For more than a few exhibiting companies and organizations, Thursday wasn’t just the first day of the ADA 2015 exhibit hall, it was their first day ever to have products and services on display at America’s Dental Meeting. The Oral Cancer Foundation, which has been around since 1999, has been represented at a number of major dental conferences in recent years, but this marks the organization’s first appearance in an ADA exhibit hall. Visit booth No. 1448 to learn about the rapidly growing organization’s “I’m part of the CHANGE campaign,” which is helping to increase oral-cancer-screening awareness among dental professionals. The nationwide organization also holds more than 30 runs/walks and other events annually.

Keith Progebin, DDS, of Washington, D.C., takes a photo of Christin Carter, DMD, left, and Shannon Holcomb, DMD, both of Greenville, N.C., in the entryway of the Walter E. Washington Convention Center Thursday morning. Carter and Holcomb are graduates of the first class at the East Carolina University School of Dental Medicine. All three have participated in the Dominican Dental Mission Project, founded by 2015 ADA Humanitarian Award recipient Dr. Francis C. “Frank” Serio. (Photo/Robert Selleck, today Staff)

Only physics limits your C.E. options

By Robert Selleck, today Staff

■ There’s one simple way to take advantage of all of the C.E. opportunities at ADA 2015: Be in 120 places at once. And it’s not just in the classrooms where attendees face the difficult task of narrowing in on just one of the many simultaneous offerings. Strolling through the exhibit hall at any time of day reveals an abundance of choices in C.E. opportunities.

At 10 a.m. alone on Thursday morning, if you were able to figure out how to be in 10 places at once in the exhibit hall, you could have earned more than 12 C.E. credits before lunch. Among the options:

• “Investing in Practice Growth: When, Where and How” with Bryan Chambers was getting started in the Dental Office Design Center (booth No. 1737).

• “Laser Oral Surgery for the General Practitioner” was underway with Robert Convissar, DDS, in Room 1 of the Laser Pavilion (booth No. 2354).

• A few aisles over in the Specialty Pavilion in booth No. 3844, Alan Gluskin, DDS, was presenting “Mishaps and Legal Liability in Endodontics.”

• On the Live-Patient CAD/CAM Stage (booth No. 2230), Todd Ehrlich, DMD, working with a volunteer patient, was taking attendees step-by-step through an impressioning and in-office milling procedure.

For those able to be in only one place at one time, the C.E. decisions never let up throughout the day. And those attendees without clones are in for far more of the same today.
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ally to promote awareness among the public. Founder Brian Hill is an oral cancer survivor. In booth No. 1051 you can find Nanova Biomaterials, still a relatively new company. But that newness hasn’t stopped its products from attracting a growing legion of fans. Show specials include 50 percent off on StarBright, a flavored sodium fluoride varnish that enables young patients to brush in as few as four hours after application. Its other show special is $20-per-syringe pricing and free shipping on the NovaPro Flow composite, which comes in packs of one, two or four. The company also is having a product raffle.

Anutra Medical is here for the first time because this is the first ADA to be held after the FDA approved its Anutra Local Anesthetic Delivery System, which is described as the first-known FDA-approved, multi-dose, one-handed aspiration syringe that is fully disposable. The company is offering its “starter special” at $549 instead of $799. And it’s also including a rebate offer on a subsequent purchase. You’re welcome to stop by to learn more and try a hands-on demonstration.

Speak Creative, in booth No. 3442, isn’t new to the Web development business, but after realizing a growing number of dentists were seeking out its services, the company decided it was time to more directly target such clients. The focus started after a new dental-school graduate used the company to create an online presence for his practice. He ended up being so pleased he started referring all of his dental-school contacts. “We drive traffic to you and convert visitors and leads into clients,” said Alex Rasmussen, who will be manning the booth throughout the meeting. The company has expertise with all social-media platforms and digital media. “If somebody can find it on a digital device, we can help you with it.”

Also among the more than 70 first-time ADA exhibitors is a company wearing one of the industry’s oldest and most respected names: Henry Schein Surgical Solutions. Founded in 2013, the relatively new entity can be found in booth No. 2305. It describes its offerings as covering “everything from cotton rolls to cone beams.” Be sure to check out one of its newest offerings on display: the iSy implant system.
Scenes from Thursday

Photos by Fred Michmershuizen
today Staff
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C. Aydin Cabi, DDS
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“The fit was awesome! I love the use of this new technology.”

