers were selling their soft-tissue lasers for more than twice the amount they do today – no change in their technology, just inflated pricing. With the introduction of Picasso, we forced the industry to change, and their products dropped in price – a benefit to all.

I am the first (and probably only) laser manufacturer you will hear say: “All of the lasers are good lasers; buy any one of them and you will have technology that can transform your practice.”

AMD LASERS is a company based around this philosophy. We simply speak well of and compliment our competitors.

We practice this philosophy every day at AMD LASERS, and it has established us as the leader, the “professional” guys, the educators in laser technology.

Our company and products often get “bashed” by the competition, and when we are asked to respond, we have only one response: “Doctor, we only sell on the merits of our device, not on what our competitors say about us. Purchase any laser and you will be happy.”

A simple concept that has made the Picasso the No. 1 selling laser in the world. Simple concept, remarkable return.

Mark Twain said, “Build a better mousetrap, and the world will beat a path to your door.” I believe this mousetrap is not just our Picasso laser, but it is the way we conduct business.

Picasso shattered the \$5,000 barrier in '09, and Picasso Lite shattered the \$2,500 price barrier earlier this year.

We now ship Picasso/Picasso Lites to more than 60 countries, and everyone has given us the same response: “Thank you!”

We have won every major award

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*Educators are subject to change. View the complete program online.

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possible for our laser technology, and the “who’s who” in dentistry around the world are Picasso owners. We donate Picassos to universities to further education about laser technology and support our products with the world’s first and only app for iPad™ owners. We are giving iPads free with the app with the purchase of a Picasso here at the show.

Laser technology celebrated its 50th year anniversary this year. It is used around us every day and is the standard of care. No one would dream of having scalpel surgery instead of LASIK,™ for example.

“So, how am I going to use a laser, and how should I decide which laser to purchase?”

There are three major areas of laser use in dentistry – surgery, cavity preparation and biostimulation – and two minor uses – decontamination and laser whitening. The most widely purchased lasers are the soft-tissue diode lasers. These are capable of surgery, decontamination, laser whitening and biostimulation. They are not capable of cavity preparations or osseous surgery.

There are many units on the market in different sizes and shapes and with different bells and whistles and price points. Determine what your needs are.

If you need entry level and great price, then a Picasso Lite at \$2,495 is a

Here at the GNYDM

For more information or to see any of AMD LASERS’ products close up, visit the booth, No. 4431.

good place to start. If size is important, then the Micro NV from Discus/Zap is a great product. If you are looking for a “do it all” soft-tissue laser, then check out the Picasso or Biolase EZLASE;™ they are built well and can take you from entry level to expert laser aficionado in no time at all.

If you are looking for a laser that can also perform cavity preparations and do soft-tissue surgery, then there are two good units on the market. Fotona is introducing a smaller, less expensive model at the show called Lightwalker, and Biolase sells a good product called the Waterlase MD.

We are showing our new All Tissue Laser at a private event, but it is not for sale yet in the United States and is pending FDA review.

If you do not have a laser yet, then no worries; you are still on the front of the wave. A laser should be the one purchase you make here at the show.

Stop by the AMD LASERS laser pavilion, and we will try to provide a solution and a laser to fit your needs (even if it is not one of ours).

Directa offers solutions for Class II cavity preparations

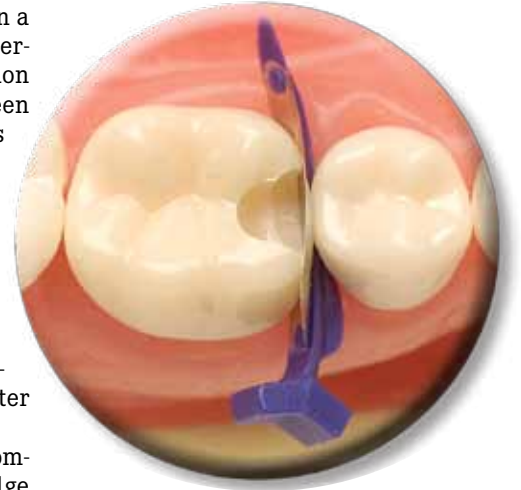
■ Placing a matrix band to attain a good contact point and avoiding interproximal overhang after excavation for Class II fillings has always been a time-consuming and laborious procedure.

