Dr. Howard Glazer talks about his DTSC Symposia session, ‘Beautifil: Go With the FLOW’

By Kristine Colker, Managing Editor

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

In his session, Glazer will discuss the use of this new flowable resin as a base/liner as well as a primary restorative in Class I restorations. He will also discuss the use of Beautifil Flow Plus in combination with Beautifil II restorative materials to provide maximum esthetic results.

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

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

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

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

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

Would you say your presentation is geared toward a specific audience or is it more general? Is there anything attendees need to know about ahead of time in order to understand it?

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

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

I, like most of my colleagues, know of and respect Shofu for its products designed for finishing and polishing porcelains and composites. With the introduction of the seventh-generation adhesive Beauty Bond and its composite line, Beautifil II, the company has well earned a place in the restorative community. These products, along with Shofu’s new flowable line, allow the practitioner to achieve highly esthetic and durable restorations.

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

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

Is there anything else you would like to add?

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

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

By Kristine Colker, Managing Editor

Dr. Richard Rosenblatt will present “Digital Impressions: Are They for Me?” today from 2:40–3:40 p.m. His session will deal with the fact that digital impressions are fast becoming the preferred choice among dentists and labs, leading more doctors to say goodbye to conventional impression taking. Quick and easy quadrant impressions and full-jaw impressions broaden the indication spectrum, and because everything is digital, it allows the dental office and the dental laboratory to work together more efficiently.

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

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

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

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

There are many advantages to using digital impressions. I will discuss numerous advantages in the lecture, but a few quick ones are:
- better visualization of the preparation because it is magnified more than 20 times
- accurate impressions with no pullus, tears or voids, which can happen with PVS and other impression materials
- patients love no-impression material (especially gaggers)
- lab technician can receive the impression within a few minutes and call you back while the patient is in the chair if anything additional would be needed.
- when doing chairside milling, we can deliver the final product in one visit

I’ll discuss many more in the lecture.

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

I think so many dentists are switching to digital impressions because they have become much easier, they are profitable and they cause you to be a better dentist.

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

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

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

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

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

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

When did you first begin using digital impressions?

I started doing digital impressions in 2003.

What was it that made you decide to switch?

What helped us decide to switch was seeing your preps blown up 20 times the size in three dimensions makes you really improve your preps. This in turn creates an excellent fitting final restoration and, therefore, a very quick seating visit.

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

I actually started working with Sirona back in 2001. I started a study club in Chicago for CEREC users in 2005. It became a popular study club and the largest of its kind in the United States. I brought in Roddy Macleod from Sirona to speak to our members in ’06. He was in charge of the beta testing program at the time, liked what I was doing with this study club and asked me if I’d like to help beta test the software.

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

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

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

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

Is there anything else you would like to add?

I think we have touched on pretty much everything. Thanks!
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Imaging Excellence Since 1893
Dr. Louis Malcmacher explains why Botox and dermal fillers are good for the entire practice

By Kristine Colker, Managing Editor

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

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

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

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

Dentistry is no longer limited to only cosmetic dentistry. Now with every state allowing the use of Botox and dermal fillers for therapeutic uses and more than 30 states allowing dentists to also use them for aesthetic purposes, we have a new category in dentistry called total facial esthetics. Of all the health-care professionals, dentists are the only ones who can truly accomplish total facial esthetics because, along with eliminating wrinkles and folds in the face with Botox and dermal fillers, we can also give them nice, white, straight teeth so they now truly have a great looking smile with beautiful teeth, lips, cheeks and face.

Dentists now have the ability to treat patients for esthetics from the chin to the top of the forehead with soft-tissue esthetics to complement their dental esthetics. Would you say your presentation is geared toward a specific audience or is it more general? Is there anything that attendees need to know about ahead of time in order to understand it?

This presentation is geared to all dentists and their teams that want to finally understand how Botox and dermal fillers fit into their practice. Most dentists don’t even know what these procedures are, so we will describe in detail what Botox and dermal fillers are, how it directly affects your everyday dentistry, why they must be a part of every dental treatment plan for TMJ, bruxism, facial pain and certainly dental esthetics cases, and why a dentist needs to get trained in this area.

Using the existing skill sets that dentists already possess, comprehensive training is what you need to get started. How did you get involved in Botox and dermal fillers? Did it require a lot of time in order to understand it?