Gregory Nicholson, DDS
Murfreesboro, Tennessee

“I love the awesome fit of the Simply Natural Digital Dentures!”

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Bensalem, Pennsylvania

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A meeting attendee gets hands-on experience with scanning equipment at iTero (booth No. 1001).

Leilani Halkiotis of Henry Schein Dental Surgical Solutions (booth No. 2305), which is introducing the iSy digital implant system.

Nanette Crebassa of Kettenbach (booth No. 414).

From left: John Dugan, Cheryl Gutmann and Meagan Delawder of DENTSPLY International (booth No. 2405).

From left: Ricardo Youngblood, Heather Irwin and Randy Bailey of Shofu Dental Corp. (booth No. 2022). Youngblood is holding the company’s EyeSpecial C II camera.

From left: Jenn Rees, Mark Lorberbaum and Vito Verzura of DentalVibe (booth No. 2705).

From left: Kay Corbitt, left, and Joanne Costantini of Isolite Systems (booth No. 905).

From left: James Johnsen, Mary McCauley and Ione Booth of Jordco (booth No. 531).

From left: Sarah Coy, Dave Lage and Erika Flanagan of Essential Dental Systems (booth No. 1210).
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James Rosenwald, DDS, FAGD
“I recently bought two DocPort cameras (to replace my older units) and found them so easy to use and so valuable to my practice that I have purchased three more units. I highly recommend this camera.”

Gerald Ross DDS—Tottenham, ON
“I've had cameras costing more than double, but my staff prefers this DocPort over any other because the pictures show incredible detail and it's so easy to use. We've tried a lot of them, but this camera is amazing.”

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Meeting attendees learn more about imaging technology from Doug Rose at Planmeca (booth No. 2003).

Meeting attendees learn about interoperability standards during an educational presentation on the exhibit hall floor.

The marketing geniuses at PracticeGenius/Patient Rewards Hub (booth No. 1655) have plenty of tools for dental practices.

The D.C. Dental Society Foundation presents the Wall of Wine on the exhibit hall floor.

From left: Margaret Bartholomew and David Wells of GoJo Industries (booth No. 413) with Dr. Michael Goulding of Fort Worth, Texas.

From left: Nello Pesci, Emilie Roberts and Alex Calaway of Prosper Healthcare Lending (booth Nos. 1901 and 3540).

Johnson & Johnson Consumer (booth No. 737).

From left: Cynthia Cortes, Judy Fortsythe, Karen Riley and Katie Leonard of Pacific Dental Services (booth No. 2447).

Tyler Guynn, left, and William Ingalls of Dental Education Laboratories (booth No. 1961).
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Pure and simple: Dental unit waterline compliance

By Leann Keefer, RDH, MSM
General Manager and Director of Education, Crosstex International

- Best practices of infection prevention and control provide safety in the clinical environment and treatment protocols for patients and dental professionals. Exposure to poor water quality can pose a health risk for people and conflicts with universally accepted infection prevention protocols.

Noted most recently, in 2011, was the fatal case of an 82-year-old otherwise healthy woman who developed Legionnaire’s disease after a dental visit1.

The goal of effective dental waterline treatment is to reduce the number of microorganisms present in the water, thereby helping to break the chain of infection.

Dental unit waterline contamination was first reported in 19632. Research has shown microbial counts can reach <200,000 CFU/mL within five days after installation of new dental unit waterlines3, and contamination levels of up to 1 million CFU/mL of dental unit water have been documented4. In 1995, the American Dental Association issued a statement encouraging improvement in the design of dental equipment to offer delivery on the outgoing water quality levels used in non-surgical dental treatment of 200 CFU/mL or fewer5.

Based on standards for potable drinking water by the Environmental Protection Agency, the American Public Health Association and the American Water Works Association, the Centers for Disease Control and Prevention guidelines (2003) state the number of bacteria in water used as a coolant/irrigant for nonsurgical dental procedures should be less than 500 CFU/mL6.

The following options are available to address the biofilm with its resident microorganisms and optimize dental unit water quality:

- Self-contained water systems
- Point-of-use filters
- Chemical treatment protocols
- Municipal water treatment systems
- Slow-release cartridge devices

Point-of-use filters placed at the end of each waterline often have pores too large to effectively trap bacteria, as well as slowing the flow of water in the tubing, which contributes to biofilm growth, and they provide additional surface area for microbial growth. There is also an ongoing expense of filter replacement every seven to 10 days.

