Greater again

92nd GNYDM keeps pace with ever-expanding dental profession

By today Staff

North America’s biggest dental meeting has long held that status in part through a commitment to developing timely new learning tracks within its extensive base of educational offerings. This year’s Greater New York Dental Meeting is no exception, with two key additions: a full-day International Diabetes Symposium and a multi-day Sleep Apnea Conference.

By Javier de Pisón, Dental Tribune Latin America

Renowned Puerto Rican dentist Dr. Lauro Medrano-Saldaña was elected chairman of the Greater New York Dental Meeting (GNYDM), the largest dental congress and exhibition in the United States with more than 54,000 attendees every year. Medrano-Saldaña will become the first Hispanic chairman in the 92 year-old history of the meeting.

As outreach chairman, Medrano-Saldaña has played a key role in expanding international participation at the meeting, which has resulted in the overall growth of the event. Starting in 2017, Dr. Medrano-Saldaña will be general chairman.

Making history

Dr. Lauro Medrano-Saldaña named first Hispanic chairman of the Greater New York Dental Meeting

By Javier de Pisón, Dental Tribune Latin America

Renowned Puerto Rican dentist Dr. Lauro Medrano-Saldaña was elected chairman of the Greater New York Dental Meeting (GNYDM), the largest dental congress and exhibition in the United States with more than 54,000 attendees every year. Medrano-Saldaña will become the first Hispanic chairman in the 92 year-old history of the meeting.

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Lou Graham, DDS, on far left, provides additional details about ceramic restorations as Foroud Hakim, DDS, completes a restorative procedure on the patient during 'A Practical Approach to Modern Ceramic Restorations – A Live Demonstration' on the live dentistry stage in the 2015 GNYDM exhibit hall. (Photo/today file photo)
elect, after which he will assume his two-year mandate (2018–2019) as general chairman.

The official Sept. 13 election announcement marked a before-and-after in American dentistry. After many years of hard work, Medrano-Saldaña broke a major ethnic barrier in the dental field, and his appointment will have a profound impact. His election was widely praised in the United States, Latin America and even Europe.

“This is the culmination of a great effort and very hard work,” Medrano-Saldaña said to Dental Tribune Latin America. “I think I’m breaking barriers and opening doors for other Hispanic dental practitioners who aspire to leadership positions.”

Asked about his plans for the largest dental meeting in the United States, Medrano-Saldaña said he has three main goals.

“My No. 1 goal is to reach 60,000 attendees at the meeting. The second is to strengthen our partnerships with international dental organizations, and the third goal is to produce the first Spanish-language Live Dentistry Arena,” he said, referring to one of the meeting’s main features. The Live Dentistry Arena is a 450-seat high-tech demonstration area on live patients that offers revolutionary concepts in treatment.

International participation is of such importance to GNYDM that Medrano-Saldaña will retain his position as global outreach director.

“At this moment, 51 percent of registered dentists for the 2016 meeting are foreign professionals, mainly from Latin America,” he said.

Background and praise

Born and raised in Río Piedras, Puerto Rico, Medrano-Saldaña moved to New York in 1991 and has been in private practice since 1995 in Brooklyn, where he runs Sunset Pediatric Dentistry.

In 1997, he worked as faculty professor at the Metropolitan Hospital and in 1998 was appointed attending doctor of pediatric dentistry at NYU Lutheran Medical Center.

A past president of the Second District (Brooklyn) of the NY State Dental Association (NYSDA), he is a delegate of NYSDA as well as of the American Dental Association, where he is a member of the Council on Government Affairs.

At the Greater New York Dental Meeting, Medrano-Saldaña has been a decisive force in reaching to international attendees, especially from Latin American countries.

As a result of his efforts, the meeting now offers a five-day program in Spanish, in addition to several days of lectures in Portuguese, French, Russian and Chinese, among other languages.

Dr. Steven Gournades, speaker of the house at NYSDA, who has known Medrano for more than 20 years, said: “There is nobody more capable than him to take on the immense responsibilities of the meeting. He is respected all over the country and all over the world. He is effective, sincere and gets things done. I have no doubt that he’s going to take the meeting to the highest levels. He’s an example for anyone to emulate. We will benefit from his experience and expertise.”

Dr. Chad Gehani, ADA trustee and past NYSDA president, said he has known Medrano-Saldaña since he was a dental student in New York in the early ‘90s.

“He has always shown the potential to be the leader of the community,” he said. “He also has a desire in him to do something to make a difference in society. I’m not surprised by his election. He will do a wonderful job as chairman, and reach to many communities, not only in New York but globally. He wants to expand the scope of dentistry globally. He is the right man, in the right place and will do the right job.”

