Celebrating the achievements of implant dentistry in the last 20 years, clinical specialists from Europe and around the globe are expected to gather this week at the Bella Center exhibition and congress venue in the Danish capital for the annual congress of the European Association for Osseointegration (EAO). To be held for the 20th time, the event will present the latest research and treatment concepts in the field of implant dentistry.

Following a successful event in Athens last year, the congress is expected to attract up to 3,000 scientists and clinicians involved in implant dentistry over the course of four days. Besides an extensive scientific programme covering topics like imaging and factors of implant loss, the event will see a record number of companies exhibiting established clinical solutions and a number of new products, including dental implants and sophisticated surgical equipment.

Market leader Nobel Biocare, for example, has announced that its new OsseoCare Pro drill motor, which can be operated entirely through Apple’s iPad tablet computer, will be on display. Italian

EAO celebrates anniversary event in Copenhagen

20th Annual Scientific Congress of the European Association for Osseointegration to present latest developments in implant dentistry
Copenhagen—A perfect location for EAO’s annual conference

A welcome message by Lord Mayor Frank Jensen

As lord mayor, I am delighted that the city of Copenhagen is hosting the 20th Anniversary Meeting of the European Association for Osseointegration (EAO), and wish you warmly welcome to Copenhagen!

Besides an unforgettable convention, I hope that you will have the opportunity to enjoy our city. Copenhagen is surrounded by the sea and has a host of cultural offerings, as well as a vibrant atmosphere in which you can meet our easy-going and open-minded citizens.

Copenhagen boasts a well-developed health care system. This, alongside innovative medical companies and a strong research tradition at our universities, has placed Copenhagen on the international map in this field, making the city the perfect location for EAO’s annual conference.

It is my hope that the EAO meeting in Copenhagen will boost awareness of, and contribute to development in the field of dental implantology and the concept of osseointegration. I also hope that you will take home many happy memories from our welcoming metropolis.

Yours faithfully,
Frank Jensen
Lord Mayor of Copenhagen

manufacturer mectron has announced the presentation of its multipiezo pro device, which can be used for ultrasonic implant cleaning, among other things, in Copenhagen. New implants will be exhibited by MIS Implants, Megan and BioHorizons.

Satellite symposia will be run alongside the main programme to offer participants the opportunity to learn more about products and clinical solutions from long-term users and clinical experts.

According to the EAO, its latest annual meeting will look back on various issues related to implant dentistry from the last 20 years. Acknowledging the progress being achieved in the field, a Saturday morning session titled “Future perspectives of implant dentistry” will look at the most important concepts and discuss future prospects of bioactive implant surfaces and the use of computer-guided implant planning, among other topics. For the first time, a session organised by members of the EAO’s Junior Committee will discuss new revolutionary ideas that could shape implant dentistry in the years to come.

Having originated from a clinical meeting by implant specialists in the late 1980s, the EAO is today an established authority and one of the most important scientific and clinical forums for implant dentistry in Europe. It is comprised of renowned clinicians and researchers from around the world. With more than one third of visitors coming from regions outside the continent, its annual congress has recently gained more relevance internationally.

For more news from this year’s EAO congress, please visit www.dentaltribune.com/eao2012 or scan the QR code on page 1.
MIS' 2nd Global Conference in Cannes is rolling out the red carpet for you! Catch up with current trends and comprehensive solutions for dental implantology and enjoy an unforgettable vacation under the sun of the French Riviera.
“Scientifically speaking, we are living in exciting times”

An interview with EAO president Prof. Søren Schou, Denmark

Prof. Søren Schou was elected President of the European Association for Osseointegration at the organisation’s annual congress last year in Athens. He also serves as professor in and Chairman of the Department of Oral and Maxillofacial Surgery and Oral Pathology at Aarhus University’s School of Dentistry in Denmark. Today international had the opportunity to speak with Prof. Schou about the anniversary meeting and its contributions to the field of implant dentistry.

Today international: The 2012 congress will be a historical event, as members of the EAO will be gathering for the 20th time. How has the meeting evolved in your view?

EAO congresses have developed substantially since the first annual meeting took place in Leuven, Belgium, in 1992. This one attracted 560 attendees from 26 countries. For this year’s congress, we expect more than 2,000 participants.

The EAO has always provided a forum for innovative presentations on scientific and clinical aspects of implant dentistry. Over the last 20 years, it has become the leading meeting on implant dentistry in Europe, which is clearly reflected by the number of abstracts submitted to us this year. From 589 abstracts, 511 have been accepted. This high number will give participants of the EAO congress in Copenhagen an outstanding opportunity to bring themselves up to date on the most recent developments in the field.

The trade exhibition has also grown in size over the years and we are proud to say that the Bella Center in Copenhagen will be hosting the largest display of dental implants and other specialised products ever in the history of the EAO.

As it is the 20-year anniversary meeting, this gathering is special. It provides us with the opportunity to explore current advances and future developments in the context of what we have learnt in the last 20 years. We have also arranged an extended welcome reception for all attendees, as well as an anniversay dinner for EAO members.

This year a quarter of the attendees will be coming from outside Europe. How do you explain the meeting’s apparent worldwide appeal?

While the EAO is a European association, it is open to professionals from all over the world. As economies such as those of South Korea and China continue to develop, many clinicians and researchers from further afield are choosing to attend the congress. They are attracted by the high quality of the scientific and clinical presentations offered.

The number of exhibitors has increased again this year. Is this a welcome development for the congress and oral implantology in general?

The principal purpose of the EAO congress is to provide a forum for discussing and exchanging clinical and scientific developments and experiences in implant dentistry. Implant therapy is based on high-tech products that are used to perform complex treatments. The exhibition allows congress participants to compare different products, to meet suppliers face-to-face and to learn about new and scientific developments.

Moreover, satellite industry symposia have been included as a supplement to the scientific programme this year to provide updates on new developments and techniques, which demonstrates that the EAO appreciates its partnership with the industry.

Last year’s congress in Athens focused on dental implant treatment planning. What areas of implant dentistry will be discussed this year?

This year’s congress will explore how the field has advanced over the last 20 years. On the other hand, we will also take a deep look into the future. There are many fascinating sessions on novel subjects, such as human factors, that provide insights into how to minimise the risk of complications. We have also included interactive elements, which will enable the delegates to play an active role in some of the sessions, especially those dealing with human factors.

Future advances in reconstructive therapy, such as whether it may be possible to grow a jaw or teeth in the future, will also be discussed. Scientifically speaking, we are living in exciting times, and it’s thrilling to imagine where we may stand another 20 years from now.

According to a consensus statement by your organisation, one out of five implant patients are likely to develop peri-implantitis. How big is the challenge that this disease poses to implant dentistry, and what progress has been made in overcoming it?

As populations continue to age and patients keep their implants in their mouths for a longer period, we are likely to continue to see more cases. There are several risk factors that may contribute to a patient’s risk of developing peri-implantitis, including smoking and the level of their personal oral hygiene. It has been reported that between 15 and 20 per cent of all implant patients will develop peri-implantitis within 10 years, so it remains important that we understand how to prevent and treat this disease as effectively as possible. Acknowledging this need, we have dedicated a whole session to the issues of implant loss and peri-implantitis.