Directa has created a unique and easy solution for this procedure by combining a separating plastic wedge with a stainless steel matrix. The FenderMate is available in regular and narrow width and for left or right application and is color-coded for better identification.

According to the Swedish company, the combined matrix and wedge are inserted as one piece. A new technology contours and compliments the curvature of the patient’s tooth and holds its shape without having to use a retentive ring that inhibits access to a cavity.

The contact point is created by the dual curvature of FenderMate so that further burnishing will not be necessary.

With the combination of FenderMate and FenderWedge, Directa also offers a tissue-friendly approach for



• The FenderMate by Directa. (Photo/ Provided by Directa)

Here at the GNYDM

For more information, contact Directa AB at www.directadental.com or stop by the booth, No. 1511.

the preparation and filling of Class II cavities.

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The STA-intraligamentary injection vs. the PDL

Many differences between two methods

By Eugene R. Casagrande, DDS, FACD, FICD, Director of International and Professional Relations, Milestone Scientific

There are major differences that should be considered between the traditional PDL injection, delivered with

the dental syringe, the Ligmaject or the Peri-press, and the STA (single tooth anesthesia) administered intraligamentary injection (STA-II); some of them are as follows:

- The PDL is usually the injection of last resort when the mandibular block fails. The STA-II should

Here at the GNYDM

For more information on the STA-II, stop by the Milestone booth, No. 2911.



The STA system, top, and the hand wand. (Photos/Provided by Milestone Scientific)

- be the primary injection for any maxillary or mandibular tooth and can replace mandibular blocks and supraperiosteal infiltrations, which cause collateral numbness to the patient's lip, face and tongue.
- With the PDL, a small amount of anesthetic is injected under excessive pressure, which produces a short duration of anesthesia. The STA-II delivers a larger volume of anesthetic under minimal pressure resulting in longer duration (40 minutes).
- The PDL is difficult to administer and the flow rate depends on manual pressure. The STA-II is easy to administer, and the flow rate is computer-controlled, consistent and below the patient's pain threshold.
- The PDL is painful on delivery, results in tissue damage and bone resorption, and can cause post-operative discomfort. The STA-II is a comfortable injection, and a clinical study shows it causes no tissue damage or bone resorption and little or no post-op discomfort.

The STA, using dynamic pressure sensing, allows you to know when you have arrived at the correct site (the periodontal ligament space) for a successful intraligamentary injection; it also indicates if you have left the site and if the needle has been blocked by obstruction or pressure.

Check out the simple injection technique for the STA-II and more on the *STAs4U.com* website.

It's easy to do. Try it, you'll like it. And so will your patients.

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A live patient step-by-step demonstration of a posterior only restoration is performed using the latest chairside CAD/CAM technology.



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DESIGNING AND CREATING BEAUTIFUL PORCELAIN LAMINATES PREDICTABLY – LIVE PATIENT DEMONSTRATION

This live patient program is designed to demonstrate the most predictable, efficient and successful protocol available today in creating porcelain laminates from initial consultation with the patient to completion.



JAIMEE MORGAN, D.D.S. & STAN PRESLEY, D.D.S.
THE BEAUTIFUL SIMPLICITY OF COMPOSITE RESIN BONDING: A LIVE DEMONSTRATION

Composite resin restorations offer a conservative and viable alternative to porcelain. Restorations that were once thought to be impossible or "heroic" at best, can now be achieved easily, reliably, and consistently with composite resin.



MICHAEL H. MORGAN, D.D.S., M.S.
REAL-TIME COMPUTER NAVIGATION TO OPTIMIZE IMPLANT PLACEMENT USING THE IGI – IMAGE GUIDED IMPLANT DENTISTRY SYSTEM – LIVE PATIENT DEMONSTRATION

Live demonstration utilizing the state of the art IGI - Image Guided Implant Dentistry System by Image Navigation Ltd. for the planning and placement of dental implants is shown.



FRANK J. MILNAR, D.D.S.
PREDICTABLE TECHNIQUES TO CREATE A POST AND CORE AND LIFE-LIKE PROVISIONAL- LIVE PATIENT DEMONSTRATION

This live patient demonstration teaches the attendees how to create esthetic transitional restorations and use minimally invasive concepts when preparing and restoring a post and core.

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Why digital impressions? Why CAD/CAM?

By Dr. Santine Anderson

■ Every day dentists find themselves struggling with the challenges of taking final impressions and cementing crowns. As hydrophilic as impression materials have become, we continue to see voids, pulls and tears in our impressions.