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“Medrano-Saldaña has a proven track record of increasing international participation at the Greater New York Dental Meeting. (Photo/Provided by Dental Tribune Latin America)

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There is nobody better than Lauro for the position of chairman,” said Dr. Victor Guerrero Reynoso, president of the congress of the Mexican Dental Association.

“He is a born leader. He has national and international experience, a positive mind and the ability to solve problems.”

The former president of the Dental College of Peru, Dr. Juan Enrique Bazán, said the election is a recognition that “the great investments made by Dr. Medrano-Saldaña to help Latin America dental associations have paid off in increased attendance to GNYDM.”

Dr. Enrique Jadad, an international speaker and researcher based in Colombia, said that “Lauro is a leader who has worked tirelessly for world dentistry for many years,” and that “his appointment will reinforce the resolve of Latin American dentists to be a part of the Greater New York Dental Meeting.”

The well-known Argentinean researcher and professor, Dr. Eduardo Ceccottti, said from Buenos Aires where the election represents a personal and professional triumph for Medrano-Saldaña, whose long history of accomplishments bodes well for dentistry.

The president of the Argentina-based educational association ROCA, Dr. Melanie González y Rivas, added that “the high professional standards of Dr. Medrano-Saldaña ensure a successful tenure as chairman.”

From Spain, founder and director of the Barcelona-based Advanced School in Implant Dentistry (ESI Barcelona), Dr. Sergio Cacciaceane, who frequently works with AAID, NYU and Loma Linda University, said he has been “a witness to Dr. Medrano-Saldaña’s hard work, and he has the support of all ESI Schools in Spain and Latin America.”
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Oral health will take center stage at Oral Health America’s 27th Annual Gala & Benefit, being held Feb. 22 at the Navy Pier in Chicago, prior to the opening of the Chicago Midwinter Meeting.

Join an array of industry professionals as Oral Health America puts the spotlight on access, education and advocacy to support OHA’s mission of improving overall health through better oral health for all Americans, especially those most vulnerable. After all, according to the OHA, “you’re never fully dressed without a smile.”

The 27th Annual Gala & Benefit will start at 5:30 p.m. with a cocktail reception in the Lakeview Terrace at Navy Pier. Dinner and the program will continue in Navy Pier’s Aon Grand Ballroom at 7:30 p.m. Highlights of the evening are set to be a raffle, silent auction, bid for the cause and dancing. Black tie is optional.

Fall For Smiles
OHA is engaging all Americans about the importance of good oral health as part of its annual public awareness campaign, Fall for Smiles.

Oral Health America’s Fall for Smiles campaign, which focuses on the oral health of families, encourages everyone to spread the word about the positive effects of daily brushing and flossing, regular dental visits, eating a healthy diet and avoiding tobacco products.

Septodont supports Fall for Smiles with a downloadable brushing chart to help families talk about the importance of toothbrushing.

Other free downloadable resources include an interactive quiz, a coloring sheet and tips for the whole family.

Learn more about Fall for Smiles at oralhealthamerica.org/fallforsmiles.

For more information, please visit oralhealthamerica.org/gala.
An interview with Dr. Sammy R. Bryan of Bryan Orthodontics in Huntsville, Texas

By Anna Kataoka, Shofu Dental

• The right camera is a versatile, easily operated instrument that can be used by the whole team to improve practice efficiency, clinical accuracy and patient acceptance.

• Packed with intuitive, cutting-edge functions tailored specifically for dentistry, the EyeSpecial C-II helps the clinicians meet the varied needs in their practices.

Dr. Sammy R. Bryan from Bryan Orthodontics in Huntsville, Texas, is an early adopter of this new technology.

Today, he shares his experience with incorporating the EyeSpecial C-II into his successful orthodontic and dentofacial orthopedic practice.

What was your first experience with clinical photography? When did the journey begin?

While in my orthodontic residency, I had the opportunity to incorporate patient photography in all of my cases. I found that having the appropriate camera is vital to documenting cases.

Later, after I had been in private practice for a few years, digital cameras were introduced, and that new technology allowed us to instantly view pictures on the camera screen, which meant we no longer had to wait for film to be developed.

There are many other advantages of a digital camera, such as incorporating photos into every day correspondence with other dentists, patients and insurance companies.

Could you describe the photography workflow in your practice?

We take photographs of every patient who is ready to start treatment. The initial records include a full series of facial and intraoral photos, iTero scans and plaster models as needed. We also take photos during treatment to monitor progress.

Finally, we take another set of photographs at the end of the treatment after appliances have been removed. All of our captured images are transferred from our camera via an SD card to our OrthoTrac software.

Do you also utilize a digital camera for patient communication and education, specifically to improve the consent and compliance?

Absolutely! Photographs are immensely helpful when I discuss camera into our everyday clinical practice.