Chemical agents available commercially are designed to inactivate and remove biofilms or deter attachment of biofilm in new or cleaned systems. Daily compliance with tablets, along with monthly shocking and quarterly monitoring, are key to these technique-sensitive protocols. Of concern, residue from undissolved tablets is a potential source of costly repairs to handpieces.

One innovative waterline disinfection cartridge system, available for municipal or bottled water, offers a continual slow release of iodinated resin. As water flows through the cartridge, it pulls elemental iodine from the resin into the water stream. From there, the iodine interacts with any bacteria in the water, killing it on contact.

The cartridge is effective for one year after being installed, making compliance effortless. This simple system is FDA and EPA-cleared to provide water under 200 CFU/mL with absolutely no testing required. With no protein attached to the iodine, it poses no risk for allergies, and any “unused” iodine evaporates into the air. Unlike hazardous heavy metal-based cartridges, the used iodine cartridge can be simply disposed of into the trash.

Effective dental unit waterline maintenance is a key component of an infection control program. Criteria for choosing a dental unit waterline treatment system include ability to control microorganisms and biofilm at required standards; reasonable product and labor costs; safety to the equipment and the environment; and, ultimately, compliance.

CDC recommendations
- Flush lines at the start of the day and between patients for 20 to 30 seconds.
- Establish a protocol to achieve and maintain water lines with less than 500 CFU/mL.

Effective dental unit waterline treatment is essential to improve patient safety and patient satisfaction. A safe water quality standard of < 200 CFU/mL can help with all your waterline needs, stop by the booth, No. 3231, in the Tech Expo Arena.

References
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Dental isolation is one of the most common and ongoing challenges in dentistry. The mouth is a difficult environment in which to work. It is wet and dark, the tongue is in the way, and there is the added humidity of breath, which all make dentistry more difficult.

Proper dental isolation and moisture control are two often overlooked factors that can affect the longevity of dental work — especially with today’s advanced techniques and materials.

Leading dental isolation methods have long been the rubber dam — or manual suction and retraction with the aid of cotton rolls and dry angles. Both of these methods are time and labor intensive, and not particularly pleasant for the patient.

Enter Isolite Systems: Its dental isolation systems deliver an isolated, humidity- and moisture-free working field as dry as the rubber dam but with significant advantages, including better visibility, greater access, improved patient safety and a leap forward in comfort. Plus, it allows dentists to work in two quadrants at a time.

The key to the technology is the “Isolation Mouthpiece.” Compatible with Isolite’s full line of products, the mouthpiece is the heart of the system. It is specifically designed and engineered around the anatomy and morphology of the mouth to accommodate every patient, from children to the elderly.

The single-use Isolation Mouthpieces are now available in six sizes and position in seconds to provide complete, comfortable tongue and cheek retraction while also shielding the airway to prevent inadvertent foreign body aspiration.

Constructed out of a polymeric material that is softer than gingival tissue, the mouthpieces provide significant safety advantages, and their ease-of-use can boost your practice’s efficiency, results and patient satisfaction.

Isolite Systems provides three state-of-the-art product solutions for every practice, every operatory: Isolite, illuminated dental isolation system; Isodry, a non-illuminated dental isolation; and the new Isovac, dental isolation adapter.

Using the Isolation Mouthpieces, all three dental isolation products isolate upper and lower quadrants simultaneously while providing continuous hands-free suction. This allows a positive experience where the patient no longer has the sensation of drowning in saliva/water during a procedure, and the practitioner can precisely control the amount of suction/humidity in the patient’s mouth.

Isolite Systems’ dental isolation is recommended for the majority of dental procedures where oral control and dental isolation in the working field is desired. It has been favorably reviewed by leading independent evaluators and is recommended for procedures where good isolation is critical to quality dental outcomes.

Visit the Isolite booth, No. 905, here in Washington, D.C., or go to www.isolitesystem.com.
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A recipient of the 2015 Best of Class Technology Award, Shofu’s EyeSpecial C-II, the first digital camera designed exclusively for dentistry, is a truly exciting innovation, a game changer for the entire dental office and the laboratory, according to the company.