CBCT is indeed becoming significantly more widespread and may replace some traditional X-ray imaging techniques. It has the potential to provide additional information, enabling clinicians to improve planning for implant treatment. However, all diagnostic imaging carries a small risk due to ionising radiation. A pre-congress course on applying CBCT imaging in clinical implant practice will take place on Wednesday in order to address the use of this technique.

Over the last year, the board of directors has proposed changes to the EAO’s constitution. What do these changes include, and are they likely to be adopted at the Copenhagen congress?

The proposed changes reflect the EAO’s growth and development over the last 20 years. They are intended to make the organisation more fit for purpose and to streamline its management processes. The proposed amendments also include a revised board election process, which is designed to add more transparency to the process. In addition, the changes define maximum terms of office for committee members and office bearers.

The board has worked hard to explain the proposed changes to the membership, with information provided via regular e-mails, webinars, and at an extraordinary general assembly in June. I believe that
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“Many people have worked extremely hard to compile an excellent scientific programme…”

the proposed changes will be of great benefit to the EAO and hope that they will be adopted by the general assembly in Copenhagen.

What other outcomes can we expect from this congress, and what are your personal expectations?

As part of the congress, the results and conclusions from the EAO’s third consensus conference will be presented. The conference, which was held earlier this year, identified four key areas for discussion: implant survival and complications; peri-implant tissue destruction; computer-aided therapy and soft- and hard-tissue aspects; and reconstructions on implants. Its main conclusions and clinical recommendations will be presented in Copenhagen and be made available to the public through Clinical Oral Implants Research.

I believe the congress will be a successful meeting, facilitating the exchange of ideas and information between participants.

Many people have worked extremely hard to compile an excellent scientific programme and I am certain that great efforts will result in a memorable anniversary meeting.

Prof. Schou, thank you very much for this interview.

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**Imaging guidelines revised**

- The EAO has recently updated its guidelines on the use of diagnostic imaging in implant dentistry by extending them to cone-beam computed tomography (CBCT). Their aim is to optimise both conventional radiography and new procedures and to address the As Low As is Reasonably Achievable principle (ALARA) by focusing on patient welfare and safety with regard to minimising their exposure to ionising radiation.

They were drawn up to support radiologists, as well as dentists and their assistants, in primary care, the organisation said.

“The field of diagnostic imaging is often both very technical and complex. I believe these EAO guidelines provide a very easily accessible, practical and authoritative approach to the area and offer useful guidance to dentists to help them fulfil their obligations, to act always in the best interests of their patients, as well as to be aware of their ethical and legal responsibilities,” said Prof. David Harris, lecturer at the Trinity College Dublin Dental School and Hospital and chair of the EAO panel of 14 radiologists and clinicians from all over Europe that convened at the Medical University of Warsaw in May 2011.

According to the panel, all diagnostic imaging carries a risk how ever small; nevertheless, in implant dentistry, it is considered essential to patient evaluation for proposed surgical treatment, the investigation of certain complications and prosthetic planning. The experts therefore highlighted that it is necessary to reduce any radiation dose according to the ALARA principle and to ensure that the examination of each patient is always justified and results in a net benefit to the patient. Available alternative techniques with the same objective but involving less or no exposure to ionising radiation must also be taken into account, they said.

The EAO approached the revision of its 2002 guidelines after SEDENTEXCT, a collaborative EU research project on the sound and scientifically based clinical use of CBCT in dental imaging, had recommended in 2009 that the association review its previous guidelines to take into account the increasing demand for CBCT in dental practice in recent years.
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* DENTSPLY Implants was launched in North America April 2012. Transition to the new business in other geographical locations around the globe will follow.
Conical internal connections will fuel growth in dental implant market

By Dr Kamran Zamanian & Jan van den Dolder, iData Research Inc.

The dental implant and bone graft substitute market is the most rapidly advancing segment of dental growth, and leading competitors in this market must consistently develop new products supported by academic and academic organisations to remain competitive. Recent cases have demonstrated that when companies lose a segment of support from the scientific community, their market shares tend to suffer significantly.

The European dental implant and bone graft substitute market has been further challenged by recent economic instability and the European crisis, which has created a consistent demand for lower-cost dental implant products. As a result, many lower-priced competitors have begun to seize larger market shares in almost every European market. In many segments, these competitors are either regional or sourced from overseas markets such as Brazil, Korea and Israel. Regenerative products and barrier membranes have been particularly affected by consumer austerity, as these products are discretionary in many cases. However, a growing number of consumers continue to demand high-quality products, guarantees of service and scientific improvements, which only premium manufacturers are equipped to offer. Conical internal connections are one such recent innovation, and currently constitute the fastest-growing connection type in the dental implant industry.

Many dental implant and bone graft substitute companies have looked to expand their product portfolio or create new markets while they create package deals to offset competition from rapidly emerging lower-priced competitors. Significantly, many European and US companies involved in this market have begun to invest in rapidly emerging periphery markets such as Turkey.

Increasing prevalence of conical internal connections

Dental implants are connected to final abutments in one of three ways: internal connections, external connections or single unit devices in which the implant and abutment are already attached. Furthermore, internal connections have two sub-segments: butt-joint internal connections and conical internal connections.

Research has shown that a lack of intimate fit of the implant to the abutment or movement of the implant can provide an area for bacterial growth. Conventional butt-joint connections provide a connection that can result in micro-movement between the implant and the abutment, creating a pump effect for bacteria into the connection area. When bacteria are present in the micro-gap, they can cause inflammation, tissue recession and bone loss. Recent clinical studies have demonstrated that, on average, conical connections offer a smaller micro-gap than butt-joint connections, in addition to a greater mechanical level of stability. As a result, conical connection types have become hugely successful in the dental implant market, and the majority of leading dental implant manufacturers have introduced conical internal connection products. Conical connection types will continue to represent one of the fastest-growing segments of the dental implant market.

Turkey one of the fastest growing dental implant and final abutment markets in the world

Turkey is one of the fastest-growing dental implant markets, with strong economic growth that weathered the recession far better than the US and nearly any region in Europe. The technology of dental implants in this country has advanced rapidly, as most of the major players in the European market moved quickly to gain a strong market share in Turkey. Additionally, this market benefits from low labour costs, which add to the incentive for implant companies to establish domestic subsidies or local distribution partners, fuelling options for consumers. Turkey is also a popular destination for dental tourism, especially among patients from more expensive European markets. From 2008 to 2018, the Turkish dental implant, final abutment and computer guided surgery market is expected to grow at a compound annual growth rate of 20.4%.

In May 2011, AGS Medical Crünleri, the first major Turkish company to produce dental implants, commenced operations in the Turkish dental implant market, final abutment and computer guided surgery market is expected to grow at a compound annual growth rate of 20.4%.

EU medical tourism directive will strongly impact the European dental implant market

The EU directive on cross-border healthcare that comes into force in 2013 will have a strong impact on the European dental implant market. This directive will target the medical tourism market, quality of the medical services they offer. The UK features one of the highest rates of outbound dental tourism, as patients are unaccustomed to high-cost treatments for procedures, owing to the legacy of the National Health Service. Whereas rich patients from developing countries used to come to prestigious hospitals in the UK and elsewhere for treatment, outbound medical travel from the UK has been growing far faster than inbound over the past decade, as UK patients are increasingly travelling abroad for lower-cost care. Figures suggest more than 50,000 citizens of the UK go abroad for treatment annually. The number of outbound medical tourists from the UK rose by 170% from 2002 to 2009.