What do you like about this new camera? Are there any specific features that stand out?

The EyeSpecial C-II camera from Shofu has many qualities that have remarkably improved the process of taking clinical photographs in our practice.

This camera is lightweight, allowing for one-hand operation while holding a cheek retractor or a mirror with the other hand. It has pre-set modes for the types of images that we take in our practice, making the photography-taking process predictable and easy to achieve for everyone.

The camera’s pressure-sensitive touchscreen is large, and it can be navigated with a gloved hand. The motion-stabilization feature and the gridlines are very helpful in obtaining clear images almost every time. My team finds the EyeSpecial C-II camera to be efficient and very easy to work with.

How does this new camera deal with the compliance to infection-control protocols?

Since the EyeSpecial C-II camera is water- and chemical-resistant, we are able to maintain recommended infection-control compliance utilizing our normal surface-disinfecting wipes.

Are there any challenges associated with utilizing the EyeSpecial C-II camera? If so, are they camera-related? Operator-related? Patient-related?

With the new camera, the few challenges we experienced were found to be operator-related. Initially we had an issue with the camera screen occasionally freezing up, requiring the camera to be turned off then back on to fix the problem, but that turned out to be a problem with our SD card.

Overall, the EyeSpecial C-II camera has been very easy for our staff to use and has definitely improved the quality of our clinical photographs. In our practice, we have a records technician who is in charge of taking most of the clinical images, but with the new camera and its ease of navigation, other clinical staff are also capable of and do take quality photographs.

Do you have any advice for dentists looking to adopt a smart digital camera technology into their practices?

I recommend anyone looking for a new camera for intraoral and facial photography to consider the EyeSpecial C-II. Even though, just like with every new technology, there is usually an initial learning curve, with a little instruction, the implementation soon becomes very easy.

The major advantage of the EyeSpecial C-II is the camera is made for dentistry. It is user-friendly and lightweight, which my team really appreciates, and it consistently produces great results.

Fig. 1: Full orthodontic photo series achieved with the EyeSpecial C-II digital camera from Shofu. (Photos/Provided by Dr. Sammy R. Bryan)

Fig. 2: The clinical team at Bryan Orthodontics, from left, Myosha (clinical assistant and lab coordinator), Alex (scheduling coordinator), Kody (financial coordinator), Dr. Bryan (founder, Bryan Orthodontics), Dana (treatment and marketing coordinator), Mindy (clinical assistant) and Naomi (clinical assistant and records coordinator).

About the doctor

Sammy R. Bryan, DDS, PA, is the founder of Bryan Orthodontics, a full-time orthodontic and dentofacial orthopedic practice in Huntsville, Texas. He graduated from the University of Texas Dental School at Houston. After practicing general dentistry for several years, Bryan returned to his alma mater to complete the graduate orthodontic program and receive his orthodontic certification. He is an active member of several professional organizations, including American Association of Orthodontists, Texas Orthodontic Association (past president), American Dental Association, Texas Dental Association and International College of Dentists. He was a Texas Dentist of the Year Nominee in 2015.
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Henry Schein encourages the nation’s dentists to participate in Give Kids A Smile program

Registration open for dentists and oral-health professionals interested in providing free care to children in need

By Henry Schein Staff

Henry Schein is calling on dentists and other oral-health professionals to be heroes in their communities by volunteering their time and talent to provide free oral care to children in need as part of the ADA Foundation’s 15th annual Give Kids A Smile (GKAS) program, taking place next year.

The American Dental Association (ADA) launched the national GKAS program in 2003 to help raise awareness of the critical need to expand access to oral health care for children in the United States. Kicking off on the first Friday in February — and with events taking place year-round — volunteer practitioners participate in Give Kids A Smile by providing a range of free oral health services to underserved children, including education, screenings and treatment.

Registration is now open for dentists and oral health professionals interested in participating. To learn more about the program and how to register, visit adafoundation.org/gkas.

Those looking for further encouragement to volunteer can check out Henry Schein’s Helping Health Happen blog for “15 Reasons to Give Kids A Smile” (helpinghealthhappen.org/15-reasons-to-give-kids-a-smile) or visit the company’s Facebook page to watch a video about the program.

GKAS is the result of a public-private partnership between the ADA Foundation, Henry Schein, Colgate-Palmolive and DEXIS. Henry Schein has served as the program’s official professional products sponsor since its inception, joining its supplier partners to donate more than $14 million in oral health care products used to provide free oral health services for more than 5.5 million children.

In 2016, it is estimated that 300,000 underserved children are receiving care at 1,300 locations across the country. Care is being delivered by nearly 30,000 dental team volunteers, including more than 7,000 dentists.