The EyeSpecial C-II was developed with the intent to meet the need for effortless and consistent excellence in clinical photography, case documentation, patient and peer communication, and education.

The camera captures high-quality images with ease and convenience, according to the company. It has an exceptional depth-of-field range, smart autofocus and unique flash capabilities that ensure true-color reproduction and superb clinical photography. Like smart phones and tablets, Shofu’s camera is also highly intuitive, user friendly, compact and ultralight weight.

The EyeSpecial C-II features eight preset dental shooting modes — standard, surgery, mirror, face, low-glare, whitening, tele-macro and isolate shade — each to address a specific dental photography need. Markedly, two modes — isolate shade and whitening — can make a significant contribution toward efficient in-office communication and peer-to-peer and lab collaboration, asserts Shofu.

The isolate shade function grays out the gingival part of an image to facilitate shade matching for both the lab technician and the dentist. The whitening mode helps demonstrate the before-and-after whitening, which can be used when discussing the progress of a therapy or as an interactive aid to gain a patient’s acceptance.

Designed for comfort and functionality, the EyeSpecial C-II exceeds stringent infection control protocols. The camera is water-, chemical- and scratch-resistant and can be cleaned with a disinfecting wipe, a task that is sometimes daunting when performed on traditional photography equipment such as the SLRs.

Operating Shofu’s camera is also virtually stress-free because no extensive technical knowledge is required to work with the EyeSpecial C-II, an attribute that brings consistency and efficacy to treatment planning, according to the company. The LCD screen of the EyeSpecial C-II is larger than displays in typical smart phones and SLRs, and it can be operated with a gloved hand. The draw/edit function enables making notes on images, which can be helpful when discussing therapy options or pointing out problematic areas in a treatment.

The camera also has the ability to wirelessly interconnect with other systems in the dental office and laboratory. When equipped with a Wi-Fi card, a photograph captured with Shofu’s camera will instantly appear on connected office devices, including a computer screen, laptop, and an iPad, turning a dental office or a laboratory into an efficient communication hub.

Whether it is a dentist, assistant or hygienist performing clinical photography, case documentation or patient and lab communication, Shofu asserts the EyeSpecial C-II will help effectively harness the many needs of a modern dental practice and laboratory.

Here at the ADA
To learn more about Shofu’s EyeSpecial C-II, go online to www.shofu.com, call (800) 827-4638 or stop by the booth, No. 2022.
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Reference: 1. New technology compared to current Cavitron systems
Reference: 2. Steri-Mate® 360 available on G139 Integrated unit only

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CAV27-0715-2
When I go into practices to triage their business emergencies, I often find the answers are simpler than many thought possible. I have written an eBook with five things you can start doing today to have the most productive and efficient practice.

In Part 1, in Thursday’s issue of today, we discussed making a personal connection.

Remember the three Rs
The three Rs you learned in school were important, but for a healthy and productive dental practice, you need to master these:

• Recall
• Reactivation
• Referrals

Dentists pour a great deal of effort and money into external marketing to try to attract new patients, but they forget the treasure trove they already have: their patient list. Revitalize your practice by using this incredible resource.

Recall
Recall is truly the heartbeat of the practice. When patients are having regular visits in the hygiene chair, you will benefit from their repeat visits as well as revenue from any treatment you recommend.

A good rule of thumb for a general practice is that 33 percent of your overall production should be coming from procedures performed in the hygiene chair, meaning everything but exams. Remember: When you keep the hygiene schedule full, the restorative schedule will stay full as well.

Reactivation goes hand in hand with recall. Getting previous patients back into the office is much easier than attracting new patients, because patients who have been in before are already familiar with the office, the dentist and the team.

Make your reactivation campaign methodical. Start with your practice-management (PM) software, which should have reports telling you who these patients are and how to locate them. Your team may need to divide up the list to tackle it. Create a standard script so everyone can approach patients in the same way. Make — and most importantly, write down — your goals, get everyone on board and hold them accountable.

Great practice management software doesn’t have to be complicated! Come visit Henry Schein Practice Solutions at booth No. 2013 to discover your simple solution.

Referrals: Do you know what your patients are saying about you? Americans tell an average of nine people about a good experience, and they tell up to 16 (nearly two times more) people about their poor experiences (Source: American Express Survey, 2011).

Asking your patients for referrals lets them know you are accepting new patients. To accelerate referrals, consider sending thank-you cards for patients who refer others or having a referral campaign with a drawing for all the patients who refer friends and family members to your practice.