We know that impressions can distort, leading to inaccurate models and poorly fitting crowns. We also find ourselves attempting to critically evaluate our preparations by looking at margins and surfaces in our small impressions.

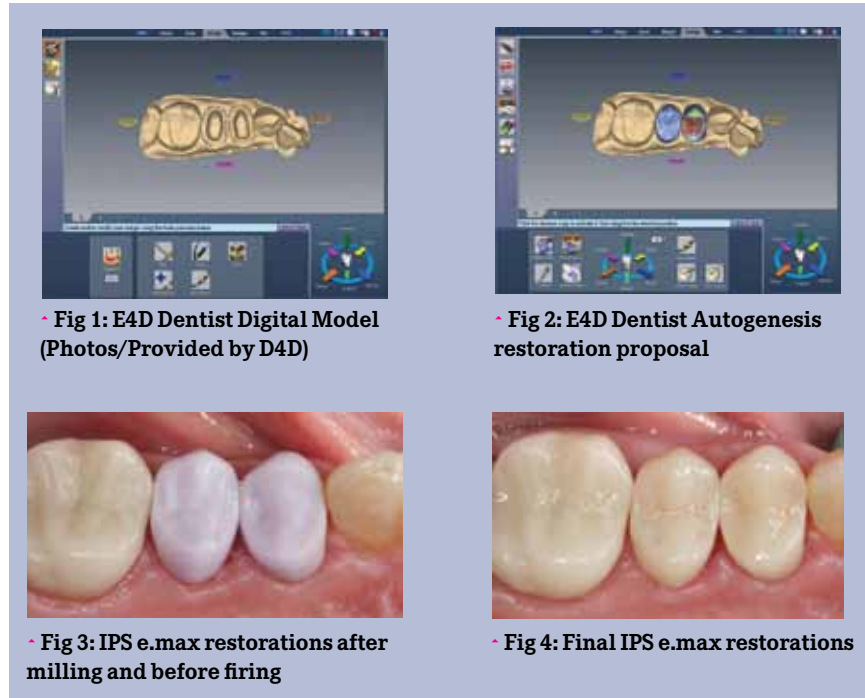
Digital impressions replace the need for traditional PVS impressions. Using a laser or LED light source, a series of individual images or video stream are used to capture all of the details of the prepared tooth and surrounding tooth structure with extreme accuracy. These images are then used to create a three-dimensional model that can be enlarged and reviewed on a 20- to 26-inch screen. This image can then be used to fabricate a restoration in the dental clinic or in a laboratory.

Digital Impressions improve the quality of our dentistry by:

- creating models and restorations with greater accuracy,
- fabricating restorations needing fewer adjustments,
- eliminating the need for remakes because of poor fit, and
- improving the quality of our preparations by allowing us to visualize margins and surfaces at a much larger scale.

In-office CAD/CAM technology begins with a digital impression and then allows the operator to design the restoration on the computer and mill the restoration in the office. This technology provides the ability to fabricate and deliver a restoration in the same appointment, the same day or within a few days.

A traditional impression can also be scanned, designed and milled, if intra-oral scanning is a significant obstacle. These systems also offer the



• Fig 1: E4D Dentist Digital Model (Photos/Provided by D4D)

• Fig 2: E4D Dentist Autogenesis restoration proposal

• Fig 3: IPS e.max restorations after milling and before firing

• Fig 4: Final IPS e.max restorations

option of sending the digital impression to the laboratory for fabrication of the final restoration.

E4D Dentist and CEREC AC are the two major CAD/CAM systems currently on the market. E4D Dentist uses a laser to capture a series of digital images that are then merged together to create a three-dimensional model. CEREC AC uses an LED light to capture the images from a powdered surface.

Both systems feature software that is used to create a virtual restoration with anatomy based on that of the adjacent teeth and opposing dentition.

A variety of tools are then available to modify the contours, contacts, occlusion and anatomy of the proposed restoration. The information is then sent to the in-office mill for fabrication of the restoration.

E4D Dentist features:

- Anatomically correct proposals.
- Software that is very intuitive and user-friendly.
- Excellent cart design with stable casters, handles for easy maneuvering and slim wand for capturing

images.