“At Henry Schein, we are pleased to support health-care professionals who share our commitment to expanding access to care for children in need, and we urge dentists and oral health professionals across the country to volunteer for this wonderful program,” said Stanley M. Bergman, chairman of the board and chief executive officer of Henry Schein. “Give Kids A Smile ensures each participating child is set on the path to good oral health, and we urge care providers to join us in ‘helping health happen.’”

According to the U.S. Centers for Disease Control and Prevention, dental caries is the most common chronic disease of children ages 6 to 11 and adolescents ages 12 to 19.

In addition, a study published by The Journal of the American Dental Association, the ADA’s flagship scientific publication on dentistry, indicates that, while dental caries is a multifactorial disease with many behavioral and community determinants, children from socioeconomically disadvantaged backgrounds have a higher than average incidence of tooth decay.
Kovanaze™ Nasal Spray
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Kovanaze™ is the first FDA-approved Nasal Spray indicated for regional anesthesia when performing a restorative procedure on teeth 4-13 in adults and children weighing more than 40 kg. And as its name implies, Kovanaze Nasal Spray is needle-free!

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IMPORTANT SAFETY INFORMATION: Use in patients with uncontrolled hypertension or inadequately controlled active thyroid disease of any type is not advised. Tetracaine may cause methemoglobinemia, particularly in conjunction with methemoglobin-inducing agents. Use of KOVANAZE in patients with a history of congenital or idiopathic or methemoglobinemia is not advised. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methemoglobinemia-inducing agents have been used. Confirm diagnosis by measuring methemoglobin level with co-oximetry. Treat clinically significant symptoms of methemoglobinemia with a standard clinical regimen. Allergic or anaphylactic reactions can occur. If an allergic reaction occurs, seek emergency help immediately. KOVANAZE is contraindicated in patients with a history of allergy to tetracaine, benzyl alcohol, other ester local anesthetics, p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product. Some clinical trial patients experienced an increase in blood pressure so blood pressure should be monitored. In addition, patients should be carefully monitored for dysphagia. KOVANAZE is not recommended for use in patients with a history of frequent nose bleeds. Concomitant use of monoamine oxidase inhibitors, nonselective beta adrenergic antagonist, or tricyclic antidepressants may cause hypertension and is not recommended. Discontinue use of oxymetazoline-containing products 24 hours prior to KOVANAZE administration. Avoid concomitant use of intranasal products. The most common adverse reactions to KOVANAZE occurring in >10% of patients include a runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes.

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INDICATIONS AND USAGE
KOVAZNE contains tetracaine HCl, an ester local anesthetic, and oxymetazoline HCl, a vasoconstrictor; KOVAZNE is indicated for regional anesthesia when performing a restorative procedure on Teeth 4-13 and A-J in adults and children who weigh 40 kg or more.

CONTRAINDICATIONS
KOVAZNE is contraindicated in patients with a history of allergy to or intolerance of tetracaine, benzyl alcohol, other ester local anesthetics, p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product.

WARNINGS AND PRECAUTIONS
Risk of Hypertension: KOVAZNE has not been studied in Phase 3 trials in adult dental patients with normotensive hypertension (systolic blood pressure greater than 150/100 or in those with inadequately controlled active thyroid disease. KOVAZNE has been shown to increase blood pressure in some patients in clinical trials. Monitor patients for increased blood pressure. Use in patients with uncontrolled hypertension or inadequately controlled active thyroid disease of any type is not advised.

Epistaxis: In clinical trials, epistaxis occurred more frequently with KOVAZNE than placebo. Either do not use KOVAZNE in patients with a history of frequent nose bleeds (≤5 per month) or monitor patients with frequent nose bleeds more carefully if KOVAZNE is used.

Dysphagia: In clinical trials, dysphagia occurred more frequently with KOVAZNE than placebo. Carefully monitor patients for this adverse reaction.

Methemoglobinemia: Tetracaine may cause methemoglobinemia, particularly in conjunction with methemoglobin-inducing agents. Based on the literature, patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Use of KOVAZNE in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Patients taking concurrent, concomitant agents such as quinones, sulfonamides, or salicylates may be at greater risk for development of methemoglobinemia. Initial signs and symptoms of methemoglobinemia (which may be delayed for up to several hours following exposure) are characterized by a slate grey cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases, symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysarthria and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methemoglobinemia-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the identification of methemoglobinemia. Confirm diagnosis by measuring methemoglobin level with CO-oximetry. Normally, methemoglobinemia levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. Treat clinically significant symptoms of methemoglobinemia with a standard clinical regimen such as administration of an intravenous infusion of methylene blue at a dosage of 1-2 mg/kg over a 5-10 minute period.