Dental implant companies follow success of conical internal connection

Butt-joint internal connections as a whole are becoming increasingly dominant in the dental implant market. Conical internal connections and butt-joint internal connections represented 83.4% of implants with an internal connection in 2011. Conical internal connections are the fastest-growing segment of the market and expected to increase at a compound annual growth rate of 10.1% by 2018. NobelActive (Nobel Biocare) was one of the foremost early successes of conical connection types, and was rapidly adopted by consumers owing to clinical results demonstrating its greater stability and smaller micro-gap between implant and abutment. The majority of large companies now offer a conical connection, as this market is expected to overshadow butt-joint internal connections and continue to supply the greater stability and perceived smaller diameter micro-gap offered by conical internal connections. Many companies are combining these connection types with tapered shape and surface treatments as the current generation of premium products.

The information contained in this article was taken from two detailed and comprehensive reports published by iData Research (www.idataresearch.net), entitled “European Markets for Dental Implants, Final Abutments and Computer Guided Surgery” and “European Markets for Dental Bone Graft Substitutes, Dental Membranes and Tissue Engineering.” iData Research is an international market research and consulting firm focused on providing market intelligence for the medical device, dental and pharmaceutical industries.

For more information and a free synopsis of the above report, please contact iData Research at dental@idataresearch.net.
Titanium implants may carry risk of corrosion

Titanium medical implants used in dental prostheses and bone-anchored hearing aids may be less robust than commonly believed. Researchers from the UK have recently discovered evidence to suggest that in implants where there is no significant wear process, microscopic particles of titanium can be found in the surrounding tissue, which may have a negative impact on the devices.

For the study, Dr. Owen Addison in the Biomaterials unit of the University of Birmingham’s School of Dentistry and his team obtained tissue from patients undergoing scheduled revision surgery associated with bone-anchored hearing aids (BAHA) at University Hospitals Birmingham NHS Foundation Trust. Soft tissue surrounding commercially pure titanium anchorage devices was examined using micro-focus synchrotron X-ray spectroscopy at the Diamond Light Source, Oxford, UK.

“The results showed, for the first time, a scattered and heterogeneous distribution of titanium in inflammatory tissue taken from around failing skin-penetrating titanium implants,” the authors reported. “Wear processes and implant debris were unlikely to be major contributors to the problem. In the absence of obvious macroscopic wear or loading processes, we propose that the titanium in the tissue results from micro-motion and localized corrosion in surface crevices.”

Globally, more than 1,000 tonnes of titanium are implanted into patients in the form of biomedical devices every year. Metallic prostheses, fixation and anchoring devices are used extensively for dental, orthopaedic, and craniofacial rehabilitation and their effects on the body are widely perceived to be associated with following initial implantation.

The development of peri-implant inflammation may result in the premature loss of the implanted device or the requirement for revision/revision surgery, which are scenarios that can “impact on patients’ well-being and economically on the health service provider,” the authors concluded in the study. “Our results emphasise the need to understand further both the physical and chemical mechanisms leading to the dispersal of titanium species in tissue around implants and their potential to exacerbate inflammation.”

“The results are likely to contribute to the failure of other metal implants in soft tissues, where macroscopic wear is not considered to be a risk,” they said.

Addison commented that while the findings pose no alarm to those with BAHA implants or similar devices, they demonstrate that improvements in materials like titanium can be sought. Research is currently being conducted to look at the biological consequences and to understand the mechanisms by which the debris is produced.

The study “Do passive medical titanium surfaces deteriorate in service in the absence of wear?” was published online on 25 July in the Journal of the Royal Society Interface ahead of print.

International implantology experts gathered in London

In September, the International Team for Implantology (ITI), a worldwide independent academic association in the field of implant dentistry, held its annual general meeting in London. Around 160 participants attended the event, during which its next president was elected and the organisation’s honorary fellowship was awarded.

In addressing guests, the association’s president, Prof. Daniel Buser, pointed out the ITI’s growth in recent years owing to the success of the ITI Study Club concept in particular, which was introduced in 2010. He announced that the ITI had welcomed its 10,000th member in 2011 and now has more than 12,800 members worldwide.

In addition, David L. Cochran, professor at and Chairman of the Department of Periodontics at the University of Texas Health Science Center at San Antonio’s Dental School, was elected as Buser’s successor, for their four-year term of office as president will end in April 2013. According to the organisation, Cochran has been a member of the ITI since 1992. In his position as Chair of the ITI Research Committee and member of the board of directors, he has been actively involved in shaping its development.

Moreover, the association awarded former ITI president Prof. Dieter Weingart an honorary fellowship for outstanding merit and his commitment to the organisation. During his presidency between 2005 and 2009, the German professor played an important role in developing and implementing the strategic goals of the organisation as defined in the “ITI Vision 2017”, according to the association.

For the first time, the annual scientific seminar held alongside the general meeting was open to both ITI members and non-members. Under the theme “Dilemmas in implant dentistry”, internationally renowned experts reported on challenges in implant dentistry and presented the latest evidence-based findings in the field during the three-day event, which was extended to a full day.

The association announced that its next meeting will be held on 27 April 2013 in Bern, Switzerland.

Market report forecasts extensive growth of Korean implants in Asia Pacific

Dental implants produced in the Republic of Korea have gained significant market share in recent years. A report by the Millennium Research Group (MRG) in Canada has indicated that manufacturers from that country could dominate dental implant markets in the Asia Pacific region as early as 2016 owing to their price advantage.

Implants from Korea are also catching up in terms of clinical data, the report states, a fact that will make them increasingly adoptable for implant specialists in the region.

The total regional market for dental implants is expected to exceed US$800 million by 2016 with the key driving market being Australia, which was historically underdeveloped and is now expected to grow by 10 per cent annually, according to MRG.

Japan, the largest national market in the region, will experience slower revenues despite an overall rise in implant procedures. Alongside Germany and Israel, South Korea currently has one of the highest rates of dental implants per capita worldwide.

This market saturation has recently forced many manufacturers to pursue sales markets overseas. While exports to Western countries have remained relatively slow, Korean manufacturers already rival established implant providers in Asian countries like Pakistan, Malaysia or Hong Kong.

The CAMLOG Foundation is calling for submissions for its third CAMLOG Foundation Research Award. The award is presented biennially at the International CAMLOG Congress and is open to all talented scientists/researchers and dedicated professionals at universities, hospitals and practices under 40 years of age.

The CAMLOG Foundation engages in targeted support of gifted young scientists, promotion of basic and applied research and continuing training and education to promote progress in implant dentistry and related fields to better serve the patient. The submissions must have been published in an accredited scientific journal and can be submitted in either English or German. The articles must deal with one of the following topics in implant dentistry or a related discipline: diagnostics and planning; hard- and soft-tissue management; sustainability of implant-supported prosthetics; physiological and pathophysiologic aspects; and advances in digital procedures.

The contributions will be evaluated by the CAMLOG Foundation Board. The winner of the 2012/2013 CAMLOG Foundation Research Award will be given the opportunity to present his/her work to a wider audience during the 2014 International CAMLOG Congress. Furthermore, the authors of the three best contributions will receive cash prizes (€10,000, €6,000 and €4,000, respectively).