- No need for powdering teeth.
- Easy scanning in the mouth, from an impression or from a model.
- Large sturdy mill and three bur size options enable sharp margins and detailed anatomy.
- Ability to design multiple restorations at once on the same screen.
- Exceptional training provided at the manufacturing facility and included with the purchase of the system.
- Remote access from hardware, software and dental technicians for immediate support.

Today more than ever, our patients are involved in their own health care, shopping and evaluating what providers have to offer that stand apart from others. Digital impressioning and CAD/CAM technology offer a tremendous opportunity to enhance a practice as it:

- offers the convenience of same-day restorations,
- reduces the chair time at cementation through greater accuracy of the digital image,

Here at the GNYDM

For more information or to check out the E4D for yourself, visit D4D at the Henry Schein booth, Nos. 1015/1023/1417/1820.

About the author



Santine Anderson, DDS, is a general dentist in Ann Arbor, Mich. She is a graduate of the University of Michigan School of Dentistry and Albion College, where she earned a BS in chemistry. She began her career during undergraduate school while working for The Dental Advisor. Anderson brings clinical knowledge and experience to the dental profession through lectures, editorials and clinical case reports.

- creates excitement from patients about new technology, and
- engages and empowers the staff as they truly become part of fabricating the final restoration.

Dentistry is changing and the opportunities are tremendous with digital technology as it offers the ability to provide better restorations for our patients, improve the quality of our work, empower our staff and increase the volume of patients in our practice.

Take a look at all the systems and technologies available and see which one is right for you, your practice and your patients – it isn't a matter of "if" you will go digital, but "when."

EZ Solutions offer do-it-yourself repair options

EZ Press III and EZ Rebuild Kits

The EZ Press III™ Repair System is the answer to the high costs and downtime associated with sending high-speed handpieces out to be repaired. Allowing the dentist to easily change those parts that have worn out, the EZ Press III utilizes simple procedures, requires no guesswork and ensures precision placement of the bearings on the spindle.

EZ Install Turbines

For an instant repair, dentists can

replace turbines chair-side with EZ Install™ Turbines, which are manufactured with the highest quality parts and quality assurance procedures in the market, including dynamic balancing. The result is a high-performance, long-lasting turbine that outlasts others in the market.

XTend™ Ceramic Turbines and Rebuild Kits

These turbines, featuring a one-year warranty and rebuild kits with a six-month warranty, are manufactured

with premium ceramic bearings for reduced wear, increased durability, longer life and quieter and smoother operation.

Smart Cleaner

The Smart Cleaner is a one-of-a-kind maintenance tool that not only helps prevent residue build-up in handpieces and coupler waterlines, but also clears away obstructions if they occur. Simply connect the handpiece or coupler to the Smart Cleaner and activate the hand pump to clear

obstructions and debris.

EZ Care Cleaner and Lubricant

EZ Care™ Cleaner was formulated to flush debris and remove build-up from the handpiece's internal rotating parts, improving long-term handpiece performance and sterilization efficacy. EZ Care Lubricant has been designed to minimize bearing wear and to resist corrosion.

For more information, please stop by the Henry Schein booth, Nos. 1015/1023/1417/1820.

Isolite dental isolation technology garners more industry recognition

Isolite brings home another industry accolade while new Isodry™ named Top Technology Product

Isolite Systems, maker of innovative dental isolation technology, announced its products have received new industry recognition.

Dentistry Today magazine recognized the Isolite dryfield illuminator as one of the Top 100 Products for 2010 for the dental industry.

The Isolite dryfield illuminator is an innovative dental tool that combines the functions of light, suction and retraction into a single device, solving many of the frustrations that dental professionals deal with on a daily basis.

The device gently holds the patient's mouth open, keeps the tongue out of the working field and guards the patient's vulnerable airway, all while continuously evacuating saliva and excess moisture.

The super-soft mouthpiece used with the device makes for a more comfortable experience for the patient and allows dental professionals to work more efficiently with greater control over the oral environment.

Additionally, the company said its Isodry™, a non-illuminated dental isolation system, was named to Dentistry Today magazine's Top 50 Technology Products for 2010. Isodry™ performs all the functions as Isolite, with the exception of intra-oral illumination. The Isodry™ was introduced to the dental industry in February.

Both dental isolation systems utilize the patented Isolite Isoflex mouthpiece. The unique shape and softness of the mouthpiece is key to the systems' advanced dental isolation. The latex-free mouthpiece comfortably allows fluids and debris to be aspirated from deep within the oral cavity.