Find these tips and more when you download my free eBook at www.easydental.com/ada.
When people need treatment now, they also need options now.

The CareCredit credit card is a payment option that lets your patients choose the care that’s best for them and helps them get started now—without delay.*

* Subject to credit approval.
By Michael C. DiTolla, DDS, FAGD

Glidewell Laboratories’ weekly web series “Chairside Live” has given us a great opportunity to communicate with clinicians across the nation and educate them on topics that they’re actually interested in learning. If you haven’t yet had the opportunity, episodes can be viewed on-demand at www.chairsidelive.com or on YouTube and iTunes.

In the Case of the Week from Episode 105, I wanted to try something that I really hadn’t done before. I’ve done some anterior BruxZir® restorations, and they turned out well, but I had yet to do an anterior crown case in conjunction with a BruxZir veneer. This is going to be a straightforward case on teeth #8 and #9 with a BruxZir crown and a BruxZir veneer adjacent to it.

Case presentation
This patient had a pre-existing PFM on tooth #8 that was a poor esthetic match (Fig. 1). Because of the patient’s deep overbite, I liked the idea of using a BruxZir crown for tooth #8 because I could keep it almost as thin as that PFM was on the lingual. I also planned to have the lab fabricate a BruxZir no-prep veneer for tooth #9, which happened to be facially deficient anyway.

I anesthetized the patient and took off the crown. The prep had been endodontically treated, and it looked like a gold post was placed in the incisal edge.

We placed the first cord (size 00) and then prepared the gingival third of the tooth. Because the tooth already had a PFM, I didn’t have to do a ton of reduction; it was more about where I did the reduction.

While reducing, I exposed a little bit of gold, so I covered it up with a self-adhering composite resin, and then I finished smoothing off the prep (Fig. 2). Then I placed the top cord (size 2), which upon removal left us a wide open sulcus that would be simple to impress. That’s the benefit of using the two-cord technique.

Six days later, we took off the temporary and tried in the final restorations, which the patient approved. We cemented the crown with Ceramir® Crown & Bridge cement (Doxa Dental; Newport Beach, Calif.).

The thing I love about Ceramir cement is the fact that it bonds on its own to zirconia without requiring you to decontaminate the internal surface of the BruxZir crown or use a zirconia primer. Plus, the cement will typically clean up in just one piece.

With the crown placed, I then turned to the veneer. After try-in, I decontaminated the internal portion of the BruxZir veneer by sandblasting it for 15 seconds. Then, I placed a layer of Z-Prime Plus and air thinned it, and then placed the bonding agent, air thinned it, placed the veneer with the light-cured resin cement inside and cured it. You can definitely light-cure through solid zirconia. Try it yourself when you receive the case.

Here’s the patient with the crown and veneer in place (Fig. 4). It looks pretty good, considering those are BruxZir solid zirconia restorations with no ceramic on the facial.

BruxZir continues to look better because of the increased translucency of the material.

I’m now feeling more confident that if I’m placing a crown on a single anterior tooth that I can place a BruxZir veneer on the tooth next to it. As long as #8 and #9 match, we have a chance of having a nice smile.
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Since 1983, Microdent has invested heavily in research, collaborating with national and international universities, participating in numerous scientific projects and publishing clinical articles in specialized journals.

In order to completely and totally fulfill customers' requests, said Export Manager Matías Viale, Microdent ensures that all its products exceed the strictest regulatory requirements set by international health standards.

All production processes are certified and validated by the international certification body DNV-GL, meeting the highest standards of quality, as well as by the ISO 13484:2003 international certificate.

In addition, Microdent is one of the few selected Spanish companies approved by both EC and FDA regulations to market medical devices in Europe and the United States.

A growing international distribution network, which provides educational services and clinical solutions to fulfill all the needs of implant professionals, complements its marketing and distribution network throughout Spain.

Microdent is also a leader in continuing education.

“Our aim is to help dental practitioners in their learning process,” said Viale, “by addressing all areas of oral implantology in order to achieve not just proficiency but excellence in the management of dental implants.”

“Our marketing efforts throughout the world are based on continuous training and a strong communications strategy, which has resulted in a large international presence,” he continued.