The entry conditions and the mandatory registration form can be downloaded from www.camlog-foundation.org/awards. The registration deadline is 30 November 2013.
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**“One out of five implant patients are likely to develop peri-implantitis”**

An interview with Dr Frank Schwarz, Germany

On Thursday, the German implantology expert Dr Frank Schwarz will be presenting a lecture on peri-implantitis. Today in front of the European Association for Osseointegration (EAO), he will be discussing the latest treatment approaches and the importance of iatrogenic factors, which can promote peri-implant infections. Similar estimates concerning mucositis are lacking.

Experts say that the number of implant treatments will increase above average in the next few years, particularly in Asia. What consequences will this have on the dental community? Owing to the increasing number of dental implants placed, post-implant complications will be increasingly relevant in the future.

How many patients are estimated to be affected?

According to the current consensus statement by the European Association for Osseointegration, one out of five implant patients are likely to develop peri-implantitis. Considering the latest research findings, which of these are likely to have the most successful clinical outcome?

In general, surgical procedures seem to have the advantage over non-surgical treatment approaches.

Is there one effective method of treatment or is it a combination of different methods that ensures long-term success?

For a successful therapeutic outcome, several factors have to be taken into account. The configuration and morphology of peri-implant bone defects, which have been considered to be of lesser importance, seem to play a very important role actually.

New implant and implant surfaces promise even better osseointegration. Will this have an effect on the development and treatment of peri-implantitis?

New implant modifications have to be studied and assessed with regard to these aspects.

What are the most promising treatment approaches, in your opinion?

Dr Frank Schwarz

I will give a comprehensive review of them in my EAO lecture on Thursday.

Thank you very much for this interview.

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**Dose, risk, optimisation and justification with CBCT**

By Prof. Keith Horner, UK

One cone-beamed tomography (CBCT) is the most significant development in dental imaging during the last 25 years. It brings cross-sectional imaging into the dental practice and has obvious advantages in implant dentistry. Concerns have been raised, however, over the radiation doses, which are usually higher than those of conventional dental radiography.

When the word “radiation” is used, alarm bells ring for many. One of the most common questions asked by dentists is how the dose of one X-ray examination (e.g. a panoramic radiograph) relates to another (e.g. CBCT). This is almost impossible to answer because there is a wide range of possible doses from any type of X-ray examination, reflecting differences in equipment, the image receptor, the field of view and so on. Recent reviews indicate that doses from CBCT are typically an order of magnitude greater than those from conventional dental radiography. The health risks from such exposures are also proportionately higher; although we can perhaps console ourselves by remembering that risk falls with patient age, and that many implant patients are in the older age groups.

The foundations of radiation protection of patients are justification and optimisation. Justification embodies the principle that all exposure to X-rays should have a positive net benefit to the patient. It is implicit within this that the X-ray imaging strategy should be “prescribed” for each patient and therefore that no imaging should be performed until a history and clinical examination have been performed. Referral criteria are an essential aid to the justification process, being clinical guidelines based on, at best, a solid body of evidence or, where the evidence is lacking, consensus. Optimisation is the principle that all exposure should be as low as reasonably achievable. As radiation exposure factors are reduced, image quality will fall, but lowering exposure to a point at which image quality is still adequate is an important strategy, as well as cutting down the size of the field of view.

So, where do we go from here? CBCT is a great technological advance, but that does not mean we must use it if a conventional radiograph, or good clinical examination, would be sufficient. We have to recognise that regulatory authorities dealing with radiation in Europe are aware of CBCT in dental practice and are keeping a watchful eye on how we use this technology. The best way for us to demonstrate that we are appropriate users of CBCT is to follow the principles of justification and optimisation—and to show that we follow them. This means only using CBCT when it is going to answer a question that cannot be answered by other methods involving less, or no, radiation.

When we use CBCT, we should never just “press the button” using a standard exposure for everyone, but we should adjust the exposure factors to a level that gives adequate image quality and use the smallest appropriate field of view.

These simple steps will reassure our patients that we have their best interests at heart; that is what we, in the end, are all about.

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**Will it be possible to grow a tooth in the future?**

By Irma Thesleff, Finland

While fish and reptiles can renew their teeth continuously, human beings have lost this capacity through evolution. However, many people have been dreaming about the possibility of growing new teeth for hundreds of years. These hopes have been supported by the occurrence of supernumerary teeth in the jaws, as well as fully developed teeth in embryos.

The issue of tooth bioengineering is currently being taken up: more recently, as scientific breakthroughs in the fields of genetics and developmental biology have led to a completely new level of understanding about how teeth develop. We now know the key features of the mechanism of tooth development.

According to the current consensus statement by the European Association for Osseointegration, one out of five implant patients are likely to develop peri-implantitis. Similar estimates concerning mucositis are lacking.

Experts say that the number of implant treatments will increase above average in the next few years, particularly in Asia. What consequences will this have on the dental community? Owing to the increasing number of dental implants placed, post-implant complications will be increasingly relevant in the future.

How many patients are estimated to be affected?

According to the current consensus statement by the European Association for Osseointegration, one out of five implant patients are likely to develop peri-implantitis. Similar estimates concerning mucositis are lacking.

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How many patients are estimated to be affected?
Time pressure, stress at work and their impact on failure occurrence

By Dr René Amalberti, France

Let me introduce you to Dr John David, a dentist in a town of 15,000 residents. John is the only dentist who opens on Saturday mornings and, therefore, his waiting room is packed. At 9:30, Peter S. calls John to get an immediate appointment for a very painful tooth. John apologizes and explains that he is totally overbooked. However, the patient insists and so John gives him an appointment for 11:00. A medical examination of Peter shows pulpitis of tooth #27 and despite time pressure, John intends to perform a pulpectomy, which he does extremely quickly within ten minutes instead of the 20 to 30 minutes usually needed. John concludes the treatment with a classic root-canal filling. Unfortunately, he makes a mistake in predicting the correct length of the root, and pushes the root-canal filling much too far, invading the proximal sinus. He recognizes the problem on the control X-ray but it is already too late. Peter will suffer from chronic sinusitis owing to the error, and need corrective surgery. He decides to sue the John.

Like the dentist in our example, all dentists are subject to time constants and time constraints. They are confronted with uncertainties, particularly because of their partial control of the situation. These uncertainties add significant risks to the basic yet complex nature of the task. On the one hand, time is encoded in the representation of the activity, and tasks are organised according to time. Dentists usually use deadlines as milestones around which shared activities can be organised. The high number of these deadlines is sometimes misleading because, in most cases, they manage parallel time scales extremely well, and use them as natural markers to distribute their activities throughout the day.

On the other hand, time is what drives transformation in the world; it has its own problem- and error-solving potential. Situations are dynamic and, therefore, a problem encountered at one moment in time will not be the same as another encountered later. Sometimes, not doing anything is the best way to solve problems.

Time also changes situations. As information and disease stack up over time, a complex problem can turn into a much simpler one. Human beings are well aware of this, and often exploit this property of time. For better or worse, dentists have a good grasp of what gaps they can fill; therefore, they can afford to make decisions that they know are not ideal, as long as they believe that this decision will not place them in a situation that exceeds their levels of expertise and fatigue.