Anaphylactic Reactions: Allergic or anaphylactic reactions have been associated with tetracaine, and may occur with other components of KOVAZNE. They are characterized by urticaria, angioedema, bronchospasm, and shock. If an allergic reaction occurs, seek emergency help immediately.

ADVERSE REACTIONS
The most common adverse reactions occurring in >10% of patients include runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes.

Transient, asymptomatic elevations in systolic blood pressure (≤25 mm Hg from baseline) and diastolic blood pressure (≤15 mm Hg from baseline) have been reported.

DRUG INTERACTIONS
Monoamine Oxidase Inhibitors: Use of KOVAZNE in combination with monoamine oxidase inhibitors (MAOIs), nonselective beta adrenergic antagonists, or tricyclic antidepressants may result in drug interactions and serious adverse events. Therefore, MAOIs, nonselective beta adrenergic antagonists, or tricyclic antidepressants should be chosen for patients who cannot discontinue use of MAOIs, nonselective beta adrenergic antagonists, or tricyclic antidepressants.

Oxymetazoline-containing Products: Concomitant use with other oxymetazoline-containing products (such as Afrin) has not been adequately studied. Use of KOVAZNE with other products containing oxymetazoline may increase risk of hypertension, bradycardia, and other adverse events associated with oxymetazoline. Discontinue use 24 hours prior to administration of KOVAZNE.

Intrastral Products: Oxymetazoline has been known to slow the rate, but not affect the extent of absorption of intranasally administered Intrastral products. Do not administer other intrastral products with KOVAZNE.

USE IN SPECIFIC POPULATIONS
Pregnancy Risk Summary: Limited published data on tetracaine use in pregnant women are not sufficient to inform any risks. Published epidemiologic studies of nasal oxymetazoline used as a decongestant during pregnancy do not identify a consistent association with any specific malformation. Oxymetazoline and tetracaine are not known to cause structural abnormalities at a close approximate 7.6 times the exposure of oxymetazoline HCl at the 0.3 mg maximum recommended human dose (MRHD) of KOVAZNE. In a pre- and postnatal development study, tetracaine in doses substantially lower than those used in the study caused embryo-fetal toxicity manifested by reduced implantation sites and live litter sizes at approximately 1.5 times the MRHD and increased pup mortality at 6 times the MRHD. No adverse effects were seen in the pre- and postnatal development study in doses of tetracaine HCl only to rats and rabbits during organogenesis at 32 and 6 times, respectively, the estimated exposure of tetracaine HCl at the 18 mg MRHD of KOVAZNE.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

Lactation Risk Summary: There are no data on the presence of tetracaine, oxymetazoline, or their metabolites in human milk, the effects on the breastfed infant, or the effects on milk production. Detectable levels of oxymetazoline, tetracaine, and the major metabolite of tetracaine, p-aminobenzoic acid (PABA), were found in the milk of lactating rats following subcutaneous administration of oxymetazoline HCl in combination with tetracaine HCl during the period of organogenesis through parturition and subsequent pup weaning. Due to species-specific differences in lactation physiology, animal data may not reliably predict drug effects in breastfed infants or human milk.

The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for KOVAZNE and any potential adverse effects on the breastfed infant from KOVAZNE or from the underlying maternal condition.

Females and Males of Reproductive Potential
Infertility: No information is available on fertility effects in humans.

Females: Based on animal data, KOVAZNE may reduce fertility in females of reproductive potential. In rats, decreased fertility noted as a decrease in litter size occurred at 0.7 times the oxymetazoline AUC exposure at the MRHD of KOVAZNE. It is not known if the effects on fertility are reversible.

Males: Based on animal data, KOVAZNE may reduce male fertility. In male rats, decreased sperm motility and sperm concentration occurred at approximately 2 times the oxymetazoline AUC exposure at the MRHD of KOVAZNE.

Pediatric Use: KOVAZNE has not been studied in pediatric patients under 3 years of age and is not advised for use in pediatric patients weighing less than 40 kg because efficacy has not been demonstrated in these patients.

Geriatric Use: Clinical studies of KOVAZNE did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. Other reported clinical experiences with tetracaine and oxymetazoline have not identified differences in responses between the elderly and younger patients. Monitor geriatric patients for signs of local anesthetic toxicity, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

Of note, comparisons of KOVAZNE safety and efficacy results were generally similar among different age groups who were >50 years of age (n=56). However, a trend toward a higher incidence of notable increases in systolic blood pressure was observed in adult patients >50 years of age compared with patients ≤50 years of age (16.6% vs 1.4%). These increases in blood pressure measurements were generally transient in nature, and all spontaneously resolved without the need for medical intervention.