Microdent is a pioneer in education and training, with established programs in more than 10 different countries. Since its inception, Microdent’s clinical courses, seminars and hands-on workshops in different cities around the world have provided practitioners with the knowledge and tools they need to succeed.

“We offer scientific lectures and practical training courses designed for all skill levels,” Viale said. “A scientific committee sets guidelines and supervises the learning objectives for all courses, and close collaboration with our teaching faculty helps deepen the knowledge in all areas of oral implantology.”

Microdent’s steady growth is clearly the result of its commitment to clinical training. According to Viale, it’s a new continuing education concept based on technical and scientific evidence that is a model of excellence for implant professionals.

Supported by a scientific committee and associate teaching staff, Microdent is proud to offer the broadest portfolio of national and international teachers specialized in different areas of implantology.
Parkell® is proud to introduce the latest version of our Award-Winning bonding agent:

NEW "Brush&Bond UNIVERSAL" provides significantly higher bond strengths to enamel and dentin, along with a brand-new indication for use on of dental alloys. If that isn’t enough, we’ve included our new Ea-Zy Primer™ ceramic priming agent in the kit. Ea-Zy Primer provides high bond strengths between restorative resins and dental ceramics such as porcelain, lithium disilicate and even tough-to-adhere-to zirconia. New Brush&Bond UNIVERSAL KIT has everything you’ll need for all of your clinical adhesive needs.

Brush&Bond UNIVERSAL displays superior physical properties when compared to other "Universal" adhesives. In fact, in a side-by-side comparison. Brush&Bond UNIVERSAL showed significantly greater adhesion to enamel, dentin, metal alloys, plus (when combined with Ea-Zy Primer) dental ceramics such as porcelain, zirconia and lithium disilicate.* (FIG. 2)

With an extremely low viscosity, and an almost undetectable film thickness of 3-8 microns, Brush&Bond UNIVERSAL penetrates deeply and widely into the dentinal tubules, forming a complex Hybrid Network, with long resin tags showing sophisticated lateral branching. This network of resin intermingling with tooth structure enhances the bonding agent’s ability to lock tightly into the dentinal matrix, as well as helping with the desensitization of cold-sensitive teeth. (FIG. 1)

Brush&Bond UNIVERSAL carries on the ease-of-use tradition begun by original Brush&Bond, keeping the same unique activator brushes. This means that if you’ve been using original Brush&Bond, there’s virtually no change in your clinical technique.

The new Brush&Bond UNIVERSAL SYSTEM comes with the Brush&Bond UNIVERSAL liquid, Activator brushes, and Ea-Zy Primer. With a wider range of clinical uses, and the same ease-of-use as before, we’re confident that you’ll find Parkell’s new Brush&Bond UNIVERSAL adhesive system to be indispensable in virtually all restorative dental situations.

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The Planmeca Compact i Touch, Sovereign Classic and Sovereign make up a distinctive product line that is built with the doctor in mind. Feature-rich and designed to accommodate your preferred working positions, these units are made to minimize physical strain and maximize the life of your practice.

Planmeca Sovereign

The Planmeca Sovereign is a combination of sophisticated engineering, innovative technology and award-winning design. It is the only dental unit on the market with both a motorized chair swivel and a motorized base for ease-of-use for any treatment need — such as CAD/CAM, implantology, laser treatment, prosthodontics or even anesthesia, all in the same room.

In addition, the length of the motorized backrest can be adjusted to optimally position patients of all sizes. Available only on the Planmeca Sovereign, this innovative feature guarantees the best possible comfort for the patient and optimal working ergonomics for the dental team.

Planmeca Sovereign Classic

The Planmeca Sovereign Classic was designed around the key concepts of comfort and usability. A slim, compact cuspidor makes it the perfect choice for any treatment room, while the user-centered design offers ease of use for both doctor and assistant.

Ultraleather™ upholstery and ergonomic design also ensure patient comfort during procedures. The unit is fully customizable, providing options for personalized settings from its user-friendly touch-screen. A six-position instrument console allows easy access to preferred instruments, while the Flexy™ holder for suction tubes and additional instruments supports the treatment needs of any practice.

Planmeca Compact i Touch

Planmeca Compact i Touch supports an ergonomic and smooth workflow, with simple and intuitive details that make your everyday work easy, comfortable and efficient — without compromise.