Error control usually follows this route. Time is a precious error-detection tool and often helps to alleviate consequences of errors, but it is also the source of many errors in dynamic-situation control. More than 60 per cent of errors are clearly connected to the quality of time control in medicine.

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Dr. Jan Bjerg Andersen

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"Time is a precious error-detection tool and often helps to alleviate consequences of errors, but it is also the source of many errors in dynamic-situation control."

By Dr Stephen Chen, Australia

Surgical factors that influence the aesthetic treatment outcome, including surgical management of aesthetic complications

Dental implants provide a predictable means for replacing missing teeth. Increasingly, the demand for implant treatment involves not only the restoration of function, but also achievement of an aesthetically pleasing prosthesis that blends imperceptibly with the rest of the natural dentition.

Both surgical and restorative factors contribute and interact to achieve an aesthetic treatment outcome. Surgically, the clinician is mainly able to influence the hard and soft-tissue architecture of the edentulous space, which in turn provides the soft-tissue frame for the prosthetic reconstruction. A detailed evaluation of the site is required as a first step. Sites that are compromised by loss of bone and soft-tissue height may be difficult or impossible to reconstruct to the original primate form. Limitations of treatment and the risk of adverse aesthetic outcomes need to be recognized, and communicated to the patient before the commencement of treatment.

A number of surgical factors are under the control of the clinician. Positioning the implant in the correct restorative position is a critical determinant of aesthetic outcome. Malpositioned implants may be associated with adverse soft-tissue outcomes, including loss of papillae and recession of the midfacial mucosa. Facial malposition can be repaired with immediate implants placed into extractions sockets. When multiple adjacent teeth need replacement with implants, the relative position, dimensions and number of implants are important surgical considerations. Adjacent implants if placed too close together risk loss of the bone between the implants, which in turn may cause flattening or a crater between the papilla. This can have very negative aesthetic implications. As a general rule, adjacent implants should be avoided. Clinicians should also be aware of the dimensional changes that take place when multiple adjacent teeth are removed. It is often necessary to replace the missing soft tissue by addition of soft-tissue grafts to the cervical regions of the prosthesis.

Ongoing modelling of the alveolar bone may cause flattening of the ridge and thinning of the mucosa over time. Clinicians should attempt to reconstruct the natural morphology of the ridge and mimic the appearance of a root emergence by grafting the external surface of the bone with bone substitutes that have a slow turnover rate.

When adverse aesthetic outcomes occur, options for treatment depend upon the aetiology of the recession. Recession caused by inflammation or thin mucosa in an otherwise properly placed implant can usually be corrected with soft-tissue (connective tissue) grafts. With mucosal recession caused by facial malposition of implants, soft-tissue grafting methods have limited success. In severe malposition cases, the only practical solution is to remove the implant, reconstruct the ridge and insert a replacement implant in an optimal axial position.

In summary, achieving aesthetic outcomes with implants depends upon proper evaluation of the site and technically proficient placement of the implant with adjunctive augmentation procedures. When adverse outcomes occur, treatment options are limited. The adage that "prevention is better than cure" holds true for implants and adverse aesthetic outcomes.
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The only control system offering the pre-programmed clinical sequences of the main implant brands is now available with a dedicated application for touchscreen tablets. Discover the perfect working balance between your iPad* and exceptional electronics for controlling the MX-i LED micromotor. The most powerful motor on the market, with LED lighting guaranteeing a very long service life, is now also equipped with ceramic ball bearings that are lubricated for life.

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* Compatible with iPad, iPad 2 and the new iPad (3rd generation)
Osseointegration is key to a successful long-term dental implant therapy. However, no other non-invasive technology exist today for measuring the grade and progress of bone-implant integration. With the resonance frequency analysis (RFA) concept, the Swedish company Osstell offers a reliable solution for clinicians to assess osseointegration and implant stability quickly and correctly, especially in the treatment of high-risk patients or patients who require reduced treatment time.

Developed 20 years ago by Profs. Neil Meredith and Peter Cawley from the UK, the diagnostic system uses a small metal rod called SmartPeg (available for most implant systems) that is screwed into the implant’s internal thread and reacts to magnetic pulses emitted by a probe. The frequency resonated by the SmartPeg is converted by the measuring device to the Implant Stability Quotient (ISQ) scale, which provides clinicians with a universal scale to detect physical stability changes. If osseointegration is not progressing as expected, the ISQ values will decrease over time, indicating that there could be a problem with the stability of the implant.

In addition to its use as a device for measuring osseointegration, the technology can help reduce treatment time by helping clinicians decide whether to proceed with immediate or early loading of an implant by measuring and comparing ISQ values at placement and before the final restoration, the company said.

RFA measurements and the ISQ scale have so far been used in over 500 studies and scientific articles. In a clinical trial published in the latest issue of the International Journal of Periodontics and Restorative Dentistry, for example, researchers from the Sapienza University of Rome’s School of Dentistry were able to demonstrate stable long-term results for implants inserted in grafted sites in the mandible and the maxilla with the help of resonance frequency analysis.

According to the company, the Osstell ISQ meter is now used by more than 9,000 clinicians around the world. The Osstell ISQ kit comes with a compact measuring instrument featuring a large LED display, a measuring probe, a SmartPeg testing device and a rechargeable battery. Measurements can be stored and transferred via a USB connection to any computer running Microsoft Windows.

Visitors to the European Association for Osseointegration congress will have the opportunity to learn first hand more about the technology from users at the company’s fourth scientific symposium on Friday, 12 October, from 8:00 to 9:00, in Auditorium 15 of the Bella Center. The session, moderated by Prof. Klaus Gofredsen from the University of Copenhagen, will be attended by Prof. Lars Senneryd, Sweden; Dr. Leonardo Vanden Bogaerde, Italy; and Prof. Peter Moy, the USA. All presenters are long-term users of the system and will share their experiences with participants.

“With these seminars we do not only present novel scientific and hands-on clinical information to users of the device but also expect to strengthen relations with all our customers,” Osstell AB’s COO Anders Petersson told today international.
Three-dimensional imaging has changed treatment planning for complex dental procedures like implant placement significantly. With its CRANEX 3D extra-oral imaging device, SOREDEX offers an easy-to-operate and versatile system intended to meet modern clinical needs.

According to the Finnish manufacturer, patient position in particular can be improved with CRANEX 3D. With help of the EasyScout view, a feature that uses exposure in short pulses to measure the correct position of the head, the number of missed exposures and therefore patient radiation can be reduced. In addition to EasyScout, CRANEX 3D offers a ClearTouch control panel and automatic exposure settings for a better workflow.

CRANEX 3D has a dedicated panoramic CMOS sensor, enabling full panoramic image size and geometry in each panoramic programme. Cephalometric imaging programmes allow for precise treatment planning in orthodontics and oral surgery. Accurate information on bone structures, fractures, impacted teeth, third molars, the TMJ and abnormal anatomy can be obtained using the system’s cone-beam 3-D imaging programmes.

MIS Implant’s C1 conical connection implant system will be on display at this year’s EAO congress in Copenhagen, the Israeli corporation said. Launched in late 2011, the C1 system features a dual-thread, self-tapping design for a better bone-to-implant connection, a conical connection with an anti-rotation index and the Dual Stability Mechanism, which is claimed to provide long-term stability through a combination of high primary stability with accelerated osteointegration.