Built-in tongue, cheek and throat shield protect the patient from injury and provide an added measure of assurance that the airway is better protected from possible dental debris. Single-use Isolite mouthpieces are

available in five sizes to fit the spectrum of patients from small child to large adult.

Other recognition received by Isolite Systems for its Isolite dryfield illuminator includes:

- Dentaltown Magazine "Townie Choice Award" winner (2005, 2006, 2007, 2008, 2009)
- DrBicuspid.com "Dental Excellence Award – Best New Instru-

ment" (2009)

- Named by Dentistry Today magazine as one of the Top 100 Products (2003, 2005, 2008, 2009, 2010)
- Named a "Best Product 2008" by Dental Product Shopper magazine; received a 4.8 rating (out of a possible 5.0) by reviewing dentists
- Isolite Systems and Thomas R. Hirsch, DDS, received the Inventor Award from the World Congress

Here at the GNYDM

For more information about Isolite Systems, call (800) 560-6066 or visit www.isolitesystems.com. Both Isolite and Isodry™ are being exhibited at booth No. 323.

of Minimally Invasive Dentistry (2004).

AD

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Utilizing the wonder of the piezoelectric ultrasonic system, surgical scalpels work like magic: separating soft tissue from the hard surface of bone or tooth with significantly reduced injuries to soft tissue, nerves and vessels, resulting in a faster recovery. Surgeons have better control of the instrument for precise cutting of the mineralized tissue with minimum force and pressure applied toward the patient. Fine ultrasonic oscillation (ENAC: 30kHz) with constant irrigation provides a continual antiseptic result.

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SWORD TIP (S) for the lower jaw SWORD TIP (L) for the upper jaw

- Atraumatic extraction
- Flap Operation (soft tissue)
- Osteotomy (bone dissection)
- Sinus window opening
- Osseous expansion (dilatation) on a very thin alveolar ridge
- Creation of insertion path for an implant



ST70



ST71

HOE (SPADE) TIP

- Sinus membrane separation
- Bone tissue collection (cortical & medullary)
- Soft tissue separation (flap operation)
- Apicoectomy preparation (removal of infected root apex & destructed osseous tissue)
- Adherent cyst separation from the bone
- Cleaning deep socket after extraction of the tooth



ST72



ST73

SPOON TIPS (RIGHT and LEFT)

- Excavation & collection of infected tissue from small areas
- Collection of small amounts of medulla & spongy bone tissue
- Smoothing margin of bone & alveolar ridge



ST74



ST75

ST70Z SERRATED TIP



ST83 ø1.3mm
ST83S ø0.8mm

Diamond Coated Sphere Tips

ST84 ø1.3mm
ST84S ø0.8mm



ST82 MINI-TRUMPET



ST85 AUGER TIP



ST86(L) & ST87(R)
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OSADA, INC. www.osadausa.com Call: (800) 426-7232, (310) 841-2220



• The Isolite and the Isodry™ (Photo/Provided by Isolite Systems)

A-TRAUMATIC EXTRACTION INSTRUMENTS

Photo/Provided by Zoll Dental



Come see the large selection of A-Traumatic extraction instruments from Zoll-Dental in booth No. 5302. Zoll-Dental has a wide selection of periotomes, luxating-type elevators and the new Zator® and Zator®-ZP line of instruments.

The Zator and Zator-ZP instruments are titanium nitrite-coated for a slicker surface than standard instruments. This slick surface (adapted from the line of non-stick composite instruments, which will also be on display) minimizes

resistance to the instrument when it is inserted into the tooth socket when attempting to cut the periodontal ligament. Using this technique allows for a more a-traumatic extraction of the tooth, leaving a more pristine site (extremely useful when one wishes to place implants).

Also in the Zoll-Dental booth will be a line of high quality, all stainless steel scalers and curettes in the Featherweight® handle series. The Featherweight hollow stainless steel handles combine the highest degree of tactile sensitivity with the durability of stainless steel.

With all the patterns you have come to expect in a full hygiene line and the pricing of buying direct from a U.S. manufacturer, it is hard to beat this price and quality combination. Zoll-Dental also has a full re-tipping and re-sharpening service.

One other item is the single-ended crown splitter. This instrument simplifies the removal of permanent crowns. Just slit the crown with a burr and use the instrument to spread the crown. This instrument can be used from several angles thus taking the place of several instruments.