Hepatic Disease: Because of an inability to metabolize local anesthetics, those patients with severe hepatic disease may be at a greater risk of developing toxic plasma concentrations of tetracaine and oxymetazoline. Patients with significant hepatic impairment (i.e., a plasma half-life > 48 hours or a plasma clearance <15% of normal) in children has resulted in severe adverse events requiring hospitalization (e.g., coma, bradycardia, decreased respiration, sedation, and somnolence). Patients should be instructed to avoid nasal oxymetazoline-containing products such as KOVAZNE and other oxymetazoline-containing products within 24 hours prior to their scheduled dental procedure. Management of an overdose includes close monitoring, supportive care, and symptomatic treatment.

HOW SUPPLIED
KOVAZNE Nasal Spray is a pre-filled, single-use, intranasal spray containing a clear 0.2 mL aqueous solution at pH 6.0 ± 1.0 comprising 30 mg/mL of tetracaine hydrochloride and 0.5 mg/mL of oxymetazoline hydrochloride (equivalent to 25.4 mg/mL tetracaine and 0.44 mg/mL oxymetazoline). Each nasal spray unit delivers one 0.2 mL spray. Each 0.2 mL spray contains 6 mg tetracaine hydrochloride (equivalent to 5.27 mg tetracaine) and 0.1 mg oxymetazoline hydrochloride (equivalent to 0.068 mg oxymetazoline). NDC: 58900-100-10

STORAGE AND HANDLING
Store between 2° and 8°C (36° and 46°F); excision permitted between 0° and 15°C (32° and 59°F) (see USP controlled cold temperature). Discard any unused solution. DO NOT USE IF DRUG IS LEFT AT ROOM TEMPERATURE for more than 5 days.

PATIENT COUNSELING INFORMATION
Informs patients of the likelihood of expected side effects (including runny nose, nasal congestion, mild nose bleeds, dizziness, and/or a sensation of difficulty in swallowing) that should resolve within the same day. Instruct patients to contact their dentist or health care professional if these symptoms continue.

Advise patients to inform the dental practitioner if they are taking monoamine oxidase inhibitors (MAOIs), nonselective beta adrenergic antagonists, or tricyclic antidepressants.

Instruct patients to avoid using oxymetazoline-containing products (such as Afrin® and other a-1 adrenergic agonists) within 24 hours prior to their scheduled dental procedure.

Advise patients of the signs and symptoms of hypersensitivity reactions and seek immediate medical attention should they occur.

Manufactured for: St. Renatus, LLC, Fort Collins, CO 80526
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Kerr celebrates its 125th anniversary by highlighting outstanding dental professionals

#givingsmiles125 honors people behind the smiles

By Kerr Staff

To mark its 125-year anniversary, Kerr is putting the spotlight on the dental community through its #givingsmiles125 campaign, recognizing exceptional people within the dental community who are dedicated to giving back by giving smiles to others.

Looking forward to the next 125 years, Kerr is celebrating dentists and all they do for our society, both inside and outside the dental practice. Nominees can include any member of the team — general dentists, specialists, assistants, hygienists, front or back office professionals — and can be nominated by any member of the wider dental community, including dealer reps and dental office staff.

The best nominees will be those who clearly go above and beyond to give smiles to others, whether that is through outstanding clinical care or helping to run a food bank.

“The #givingsmiles125 campaign is a contemporary way of celebrating the values that have been at the center of Kerr’s mission and its role as a leader in the dental community for the last 125 years,” said Alistair Simpson, vice president of global marketing, KaVo Kerr.

“For us, ‘Together, we’re more’ isn’t just a slogan, but a commitment to a shared vision of the future of dentistry. By creating space to recognize outstanding dental professionals — voices we try to seek out and elevate every day of the year — we now offer a platform for more people to hear and see the great work they are accomplishing inside and outside the dental office.”

The nomination process begins at www.givingsmiles125.com. Visitors complete a simple online form, submit their stories and can upload a photo or video to personalize the nomination.

The nomination process starts this month. Those honored will be featured on the website and Kerr social media pages.

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AD

Here in New York

For more details on #givingsmiles125, visit www.givingsmiles125.com or stop by the Kerr booth, No. 4216.
TAUB Products celebrates 65 years in business

By TAUB Products Staff

TAUB Products is celebrating its 65th year in business. The company was formerly known as George TAUB Products and Fusion Company Inc, and is now in its third generation of family management.

Led by Jordan Taub, vice president of Taub Products, and Ed Matthews, vice president of sales, TAUB Products seeks to provide the dental and dental laboratory markets with new and innovative products for esthetic dentistry.

From indirect restorations to full-mouth reconstruction, TAUB Products continually tries to offer the best results.

A good example is Fusion Zr Resin Cements, esthetic cements that the company asserts enable dentists to practice with their best technique, while featuring ease of use and fast cleanup.

