As a recent graduate from dental school, I’m often asked by those still suffering on the clinic floor what the main difference is between dental school and private practice. There are several answers that come to mind, but I would have to say that out of all of them, the most gratifying one to me is having the ability to decide which equipment and technology I want to purchase. Technology that I not only want but that, in my mind, are necessities for a modern dental practice. Technology that not only benefits the practice, but also benefits my patients and allows me to do better dentistry.

I have found the PreXion3D Elite CBCT to be an absolutely essential piece of equipment, one that I use on a daily basis and, ironically, one that I almost passed on. After graduating, the looming mountain of student debt we dentists are so familiar with weighed heavy on my mind. Added to that was the cost of purchasing a practice and updating nearly everything in it. It is safe to say I didn’t want to spend any more money on “non-essential” items.

Fortunately, I listened to the advice my father, a dentist, gave me, and I bought the Prexion. I’m so glad I did because not only did it make me a better dentist, it made me more money, too.

I discovered rather quickly how the Prexion3D Elite produced a pattern in my office. Within that pattern are five main themes. The Prexion provides such a wealth of information that traditionally goes unnoticed, thereby enhancing my ability to accurately diagnose necessary treatment. I’m able to virtually place implants and look at the entire mouth in three dimensions, leading to better, more comprehensive treatment planning.

I’m then able to use the visually striking images and detail to increase patient education and
New Orleans
American Dental Association
ANNUAL SESSION
OCTOBER 31 - NOVEMBER 3, 2013

Education in the Round — Extraction Site Management for Implant Reconstruction

Make the 2013 ADA Annual Session your first choice for implant dentistry education

Select from more than 15 implant dentistry courses at the 2013 Annual Session and learn from renowned speakers such as Dr. Raymond Choi, Dr. Jon Suzuki, Dr. Michael Pikos, Dr. George Bambara and more.

Register before September 20 for the lowest rates.
ADA.org/session
understanding, which leads to much higher case acceptance. Finally, having a detailed map of otherwise obscured structures allows me to perform better clinical dentistry and to do so with more confidence.

Diagnosing more treatment, which educated patients accept, that is performed with confidence all lead to the two things: better dentistry and a better bottom line. The cases discussed below are examples of two situations in which the Prexion3D Elite proved invaluable.

Patient No. 1 presented with tooth #19 exhibiting decay and a missing mesial marginal ridge. Because of the extent of breakage and questionable long-term prognosis, the patient elected to have it extracted and an implant placed.

Based on the PA radiograph, there appears to be plenty of bone to place an implant (11.5-13 mm). The cone beam tells a much different story. The coronal view depicts an exaggerated lingual bias of the mandible. Had I tried to place a long implant in ideal position, I very likely would have perforated the lingual plate. Knowing this prior to surgery, I adjusted my angulation accordingly and placed the implant confidently and successfully.

Patient No. 2 presented to my office with a broken tooth, having lost the crown, post and core buildup. We discussed options and the patient elected to have an implant placed in what would soon be the extraction site. Using the information provided by a conventional 2-D digital X-ray, the diagnosis seems obvious and the treatment plan straightforward. Aside from the anemic fill, tooth #3 doesn’t look too menacing on the 2-D image.

When you look at the same area on a cone beam, however, an additional problem jumps out from the screen: Tooth #3 has a failing RCT with a resulting periapical lesion. The patient was able to see the problem clearly and understood that additional treatment was necessary. Rather than one extraction and implant, he elected to do two. In this instance, that was 100 percent increase in production that would have walked out the door undiagnosed if I hadn’t made the decision to obtain the equipment necessary to provide my patients with the best care possible.

My decision to purchase the Prexion3D Elite was certainly a scary investment, at a time when I didn’t think I could make it work. However, it has given me the best return on any investment I’ve ever made, not just clinically, but financially as well.

**about the author**

Dr. Blake Julian received his bachelor’s in human biology from the University of Kansas and his DDS from the University of Missouri at Kansas City (UMKC). Julian is the owner of Signature Smiles Family Dentistry in Greenville, S.C., where he and his wife, Holly, make their home.