Zoll-Dental is based in Niles, Ill. and manufactures in its plant there. Come to booth No. 5302 or contact the company at (800) 239-2904 or online at www.zolldental.com.

DOE DENTAL ORAL EXAM SYSTEM

DenLight is launching DOE,™ a rechargeable battery-powered cordless dental oral health examination system. Based on the five-star, award-winning FUSION™ Curing Light and Nano™ Loupe Light LED optics platform, DOE is designed for visualization of oral lesions, composite and hard-tissue abnormalities including oral cancer and dental caries using advanced imaging technology.

Priced for lower than \$2,000, DOE consists of a wand with interchangeable light (white and violet) heads that illuminate high-power collimated LED beam, fluorescence filters, flip-up loupes, charging stand and power adapter.

DentLight has been innovating advanced dental LED optics technology for many years, and according to the company, the DOE system proves that "from bright minds come bright products."

Visit DentLight at booth No. 2629 or call (800) 763-6901 for free goods.



(Photo/Provided by DenLight)

AD



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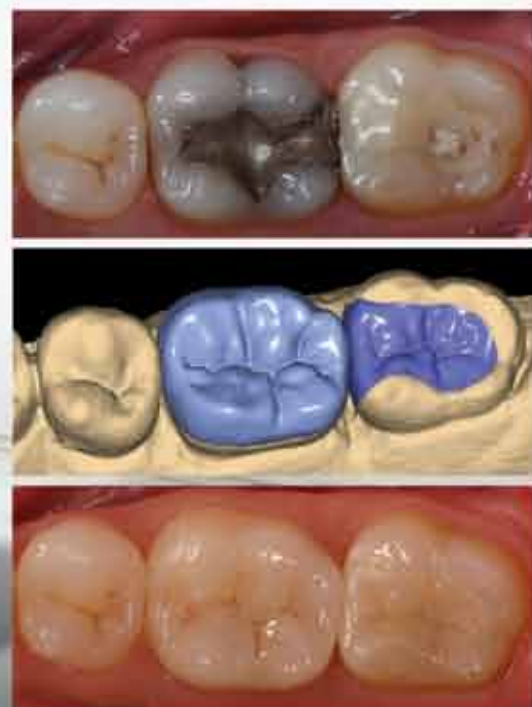
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Come visit us at GNY booth #1417

PLUS2 TOOTHBRUSH

Plak Smacker announces the release of its new adult brush, the Plus2 Toothbrush. This unique brush comes with a changeable head that can be removed and replaced when it is time for a new brush.

The Plus2 Toothbrush also includes a replacement head for added convenience; get 2 brushes for the price of one.

The Plus2 Toothbrush has a rubber grip handle that offers comfortable support and soft bristles,

making it a great choice for any patient. Available in three assorted colors, the Plus2 Toothbrush starts at \$0.59 per brush and is sure to be a fast favorite among patients.

For more than 20 years, Plak Smacker has been focused on introducing new, innovative products to help patients feel good about a trip to the dental office.

For more information or to place an order, call (800) 558-6684, visit www.plaksmacker.com or stop by the Plak Smacker booth, No. 5009.



(Photo/Provided by Plak Smacker)

BUILD-IT LIGHT CURE CORE MATERIAL

Pentron Clinical, a leader in post and core technology, is proud to introduce new Build-It® Light Cure Core Material. Build-It Light Cure Core Material is specifically designed for clinicians who favor the on-command cure afforded by light-cure-only core materials.

The light-cure-only formulation produces outstanding physical properties and is compatible with fourth- through seventh-generation bonding agents, ensuring compatibility with your preferred bonding agent.

The Build-It Light Cure addition to Pentron Clinical's award-winning line of Build-It Core Materials cures to a depth of 10 mm with only 20 seconds of curing



(Photo/Provided by Pentron)

time per surface, without the need for time-consuming layering.

Once cured, Build-It Light Cure performs just like the original Build-It® FR™, meaning it sets to a rock-hard consistency that cuts like dentin. Non-sticky, sculptable handling that enables quick and easy adaptation to tooth structure and the post are made possible by way of a proprietary new BisGMA-free resin. To satisfy individual dispensing preferences Build-It Light Cure Core Material is available in both syringe and single-dose delivery option.

