Several companies make pediatric zirconia crowns. Even more make luting cements that can be used with zirconia, and a comparable number make the burs used for preparation and adjustment. One company, however, has the technical expertise, customer-centered orientation and research commitment to develop a complete zirconia crown system for pediatric dentistry.

As one of the world’s largest manufacturers of preformed esthetic pediatric crowns, NuSmile has had many customers ask which cement works most effectively with its crowns. “In order to provide the best recommendation possible, we studied the latest developments in cement chemistry intensely,” said Mark Binford, NuSmile’s senior vice president of new product development. “We determined that the science was moving toward advanced bioactive materials, but we couldn’t find a cement that met all of our customers’ criteria.”

So NuSmile did what a true leader would do: it developed its own bioactive cement, making it the only company, according to NuSmile, to offer both preformed pediatric zirconia crowns and a cement that is specifically formulated for them. This cement — BioCem Universal Bioactive Cement — is said to deliver great bond strength and is the only cement that releases phosphate, calcium and fluoride ions into the oral environment while also forming hydroxyapatite, which is available to integrate with and replenish the tooth underneath the crown.

But if NuSmile was going to have a truly complete zirconia crown solution, it also needed to address the No. 1 problem that was being ignored by others: saliva contamination. According to the company, saliva contamination occurs 100 percent of the time when the zirconia crown is placed on the tooth during the trial fit stage, and it can significantly impair crown retention.

Independent research has proven that saliva contamination dramatically reduces bond strength and that simply rinsing the zirconia crown with water, isopropanol or even phosphoric acid after the trial fit is ineffective. The only known effective cleaning methods rob clinicians of valuable time, effecting practice productivity and profitability.

NuSmile’s solution, invented by NuSmile CEO Diane Johnson Krueger, a 35-year veteran in the dental medical-device industry, provides a practical, science-based solution that gets to the heart of the issue. Try-in crowns eliminate the need to place the actual zirconia crown in the mouth prior to cementation, thus completely avoiding saliva contamination. NuSmile ZR zirconia crown kits include these pink autoclavable zirconia try-in crowns at no additional charge.

Independent research commissioned by NuSmile indicates 80 percent of zirconia crown users consider it important to prevent saliva contamination, while 83 percent are interested in a complete system including zirconia crowns, try-in crowns, cement and burs.

“We have always prided ourselves on keeping our ear to the ground to understand what pediatric dentists need that no one else is giving them,” Krueger said. “Our exclusive complete zirconia crown system, now offered in our NuSmile smart bundle, is just the latest example of how NuSmile is leading by listening.”
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Dental care is medically necessary, yet millions of Americans lack access to care. Despite advances in healthcare and technology, glaring disparities still exist in some population groups as classified by age, sex, income and race/ethnicity.

To address these inequities, the NDA-HEALTH NOW™ project (Health Equity. Access. Literacy. Technology. Hope. National Outreach on Wheels) was formed.

Project goals are to increase access, eliminate disparities and improve health equity in underserved and vulnerable populations. A grassroots, community-based program, NDA-HEALTH NOW replicates and takes to scale key features of the Deamonte Driver Dental Project (DDDP), the award-winning regional children's program launched in 2008 for Prince Georges County, Md. It serves children, adults and the elderly; and in addition to dental care, offers medical and vision services.

The project promotes interprofessional health teams working with emerging workforce models to increase access and improve total health in America’s most vulnerable communities. Community programs are designed for use either with or without a mobile unit. Increasing awareness about the critical link between oral health and overall health is a key message.

A mixed-use mobile health unit designed by ADI-Mobile Health is touring the country to raise funds and crusade for healthier communities. It is specially equipped to provide each patient with dental screenings and treatment and, additionally, with health screenings (blood pressure, glucose and cholesterol), immunizations, flu shots and vision screenings.

The unit, design, and exhibition at various conferences were made possible through the donations of ADI-Mobile Health, Henry Schein, and the Greater New York Dental Meeting.

Other sponsors and supporters include the W.K. Kellogg Foundation, the Coca-Cola Foundation, the Henry Schein Cares Foundation, Colgate, A-dec, Inc., Philips Sonicare, Air Techniques, the Aetna Foundation, the Links Foundation, Incorperated, Crest-Oral B, Patterson Dental, Oral Health America and Sunstar.

Resources are also provided by academic partners and a massive volunteer network of NDA members and community organizations. Programs are currently active in targeted communities in Chicago, Dallas, New York and New Orleans.

NDA President Dr. Carrie Brown states: “We have launched a crusade for healthier communities that challenges the status quo. We will meet those in need where they are and support our providers, who have made a commitment to remain in communities where they are most needed. While we acknowledge and support health-outreach efforts around the globe, we must remain firmly rooted in our conviction that humanitarianism starts at home.”

For more information and to make a donation, visit www.ndaonline.org/healthnow.