According to MIS, the implant geometry of C1 achieves a moderate compression of the bone at the top two thirds of the implant body through a novel drilling method. The mechanical stability achieved through this compression is complemented by the biological stability made possible by compartments between the threads at the bottom one third of the cavity that form a habitat for sustainable bone growth.

C1 implants are currently available in lengths ranging from 8 to 16 mm. Both implants and abutments feature platform-indicative colour coding for better identification during treatment. They come in various packages, including a single-use final drill, a cover screw and temporary PEEK abutment to allow for one-stage or two-stage procedures, or immediate loading.

MIS IMPLANTS, ISRAEL
www.mis-implants.com
Booth G12

SOREDEX, FINLAND
www.soredex.com
Booth B36

C1 IMPLANT SYSTEM

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In face, however, these look-alikes do differ significantly from the original implants. Just because something looks similar does not necessarily mean that its performance is equivalent. Numerous individual components are crucial for long-term clinical success, ranging from the choice of raw materials to consistent surface quality and manufacturing precision.

At Straumann, developers consider the system holistically when developing a new system; for example, they examine mechanical loading and the ideal predetermined breaking points—just in case exceptional events cause an overload. According to the Swiss manufacturer, its research has shown that a precise fit and the relevant tolerances for workpieces in production are crucial, requiring stringent quality controls for raw materials in production, as well as for machines and processes.

The fine balance between implant and abutment components is not necessarily given in the case of imitation products because changes in manufacturing tolerances and variations in materials can lead to fractures and other problems, Straumann says. Using what appears to be an equivalent copy, only cheaper, may result in unpleasant problems for the patient, as well as expensive repair work for the dentist and the laboratory.

Over time, prosthetic elements may also need replacing, and obtaining the matching original components to find new prosthetic solutions could be difficult, especially if the implant system is uncommon or no longer available because the manufacturer has been out of business. Dentists who need to restore Straumann implants can obtain the necessary parts, which is a service the company made available for all its implants since 1974.

With its sand-blasted, large-grit, acid-etched SLA surface, Straumann once defined a new standard, allowing for new bone formation. It has improved this standard, allowing the early adhesion of the cells necessary for new bone formation. Both surface topographies and effects have been extensively investigated in preclinical studies and have become among the most documented and clinically validated surfaces in the industry.

Straumann has always developed and manufactured products based on innovation, precision, reliability, and simplicity. Its expertise has been built through decades of scientific research and development. The company believes that only this evidence-based process with accurate documentation of product performance will ensure further progress in the industry and help dentists in recommending a treatment that represents a state of the art science and technology and that reduces possible risks to the minimum.

During the EAO congress, Straumann will present a satellite symposium on the key success factors for implant treatment on Thursday, October 11. The event will see presentations by Dr Ronald Jung and Prof. Giovanni Salvi from Switzerland, as well as Will Martin from the US.

Institut Straumann AG, Switzerland
www.straumann.com
Booth FGS-C

CONTINUING EDUCATION: DENTAL TRIBUTE STUDY CLUB OFFERS GLOBAL E-LEARNING

The development of dental implants is constantly advancing. Recent findings and research results are presented at conferences, trade shows or in specialist literature. However, with regard to continuing education (CE), e-learning is becoming increasingly important.

One way to keep up to date easily is via the Dental Tribute Study Club (DT Study Club). The international e-learning platform and offers a wide range of ongoing CE programmes, for which the DT Study Club provides the technical support. CAMLOG, another partner of the DT Study Club, recently commented very positively on the cooperation in its membership magazine and praised e-learning as a new method of training with much potential.

All webinars are archived after the broadcast and can be accessed at any time. In addition to webinars, the club offers recordings of conferences, including symposia organised by the DT Study Club. Each lecture is about one hour long. Almost 50,000 minutes of CE are currently available for viewing, many of which concern implants. Imaging software is not necessary, since material is viewed via Adobe Flash Player, which is commonly installed on most computers.

DT Study Club
www.dtstudyclub.com

NEW POWERHOUSE IN IMPLANT DENTISTRY PRESENTS AT EAO

For the first time, DENTSPLY Implants—the merger of DENTSPLY Friadent and Astra Tech Dental—will showcase its combined comprehensive portfolio to an audience of implant specialists in Europe. Future-oriented concepts and technologies will be presented by the new powerhouse in implant dentistry in two exhibition areas, as well as during two symposia, at the EAO congress in Copenhagen.

At the “Update on tissue care” satellite symposium, moderated by the Past President of the British Academy of Aesthetic Dentistry and private practitioner Nigel Saynor from the UK, a panel of renowned specialists will share insights and new findings from research and dental practice regarding the successful long-term maintenance of stable peri-implant hard and soft tissue. There, visitors will be able to update their knowledge and discuss issues like osseointegration and lasting tissue stability. During a parallel symposium titled “A good morning”, moderated by Michael Norton, distinguished lecturers like Jan Lindhe, Clark Stanford and Ingeborg De Kok will present on the topic “Astra Tech Implant System—Creating the future by going back to the roots”.

Both symposia will be held on Thursday, October 11, from 11:00 to 13:00 in Hall A2 (“Update on tissue care”) and in Auditorium 15 (“A good morning”) at the Bella Center.

Visitors can enjoy a cup of coffee while exploring the various product areas at the DENTSPLY Implants Hospitality Lounge, the company said. From science, documentation and professional development to the Speakers’ Corner, where clinical specialists will discuss various topics of interest, visitors can see and get hands-on with the extended product portfolio.

Following the acquisition of Astra Tech Dental last year, parent company DENTSPLY International began a gradual merger of the Swedish enterprise and DENTSPLY Friadent worldwide under the name DENTSPLY Implants. After North America, the new company will continue to roll out its combined portfolio to markets throughout the world. Besides Spain, Portugal and Russia, for example, implant products have recently been introduced in Scandinavia.

According to DENTSPLY Implants, success strongly depends on the correct decisions and appropriate concepts—along with the hardware. Therefore, solutions based on clinical evidence and the vision of the freedom to create predictable and lasting patient-specific implant solutions will be presented in the two exhibition areas. While one area will focus on the implants and bone-regeneration products offered by the company, including ANKYLOS, the ASTRA TECH Implant System, XIVE and FRIGS, the second will offer all kinds of open solutions. It will also provide an overview of the company’s solutions for predictable and patient-specific outcomes, such as ATLANTIS and ATLANTIS ISUS, ExpertEase, Facilitate, and SimPlant.

The development of dental implants is constantly advancing. Recent findings and research results are presented at conferences, trade shows or in specialist literature. However, with regard to continuing education (CE), e-learning is becoming increasingly important.

One way to keep up to date easily is via the Dental Tribute Study Club (DT Study Club). The international e-learning platform and offers a wide range of ongoing CE programmes, for which the DT Study Club provides the technical support. CAMLOG, another partner of the DT Study Club, recently commented very positively on the cooperation in its membership magazine and praised e-learning as a new method of training with much potential.

All webinars are archived after the broadcast and can be accessed at any time. In addition to webinars, the club offers recordings of conferences, including symposia organised by the DT Study Club. Each lecture is about one hour long. Almost 50,000 minutes of CE are currently available for viewing, many of which concern implants. Imaging software is not necessary, since material is viewed via Adobe Flash Player, which is commonly installed on most computers.