For more information, call (800) 551-0283, visit www.pentron.com or stop by the Pentron booth, No. 825.

AD

"A 20 minute IPR appointment now takes less than 8 with the Axis IPR Set..."



Brian J. Gray, DDS

The components of the All Inclusive IPR Set, allow the dentist to begin conservatively and quickly progress to an efficient, precise and painless technique for interproximal reduction. MFG# LS-7586

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- An Axis perforated 16mm disc RA for quickly and safely breaking contact
- An assortment of curved QwikStrips™ for accurate and safe reduction
- The Axis IPR gauge for measuring interproximal spaces
- Custom organizer for easy access and organization of instruments
- Laminated reference guide

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visit the **Axis Dental booth, #4632**
axisdental.com 800.355.5063

DEFEND+PLUS STERILIZATION POUCHES

DEFEND+PLUS sterilization pouches, available from Mydent International, offer the superior design and quality construction necessary for effective infection control procedures.

Manufactured with lead-free, built-in, dual internal and external indicators, DEFEND+PLUS sterilization pouches ensure the correct sterilization temperature is reached in the autoclave chamber as well as inside the instrument compartment, eliminating the need for internal indicator strips.

The durable DEFEND+PLUS pouches are constructed with triple-sealed seams and strong materials to help prevent instrument penetration and tears. Their blue-tinted, transparent film assists in detecting tears should they occur. The easy-to-use DEFEND+PLUS pouches offer effortless opening and sealing and are sturdier when wet than comparable products, according to Mydent International.

DEFEND+PLUS sterilization pouches are an ideal component of precautionary infection control as they provide effective, consistent sterilization of dental instruments. They are available in five standard sizes and come in boxes of 200.

Mydent International, home to DEFEND® infection control products, disposables and impression material systems, celebrates 25 years of offering dependable solutions for defensive health care. Headquartered in New York and partnered with a state-of-the-art distribution facility in Pennsylvania, Mydent is dedicated to providing unparal-



(Photo/Provided by Mydent International)

leled customer relations.

For more information on Mydent International and the DEFEND brand of products, call (800) 275-0020, e-mail sales@defend.com, visit www.defend.com or stop by the booth, No. 2609.

TPH3 MICRO MATRIX RESTORATIVE

TPH®3 Micro Matrix Restorative blends nanotechnology with proprietary fillers in a clinically proven resin matrix for a composite that combines beauty and durability.

TPH3 Micro Matrix restorative provides creamy

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ability to create life-like restorations.

For more information, call (800) 532-2855, visit www.tph3.com or stop by the DENTSPLY Caulk booth, Nos. 2603/2803.

AD

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10 things to do in NYC

By Fred Michmershuizen, DT Online Editor

■ If you are coming to the Greater New York Dental Meeting, keep in mind that there is always plenty to see and do in the Big Apple. It doesn't matter whether you have an hour or all day, whether you have money to spend or you are on a tight budget.

When your business is finished at the dental meeting, head out on the town for a memorable time. Here are some ideas.

Laugh it up at a comedy club

Before comedians appear on the Jay Leno show or tape specials for HBO, they cut their chops before live audiences at one of New York City's many comedy clubs. Audiences are typically small and intimate, and laughs always abound.

There's usually a nominal cover charge and a one- or two-drink minimum. Check out Carolines on Broadway, 1626 Broadway between 49th and 50th streets, (212) 757-4100, www.carolines.com; Comedy Cellar at 117 MacDougal St., between West 3rd and Minetta Lane, (212) 254-3480, www.comedycellar.com; or Gotham Comedy Club, 208 W. 23rd St. between 7th and 8th avenues, (212) 367-9000, www.gothamcomedyclub.com.

Practice your figure eight

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.

And 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.

Escape to Houdini exhibit

Through impossibly daring feats, Harry Houdini (1874-1926) captivated audiences worldwide, and his legendary escapes instill awe to this day. "Houdini: Art and Magic" — the first exhibition in a major American art museum on the master magician and his lasting influence in visual culture — features magic apparatus, posters, broadsides, period photographs, archival films and contemporary artwork inspired by the great magician and escape artist.

The exhibition reveals how Houdini's reputation has evolved over time, and how the edgy performances and physical audacity excited audiences at the turn of the twentieth century. It's at the Jewish Museum, 1109 Fifth



• The Radio City Christmas Spectacular, playing at Radio City Music Hall, is a New York City tradition dating back 75 years. (Photos/Courtesy of NYC and Company)

Ave. at 92nd Street, (212) 423.3200, www.thejewishmuseum.org.