“My patients expect my restorations to pop,” said Ross Nash, DDS, of the Nash Institute in Charlotte, N.C. “They can’t just be good; they need to be the best. I get that with Fusion Zr Resin Cements.”

TAUB also offers Zero-G Bio-Implant Cement. According to Jordan Taub: “Zero-G is a retrievable cement for permanent cementation of implant restorations. It has the highest radiopacity, which makes excess cement more visible while maintaining high-quality esthetic values. Its handling characteristics allow easy cleanup and the best results no matter how you practice.”

TAUB launched two major new products in 2016. The first was Ca-Lok™ Flowable Adhesive Calcium Base/Liner. Ca-Lok is a light-cured, calcium-filled resin with adhesive properties, which are tooth integrating, allowing the material to stay in place. This offers better results, according to the company.

The second was Go-CHx™ Gel syringeable chlorhexidine. It is a thin, non-alcohol-based gel containing 0.8 percent chlorhexidine in a water-soluble formula for cleaning and scrubbing restorations.

TAUB Products invites everyone here attending the Greater New York Dental Meeting to come to booth No. 2706 at 4 p.m. today to receive a gift and help Taub Products celebrate 65 years of product excellence.
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The central details: Renewing a smile with an esthetic Obsidian crown

Product puts a spin on traditional PFMs

By Anamaria Muresan, DMD, ME, CDT

In the anterior region where esthetics are paramount, certain complications can preclude the use of all-ceramic material. The task then becomes finding a material worthy of the anterior with the durability to meet precise standards.

Obsidian™ Lithium Silicate Ceramic Pressed to Metal (Prismatik Dentalcraft Inc.; Irvine, Calif.) puts an innovative spin on PFMs, with traditional porcelain passed over for lithium silicate ceramic. The result is five times the strength and more than two times the chip resistance of traditional PFMs.

Case study

A 27-year-old male patient presented with an old PFM crown on tooth #9, which had undergone endodontic treatment about 10 years prior to address decay. A darkened margin, visible due to gum recession on the facial, posed a distinct problem for this anterior case. In addition, the esthetics of the PFM crown were noticeably inadequate.

To achieve an optimal outcome in the face of these difficulties, the first task in the treatment plan was to match the gingival height of tooth #9 to #8.

Choosing Obsidian for the new crown was important in providing esthetics, as all-ceramic materials were eliminated from consideration because of the dark gingiva of the tooth in question.

In relation to the rest of the patient’s smile, the PFM crown on tooth #9 does not offer harmonious shade and contours and fails to mirror the natural translucency and character of tooth #8.

I used a gingivectomy on tooth #9 to improve contours, which was completed with a Picasso™ Lite diode laser (AMD Lasers; Indianapolis, Ind.). To improve visibility of the gingival contours, I used hydrogen peroxide to scrub away the charred tissue tags. The gingival height of tooth #8 and #9 is now more symmetrical while avoiding violation of the biological width.

In order to approach a normal cervical contour with the provisional and the final restoration, it is important to mirror the CEJ of the other central. Otherwise, the restored tooth will have a narrow form and will not look aesthetic.

With retraction cords in place and Capture™ medium- and heavy-body impression materials at the ready, a two-cord impression technique can be carried out.

This case features a shoulder preparation to ensure enough thickness for the ceramic labial margin to block the darkness of the preparation at the gingiva.

A temporary crown provides a preview of how the new anterior restoration can blend in with the overall smile.

Photos of the mocked-up temporary were included in the information provided to the lab technician.

After the inside of the restoration is sandblasted, the Obsidian Pressed to Metal crown is ready to be cemented with RelyX™ Luting Plus (3M™ ESPE™; St. Paul, Minn.).

The Obsidian Pressed to Metal crown successfully masks the darkened stump shade at the gingival third while also blending in with the overall smile.

Previously, a PFM was the common restorative choice for a case involving a darkened stump shade. Fortunately, today’s clinicians have Obsidian Pressed to Metal, which outperforms traditional PFMs.

Natural-looking esthetics and proven strength propel Obsidian Pressed to Metal past its predecessors.

Before- and after-photos of a 27-year-old male patient who presented with an old PFM crown on tooth #9. It was replaced with an Obsidian Pressed to Metal crown.

Obsidian Pressed to Metal crowns. (Photos/Provided by Glidewell Laboratories)

Here in New York

To learn more about Obsidian Pressed to Metal, stop by the Glidewell Laboratories booth, No. 4334.
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RGP

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St. Renatus is excited to announce that Kovanaze™ (tetracaine HCl and oxymetazoline HCl) nasal spray, the first FDA-approved, needle-free, regional dental anesthesia for the maxillary arch, is now available for order.