DT Study Club
www.dtstudyclub.com
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Read more
NEW ORTHO PLANNING TOOL FOR ROMEXIS

The Finnish manufacturer Planmeca has added a new Cephalometric Analysis module to its Romexis software that is intended to bring benefits to orthodontic planning and treatment by providing easy-to-use features for creating cephalometric analyses and composing superimpositions of 2D cephalometric images, facial photos and images of the dental arch.

According to the company, the Planmeca Romexis Cephalometric module renders routine analyses fast and easy. An analysis can be performed in minutes and the results are displayed and shared effortlessly, it said. During a treatment process, superimposing patient images from different time points can be also used for follow-up purposes.

The novel concept also offers possibilities for customising the analysis and software properties in order to meet different professional needs and requirements.

“We believe that with the Planmeca Romexis Cephalometric Analysis module, we can serve our orthodontics customers better than ever,” Ms Helianna Pubin-Nurminen, Vice President of Digital Imaging and Applications division at Planmeca Oy, stated. “Using the same system for capturing cephalometric images, CBCT images, 3D facial photos and now for creating cephalometric analyses, the customers can work more efficiently towards a better patient treatment.”

Planmeca Romexis is a comprehensive software used by medical and dental professionals for acquiring, viewing and processing 2D and 3D images.

MULTIPIEZO PRO

Since September, mectron’s new high-end prophylaxis unit has been available to dental practitioners in Europe. Implant specialists interested in the multipiezo pro will now be able to get hands on with the product at this year’s European Association for Osseointegration congress in Copenhagen, the Italian manufacturer of dental surgical equipment said.

Featuring the same high-tech interface and puristic design as mectron’s recently launched PIEZOSURGERY touch device, the multipiezo pro can be used for a wide range of indications, including classical scaling and root planing, as well as orthoand retrograde endodontics. In addition, it can be used for all kinds of restorative purposes. According to mectron, users of the device are able to switch quickly between two ultrasonic LED handpieces, as well as various irrigation liquids. In addition, the device can be connected to tap water.

The new Soft Mode, available for the first time with the multipiezo pro, allows users to change the ultrasound modulation for the purpose of providing better comfort with unchanged performance, particularly for the treatment of sensitive patients.

Together with the device, mectron offers over 50 ultrasonic inserts, including inserts for ultrasonic implant cleaning that resonate particularly well with the multipiezo pro’s ultrasonic generator. These offer improved anatomical access and safety owing to their PEEK-based design that comes without a metal core.

Mectron has announced that it will be launching the product in other markets in addition to Europe in the coming months.
**OSSEO CARE PRO**

Announced at Europerio in Vienna in June, Nobel Biocare has now launched its new drill motor which will be on display at the EAO congress in Copenhagen. According to the company, OsseoCare Pro is operated entirely through Apple’s iPad with an intuitive interface making it possible to plan and set up the treatment sequence prior to surgery. Pre-programmed free-hand and guided drilling protocols provide increased safety, the company said. The speed, torque, irrigation flow and light intensity can be controlled and modified through the application that is available for free of charge from the Apple App store. The application also offers a built-in recording and exporting function, and allows multiple user log-ins for sharing treatment data between different clinical partners.

Nobel Biocare said that new features will be added to the app and will be updated regularly to provide users with improvements as well as enhancing the performance of the system. Besides the innovative iPad interface, the MXi LED micro-motor is the lightest and most powerful on the market, while the contra-angle has an exceptionally small head for easy access in limited space areas. Furthermore, the double LED system ensures stable lighting to avoid shadow areas and the option for combining internal and external irrigation ensures optimal cooling.

**SATURN IMPLANTS**

With Saturn, the Israeli company Cortex Dental Implants Industries is offering an implant especially suited for immediate loading after extraction. According to the company, it has also proven particularly useful in cases of open and closed sinus grafts. The implant has an expanded diameter, mid-crestal, wing-shaped thread that is intended to reduce stress distribution at the alveolar cortex for increased stability, even at low residual crestal height. It also helps to enhance bone-to-implant contact significantly, the company said.

Founded in 2008 by a group of oral and maxillofacial surgeons, clinicians, opinion leaders and investors in the dental industry, the company based in Shlomi has dedicated itself to designing and producing top-level tooth replacements. Besides its range of dental implants, it manufactures and distributes prosthetic components like abutments and various instruments for dental implant surgery.

Cortex products are currently available in major markets in Asia, Latin America and Europe.

Aaccording to the company, its high-end production facilities utilise state-of-the-art machinery and sterile clean rooms of the highest standards. The manufacturing plant operates in conformity with ISO GMS standards and all its products have passed inspection of the European Notified Body (CE 0473) for approval of the design, manufacture and quality assurance.

**FDI 2013 Istanbul**

Annual World Dental Congress

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**CORTEX DENTAL IMPLANTS INDUSTRIES, ISRAEL**

www.cortex-dental.com

Booth S21

www.fdi2013istanbul.org
congress@fdi2013istanbul.org
**NEOSS EXPANDS INTO TAPERED IMPLANT MARKET**

After having secured a £1 million working-capital facility from the Royal Bank of Scotland and NatWest last year, implant company Neoss recently launched its first tapered implant on dental markets in Europe and North America. The new implant offers a simplified drilling system for greater flexibility and increased primary stability, particularly in compromised cases. According to the company, it also has a low surface roughness flange (Sa 0.4) designed to reduce marginal bone loss and a rougher body to optimise osseointegration. In addition, a rounded tip is intended to protect the sinus floor membrane.

“Our aim was to provide dentists with a simple solution to placing dental implants. Therefore, the Neoss Tapered Implant uses many of the same components as our Neoss ProActive Implant system,” commented Neoss co-founder and Chief Technical Officer Fredrik Engman.

The implant is currently available to dental practitioners in all major European markets. It will also be on display at this year’s EAO congress in Copenhagen, among other products, the company said.

**IMPLANT SCANNING WITH TRIOS**

Digital implant impressions made with the TRIOS intra-oral scanning system from 3Shape are intended to help dental labs design implant cases in record time. Skipping time-consuming steps like custom-tray production, shipping and handling, dentists can capture single implant positions with the system using autoclavable scan bodies and send them to their lab, where digital models can be instantly designed with 3Shape’s Model Builder CAD/CAM software.

“3Shape TRIOS allows me to capture not only the implant positions but also the soft tissue,” said Dr Simon Kold from the Herning Implant Center in Denmark. “By adding scans of the soft-tissue emergence profile, I can give my lab detailed information that allows them to optimise the fit and aesthetic qualities of the customised abutment and final restoration.”

TRIOS is currently available in Europe and is expected to be launched in North America and other selected markets in the third quarter of 2012.
One? Or two stage?
Immediate? 
Early? Or delayed loading?

Resonance Frequency Analysis as a technique to measure implant stability and osseointegration is fast becoming a global diagnostic standard. With more than 400 articles published in scientific journals it is a proven scientific method as a guide to predictable surgical and restorative protocols.