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

It turns out we see many dentists take our courses for this same reason. They then realize as I did that this is an outstanding procedure to offer all of their patients. I spent a lot of time and wasted a lot of money taking a number of courses in this area; there was almost nothing that related to dentistry at the time. Taking a medical training course still left the dentist vastly undertrained.

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

A few years ago, we started the American Academy of Facial Esthetics (AAFE), which developed educational programs specifically for dentists and is accepted by many of the state dental boards. The AAFE has now the first ever to offer a fellowship and mastership track to build and develop competency in the area of facial esthetics. I am proud to say that the AAFE now has 50 two-day courses a year in Botox and dermal fillers all across North America and is probably the most comprehensive course continuum in the world. We have a great faculty of some of the most highly respected dentists and physicians in the facial esthetics field who have trained a few thousand dental professionals in the last couple of years, including dentists from many other countries.

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

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

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

Get ready to add a great new service to your practice that your patients will love.

Is there anything else you would like to add?

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

And if you are a male dentist, don’t forget to bring your wife, girlfriend and team members who will then convince you once and for all to add this to your practice.
ANNUAL DENTAL TRIBUNE STUDY CLUB SYMPOSIA AT THE GNYDM

SUNDAY NOVEMBER 28

FULL DAY SCHEDULE

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

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

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

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

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

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

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

FIND US IN AISLE 6000, ROOM 3
WALK-IN’S ARE WELCOME!
LED curing: A bright idea whose time has come

By John Flucke, DDS

I can still remember seeing the James Bond film “Live and Let Die” when I was a kid. In one of the opening scenes, Bond looks at his watch, which was, at the time, a state-of-the-art red LED timepiece. I can still hear the crowd gasping as Bond pressed the button and the digital time lit up on the face of the watch.

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

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

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

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

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

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

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

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

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

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

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

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

**VALO**

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

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

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

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

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

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See Dr. Flucke

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

About the speaker

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

LEDs have come a long way in a very short time. They are convenient, powerful and reliable. Many major manufacturers are now selling the devices and a wide array of designs are available.

If you are in the market for a new curing device, give definite consideration to an LED device such as VALO. The advantages these devices offer are plenty and their drawbacks are few.
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By preventing premature loading, Osstell ISQ becomes a quality-assurance system for your clinic. It makes your treatment of challenging patients easier and more predictable – allowing you to treat more patients more successfully.

240 studies (on last count) and ten years of clinical experience around the world confirm the usefulness of Osstell ISQ.

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Visit us at Greater NY Dental Meeting, Booth #131.
The 5th Hand: a simple tool to use for accurate dental impressions

By Marc Gottlieb, DDS

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

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

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

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

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

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

If the patient feels discomfort from the retractor resting on the ridge, the manufacturer has provided optional white foam pads to absorb that pressure or you can lightly pull the retractor up and out against the lip. One of the most common flaws or problems with dental impressions is the patient’s lip catching the insides of the impression tray and limiting the seating of the tray over the teeth. The 5th Hand takes care of that problem. It also will retract the lip and cheeks to prevent facial hair from getting caught in the impression.

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

Another challenge is holding the lip out of the way while syringing light or regular body impression material bilaterally against the teeth. Once the 5th Hand is in place, the impression material can be placed along or around the teeth and then the loaded tray seated over the dental arch. In utilizing the 5th Hand, the lip cannot fall back against the teeth, helping to isolate the arch and providing an ideal solution for a final polyether impression for a no-prep veneer case.

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

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

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

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

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

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

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

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

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

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

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

Fig 9: Contour the material and capture the muscle pull.

See Dr. Gottlieb

Dr. Marc Gottlieb will present “Exciting New Tools for Superb Impressions” from 12:30-1:10 p.m. today as part of the DTSC Symposium. His session will feature six new items that optimize access, eliminate gagging, customize stock trays, distribute low-viscosity materials three-dimensionally, save expensive material and grant ergonomic access to difficult areas when it comes to impressions.