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Strength through nanofiber innovation

By Nanova Biomaterials Staff

NovaPro Flow, designed and created by Nanova Biomaterials, is the first commercial dental composite reinforced by nanofibers. The in-house-made hydroxyapatite nanofibers, composed of calcium phosphate minerals, are the secret to NovaPro Flow’s high strength, great handling properties and esthetic effects, the company asserts.

Teeth, bones and nanofibers have the same structure, all comprising a hard inorganic mineral in a soft organic matrix. For example, the enamel of a tooth is made up of high-volume, needle-like mineral crystals (approximately 15 to 20 nanometers thick and 1,000 nanometers long) in a small-volume, soft protein matrix. Bone and dentin are made up of plate-like crystals (approximately 2 to 4 nanometers thick and up to 100 nanometers long) embedded in a collagen-rich protein matrix. By comparison, the nanofibers have a thickness of less than 100 nanometers in diameter, or 1,000 times smaller than human hair.

Most dental composites are composed of only nanoparticles, while NovaPro Flow reinforces the composites with nanofibers, which adds several advantages. The strength found in the nanofibers is because of its one-dimensional nature and large surface area. If you apply a shear force to a bunch of nanoparticles, it is easier for the particles to slide by each other. A fiber, on the other hand, has a solid connection that is stronger to resist bending, shear and tensile forces.

In comparison, synthetic bulk hydroxyapatite typically has a tensile strength of approximately 50 MPa, which would not be able to reinforce a dental composite. The large size would also lead to polishing problems. The larger surface area of nanofibers provides better transfer of strength for the fiber and the dental composite alike.

During World War I, A. A. Griffith discovered the correlation between strength and the small size of ceramic materials, such as enamel, by testing different thicknesses of glass. According to the Griffith theory, these needle-like mineral crystals can reach their theoretical strength, or maximum strength, of a material (several or tens of GPa) when their diameters are in the nanoscale.

Microscopic flaws cause a material to fail, so by creating a nanoscale fiber, it statistically limits the amount of flaws and provides the ability to reach the material’s maximum strength.

In addition, such mineral crystals at nanoscale are not sensitive to cracks or stress concentration, which typically degrades when produced on a micro or macro scale. The fibers are able to bend without breaking. The high strength and low sensitivity to cracks found in natural nano-composites are the same advantages provided by the nanofiber-reinforced NovaPro Flow.

Here at the ADA

To check out NovaPro flow for yourself, stop by the Nanova Biomaterials booth, No. 1051.

Nanova Biomaterials

NovaPro Flow (Photo/Provided by Nanova Biomaterials)
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VOCO introduces Futurabond M+, a universal single-bottle adhesive. Futurabond M+’s versatility allows it to be used in self-, selective- or total-etch mode without any additional primers on virtually all substrates.

Futurabond M+ achieves total-etch bond strength levels with all light-, self- and dual-cure resin-based composites, cements and core buildup materials. With a dual-cured activator, Futurabond M+ will self-cure without any light activation, which offers a big advantage for endodontic applications such as post cementation where it avoids the pooling effect, a problem with light-cured adhesives.

Futurabond M+ also adheres well to metal, zirconia and ceramic, making extra primers unnecessary. Futurabond M+ needs only one coat and takes 35 seconds from start to finish. Its low film thickness of only 9 microns makes bonding margins invisible (i.e. no “halo” effect) and prevents pooling problems. Additionally, the material does not need to be refrigerated.

Further Futurabond M+ benefits include its indication as a desensitizer for use under amalgam restorations or on hypersensitive tooth necks, as a protective varnish for glass ionomers and as an intraoral repair of ceramic restorations.

For more information on Futurabond M+, visit www.voco.com or stop by the booth, No. 1813, here at the ADA.

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TurboVue ™ Illuminated Magnetostrictive Ultrasonic Scaler provides excellent visibility when scaling all areas of the oral cavity. The TurboVue features a light source built into the handpiece, allowing a significant amount of light to emit through the 30 K, light-transmitting ultrasonic inserts. Whether it’s the distal of a second maxillary or mandibular molar, a furcation or a deep lingual pocket you’re trying to access, the TurboVue will illuminate even the toughest corners, according to the company, ensuring you won’t miss anything.

In addition, the light reduces strain on the operator’s eyes. No more squinting or messing with the overhead lamp or loupes.

For more information, visit www.parkell.com or stop by the booth, No. 701, here at the ADA.

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