**Manage implants at risk** - You’ll find Osstell ISQ especially valuable for achieving more predictable outcomes when treating higher risk patients and implants at risk for failure due to poor integration. Osstell gives you an early warning, as a decreased ISQ value, if osseointegration isn’t progressing as expected. It can help you avoid costs of an implant failure or redoing a crown due to premature loading. Osstell can also assist you in being more confident about treating patients with risk factors, more predictably.

**Reduce treatment time** - If the initial mechanical stability is high enough a one-stage approach is often used together with immediate- or early loading. By measuring again before the final restoration, and comparing that value to the baseline value taken at placement, the decision whether to proceed or not is made quick and easy.

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[www.osstell.com](http://www.osstell.com)

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Welcome to the Osstell Scientific Symposium Oct. 12 at 08:00 am, Auditorium 15

For more information you can find us at booth# B7
Clinical Masters Program in Aesthetic and Restorative Dentistry
10-14 January 2013 and 24-27 April 2013 in Dubai, for a total 9 days

Session I: 10 - 14 January 2013 (5 days)
- Direct/Indirect composite Artistry in the Anterior Segment
- Direct/Indirect composite Artistry in the Posterior Segment
- Photography and shade analysis

Clinical Masters:
Didier Dietschi, Francesco Mangani, Panos Bazos

Session II: 24 - 27 April 2013 (4 days)
- Full coverage Anterior/Posterior Restoration
- Partial coverage Anterior/Posterior Restoration, Ceramic Restoration

Clinical Masters:
Mauro Fradeani, Urs Brodbeck

Discover the Master's secrets and Dubai's superlatives
Tips for visitors to Copenhagen

Restaurants

Royal Café
Amagertorv 6, www.theroyalcafe.dk

Part shop, part café, this eatery tries to incorporate everything that is essentially Danish. Opened in 2007, it was designed with the help of well-known companies such as beer-brewer Carlsberg, Bang & Olufsen and Fritz Hansen. Their menu centres around small open sandwiches called smus, a new take on smørrebrød Denmark’s version of a sandwich.

Nimb Louise
Tivoli Gardens, Bercatsforstandsgade 5, www.tivoli.dk

A recent replacement of the former restaurant run by Thomas Helmaer, one of Denmark’s most acclaimed young chefs, the Nimb Louise is one of the best places to find gourmet food in Copenhagen.

Shopping

Magasin du Nord, Kongens Nytorv 13, www.magasin.dk

While Magasin has become one of Denmark’s leading department store chains, its main store at Kongens Nytorv square in Copenhagen is still a sight to behold. Inside the seven-storey classical building, you will be able to find everything from high street retail clothing to toilet paper. The store also owns a chocolate factory that, among others, creates sweet delights for the royal family.

Non Danish residents should ask for the occasionally granted 10 per cent discount.

Normann
Østerbrogade 70, normann-copenhagen.com

For those who fancy Nordic design, this almost 2,000-square metre shop was built for you. Set up in a former distillery and cinema, the Normann flagship store shop was built for you. Set up in a former distillery and cinema, the Normann flagship store shop has been awarded one of the many benefits of the store is its Osterbrogade store, Normann sells products online via its web store.

Culture Night, various locations, www.kulturministeriet.dk/en/culture-night

On Friday, 12 October, the city will be buzzing with life when Culture Night is celebrated for the 20th time. Organised by the city council, this event will see over 500 different cultural events taking place in churches, museums, galleries, exhibition halls and various political institutions. In addition, most shops will open their doors until midnight.

Events start at 17:00 and visitors need to purchase the Culture Kit in order to gain access to the events. The kit costs 90 DKK and can be bought in train stations, libraries and most cultural institutions.

Matisse
Doubles and variations

Following a successful run at the Pompidou Centre in Paris in summer, this exhibition of 53 paintings, 15 drawings and 22 photographs from nineteenth-century French impressionist Henry Matisse is currently on display at the National Gallery of Denmark. Special attention is directed towards how the artist repeated the same motif in series and pairs, while systematically varying the colours and modes of expression. The exhibition juxtaposes a wide range of these interrelated works, several of which have rarely been shown together since they left the artist’s studio.

Sightseeing

The park is open daily (except on Mondays) from 10:00 to 17:00 and on Wednesdays from 10:00 to 20:00. Admission is from 65 DKK.

Christiania
www.christiania.org

This area near Copenhagen’s city centre has been a centre of controversy since the 1970s when people took over this former military complex and turned it into a free town. Accepted by the city government, the 850 or so residents govern themselves according to the Christiania Law established in the late 1980s. Efforts to normalise Christiania’s legal status are still ongoing and have led to regular conflicts between residents of the area and the authorities. There are only a few places of interest but it is not very often that one gets to visit a micro-nation.

Christiansborg Palace, Slotet af Slotsholmen, www.christiansborgslot.dk

This twelfth-century palace, which hosts Denmark’s parliament and supreme court, among other political institutions, is frequently used by the Danish Royal Family for official occasions like state receptions. Some of the premises, including the Great Hall with its stunning tapistries that recount the country’s eventful past and future as well, however, are open to the public all year.

The cOPENhagen Card provides free entry to more than 70 museums and attractions throughout the greater Copenhagen region, including the...
Useful information

- **Organiser**
  Colloquium EAO 2012
  13-15 rue de Nancy
  75010 Paris, France
  Phone: +33.1.44.64.15.15
  Fax: +33.1.44.64.15.16
  E-Mail: eao2012@clq-group.com

- **Congress venue**
  Bella Center, Center Boulevard 5
  DK-2300 Copenhagen S
  Denmark

- **Exhibition hours**
  Thursday, 11 October: 9:00–18:00
  Friday, 12 October: 9:00–18:00
  Saturday, 13 October: 9:00–16:00

- **Languages**
  The official language of the EAO Congress is English. Simultaneous translation services are not provided.

- **20th Year Anniversary Dinner**
  This event is reserved to members of the EAO who can register for an additional fee of 50 Euros upon registration. The dinner will be held on Thursday, 11 October, 19:30 at the NY Carlsberg Glyptotek.

- **Press & Media**
  Free copies of a special edition of DTI’s congress newspaper today international will be available outside the congress centre. For daily news and updates from this year’s EAO congress please also visit www.dental-tribune.com or scan the following QR code.

- **Bella Center information desk**
  The information and security desks are located in the foyer. Additional information desks will be available at the EAO Congress.

- **Handicap access**
  Visitors who need a wheelchair or information on handicapped facilities are advised to contact the information desk in the foyer.

- **Banking & currency**
  The legal tender is the Danish Kroner (DKK), which is linked to the Euro at a rate of about 7.45 DKK (as of 21 September, 2012). A standard ATM (Danske Bank) accepting Danskort and common credit cards is located in the foyer. By the Congress entrance as well as in the congress foyer you will also find ATM machines maintained by Nordea bank.

- **Internet**
  Two personal computers with internet access are available in the foyer.

- **Business services**
  Bella Center’s Copying Service is located in the main lobby and can handle both large and small copy jobs in black/white and colour. You can also buy office supplies and send faxes there.

- **Post office**
  The post office is located at the grocer’s shop in the shopping arcade. It is open Mondays, Wednesdays and Fridays from 10:00–16:00 as well as Tuesdays and Thursday from 10:00–18:00.

- **Emergency numbers**
  Police, fire, ambulance: 112
  Police hotline: 114

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nobelbiocare.com/nobelclinician