About the author

Marc Gottlieb, DDS, was born and raised on Long Island, N.Y., and attended Union College in Schenectady, N.Y., as well as the University of Buffalo School of Dentistry. While at Buffalo, he received many academic scholarships, awards and fellowships. After graduation, Gottlieb went on to a two-year, post-doctoral residency program at Long Island Jewish Medical Center. This opportunity provided advanced training in anesthesiology and all the specialties of dentistry. Gottlieb is on staff at Stony Brook University Hospital, maintains a full-time private practice, lectures all across the United States and has authored more than a dozen dental articles.
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By Martin B. Goldstein, DMD

I think we’ve all purchased products at one time or another and shortly thereafter wondered, “What will I do with this stuff?” This might describe how I felt shortly after acquiring Voco America’s Amaris Gingiva. “AG,” as I’ll call it, is a composite system geared toward cervical restoration of teeth with the sole purpose of emulating the appearance of gum tissue as opposed to hard tooth structure. It consists of three opaquers (varying shades of pink) and a universal paste that Voco America calls “Nature.” It is a semi-translucent paste, allowing the chosen opaquers (applied singularly or mixed) to reflect through and thus influence the final look of the “tissue restoration.” A handy tissue-toned shade guide will assist you in this matter.

To appreciate AG, one has to abandon the concept that a pink restoration will fool anyone on close inspection. Retract a patient’s lips, put on your loupes (or not) and you’ll have no problem identifying a pink composite restoration. You might even ask yourself, as did I, “What’s the point?” OK, here’s the point: If you or your patient is interested in maintaining the visual symmetry of his or her smile by not throwing a tooth-colored composite halfway up the patient’s face, then AG might just be the ticket. The case that follows will illustrate what I mean by this concept of “maintaining visual smile symmetry.”

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

Figure 1 reveals the tip of the iceberg while Figure 2 demonstrates the carious lesion following a diode laser gingivectomy (Biolase EZlase). (As an aside, the beauty of a laser gingivectomy in advance of taking a carbide burr to the area is the absence of bleeding and the consequent interference with bonding as well as the procedural slowdown.) Figure 3 finds the root lesion rendered caries free and ready for restoration. While restoring in a tooth-colored resin is certainly a reasonable option, the other option, “pink,” provides a certain amount of insulation from whatever tissue shrinkage might occur following the gingivectomy. Such insulation means that upon a wide smile, teeth #8 and #9 will, at a glance, appear to be the same length, thus maintaining the visual symmetry of the smile — a camouflage, if you will.

In figure 4, a glass ionomer paste (Geristore, Denmat) is being employed as the restoration’s base followed by a coat of Voco USA’s self-etching Futurabond DC. Figure 5 features AG’s included shade guide, searching for the closest shade of pink to match the adjacent tissue. In figure 7, the “light” opaquer has been chosen and placed atop the glass ionomer base.
followed by the translucent “Nature” paste to complete the restoration as seen in figure 8.

Figure 9 demonstrates the two-week post-op result. If you look closely, you’ll notice the tissue is regrouping nicely, but there is an indication that it might not make it back to its original level. Regardless, if you squint when looking at the same image, you’ll notice that #8 and #9 remain visually symmetrical much as they might while my patient is conversing or smiling. Thus, the visual appeal of the bridge has been maintained.

As experience dictates, there will be multiple situations where restoring in “pink” will make sense—most notably in large canine abfractions that can spoil the smiles of our baby boomer patients. Implant provisionals also lend themselves to the occasional need for a pink cervical area, particularly when implant placement was more apical than might have been ideal (We’ve all been there).

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

See Dr. Goldstein

Dr. Goldstein will present “A Simplified Approach to Multi-Layer Direct Composite Bonding” from 1:30–2:30 p.m. today as part of the DTSC Symposium. His session will cover a simplified approach to obtaining sophisticated results using today’s direct composite systems. Special attention will be paid to the use of VOCO America Amaris.

About the author

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

5

Fig. 7: ‘Light’ opaquer in place.

(Photos/Provided by Dr. Goldstein)

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Fig. 4: Placement of a glass ionomer base.

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Fig. 5: Choosing the closest tissue shade opaquer.

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Fig. 6: ‘Light’ shade has been selected as the base opaquer.

5

Fig. 8: Final restoration following placement of ‘Nature’ composite paste.

5

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

5

Fig. 7: ‘Light’ opaquer in place.

5

Fig. 8: Final restoration following placement of ‘Nature’ composite paste.

5

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

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