Visit an Irish pub

New York City has some of the best ethnic restaurants in the world. You don't have to spend a fortune to have a great meal, either. Whatever your tastes, there is something sure to please your palate. For example, if you want traditional Irish fare, wander in to one of the many pubs scattered throughout Midtown. If you are hungry for Italian food, you can't go wrong at any of the authentic eateries along Mulberry Street. Those who have a taste for Indian will want to head to Gramercy Park or the East Village.

Pay tribute to John Lennon

John Lennon, who would have been 70 this year, lived with his wife, Yoko Ono, in the Dakota Apartments across the street from Central Park. Strawberry Fields is a 2.5-acre garden that pays tribute to the late singer, songwriter, musician and peace activist.

Named after the title of the Beatles song "Strawberry Fields Forever," the teardrop-shaped region was re-landscaped by the Central Park Conservancy with the help of landscape architect Bruce Kelley and a \$1 million donation from Yoko Ono. To visit Strawberry Fields, enter from Central Park West between 71st and 74th streets.

Laugh with Letterman

New York City is home to dozens of television shows, allowing fans to get in on the action by being part of the studio audience. Unless the president of NBC is your brother-in-law, forget about "Saturday Night Live." But if

you are willing to stand in line, you might hit the jackpot with standby tickets to another show. For "The Late Show with David Letterman" (CBS), visit the Ed Sullivan Theater at 1697 Broadway, between 53rd and 54th streets.

A limited number of standby tickets are available. Letterman tapes one show per night Monday through Wednesday at 5:30 p.m. and two shows on Thursday, at 4:30 and 7 p.m. For more information, call (212) 975-5853 or visit www.lateshowaudience.com.

For "The Daily Show with Jon Stewart" (Comedy Central), go to 513 W. 54th St. Doors open at 5:45 p.m. Monday through Thursday, but lines form earlier. For "Live With Regis and Kelly" (ABC), you have a good chance at same-day tickets. Go to the corner of 67th Street and Columbus Avenue as early as 7 a.m. to request a standby number. After ticket holders are seated, standbys are seated on a first-come, first-served basis.

You don't need a ticket for "The Today Show" (NBC), which tapes on the ground floor at the corner of 49th Street and Rockefeller Center. Simply gather outside Monday through Friday from 7 to 10 a.m. at 30 Rockefeller Plaza, between Fifth and Sixth avenues, to watch and to try to snag time in front of the camera.

Learn about tenement life

Want to travel back in time? The Lower East Side Tenement Museum, located at 97 Orchard St., tells the stories of immigrants who faced challenges of making a new life, working for a better future and starting families with limited means. Built on Manhattan's Lower East Side in 1863,



• This iconic, black-and-white mosaic, designed by a team of artists from Naples, Italy, lies in the center of Strawberry Fields.

this tenement apartment building was home to nearly 7,000 working class immigrants.

Visitors take guided tours of apartments that re-create immigrant life in the 19th and 20th centuries. Along with a glimpse of the past, tours offer insights into current debates about immigration and public health.

All tours begin at the Museum Shop, located a few doors down, at 108 Orchard St. Call (212) 982-8420 or visit www.tenement.org for more information.

Kick it up with the Rockettes

If you are in town with children, you might want to treat them to the annual Radio City Christmas Spectacular, featuring the Rockettes. This Christmas tradition has been delighting audiences young and old every holiday season for the past 75 years.

For tickets, call (212) 307-1000 or visit www.radiocitychristmas.com. Shows are every day, but they sell out months in advance. So if you strike out with the box office, ask the concierge at your hotel to help you.

See a Broadway show

There are dozens of Broadway and Off-Broadway shows to choose from, and you can get discounted same-day tickets at the Theater Development Fund's TKTS booth in Duffy Square. For evening performances, tickets go on sale at 3 p.m. For Wednesday matinees, the booth opens at 10 a.m., and on Sundays it opens at 11 a.m. To score your tickets for a show tonight, head over to Broadway and 47th Street. Look for the gleaming red steps.

Get to the Top of the Rock

You can see just about everything in New York City from top of Rockefeller center, an Art Deco masterpiece of a building. The lines for Top of the Rock here 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.

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