The Kovanaze product launch coincided with the American Dental Association’s annual meeting in Denver in October. Now, you can visit booth No. 5040 here in New York to place your order.

Approved by the U.S. Food and Drug Administration (FDA) on June 29, Kovanaze is indicated for regional anesthesia when performing a restorative procedure on teeth #4–#13 and A–J in adults and children weighing more than 40 kg.

In Phase 3 clinical trials, use of Kovanaze in the anterior maxillary region during restorative procedures resulted in 96 percent efficacy in teeth #5–#12 and 63 percent efficacy in teeth #4 and #13. Additionally, patients may not experience the same sensation of numbness or tingling of the lips and cheeks associated with injectable dental anesthetics.

“It is a significant moment in dentistry as a new delivery method for pain management is now available,” said Steve Merrick, St. Renatus, chief executive officer. “For decades, needles have been the mainstay for delivering dental anesthesia; now dentists have the option to offer patients a regional anesthesia via a nasal spray for restorative procedures in the smile zone.”

To learn more about Kovanaze or to place an order, please visit booth No. 5040, contact your dental dealer, or call the Kovanaze Support Line at (800) 770-9400.
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Protecting your practice from infection with steam sterilization

By Midmark Corp. Staff

There are two things that can really put a damper on a dentist’s day: a patient who just ate a garlic lovers’ pizza and instruments that are not properly sterilized.

While there’s not much that can be done about the pizza — we probably won’t see a ban on garlic anytime soon — there is technology available to help dentists properly sterilize instruments and prevent the spread of infections.

The need for infection control has never been greater. As the threat of antibiotic-resistant infections continues to rise, dentists, staff and patients are more concerned about the transmission of infection than ever before. Controlling bacterial contamination through sterilization is considered the most essential component in the infection control process.

Proper instrument sterilization is a must for protecting patients, physicians and staff against various infectious diseases.

The Centers for Disease Control and Prevention (CDC), in its 2003 Guidelines for Disinfection and Sterilization in Healthcare Facilities, recognized and recommended steam sterilizers (also known as autoclaves) as an economical and dependable sterilization method for use in dental settings. As a result, the majority of the tabletop sterilizers used in today’s practices utilize some form of steam sterilization.

Tabletop steam sterilizers come in a variety of types and sizes and provide multiple sterilization cycles for processing various load types. The primary difference is in how they remove trapped air inside the chamber and load once the sterilizer door is closed.

Following are the three main types of tabletop steam sterilizers.

Gravity displacement sterilizers
Gravity displacement sterilizers use a passive air removal system to remove trapped air from the chamber. While the water is heated and converted to steam, the heavier air moves to the lower portion of the chamber where it is expelled through a temperature-controlled mechanical valve.

Once the air or vapor flowing through the valve reaches the valve set-point (usually around water’s boiling point of 212 degrees Fahrenheit), the valve closes for the remainder of the cycle.

With this type of air removal, there is the potential for small amounts of air to remain trapped in the chamber or load after the valve closes. For this reason, cycle times are typically longer and terminal sterilization of some complex devices may not be possible.

This type can sterilize liquids, provided that a slow vent feature is incorporated in the design.

Prevacuum sterilizers
Prevacuum sterilizers use a dynamic air removal system of vacuum pulses to eliminate trapped air. In this system, a vacuum pump actively draws air from the sterilizer chamber prior to and during the heating phase.

Some models use multiple vacuum pulses (fractionated vacuum) for some or all cycle types to maximize air removal, and some models include a vacuum pulse at the end (post-vacuum) of the cycle to speed up the drying phase.

While this method may provide a shorter cycle time as a result of its more complete air removal, it cannot be used to sterilize liquids.

Also, since these models rely on a vacuum to draw the air out of the chamber, routine Bowie-Dick testing is required to assure there are no air leaks in the sterilizer.

Steam flush pressure pulse (SFPP) sterilizers
SFPP sterilizers employ a dynamic air removal system of steam flushes and pressure pulses to remove trapped air. In this system, an electronic valve is cycled open and close as the chamber pressurizes during the heating phase to expel air or steam from the chamber and load.

As with prevacuum sterilizers, air removal is more complete than gravity displacement cycles and permits shorter cycle times. Air removal also occurs through atmospheric pressure pulses rather than vacuum pulses, eliminating the need for daily leak testing.

Liquids can be sterilized in SFPP sterilizers, provided a specialized cycle with a slow vent and special pressure-pulsing routine is in the design.

Midmark sterilizers
While all three steam sterilizer types are recognized and recommended by the CDC and ANSI/AAMI, Midmark utilizes the SFPP methodology in its line of industry-leading tabletop sterilizers.

The reason is quite simple: It’s the best choice for dental practices that are looking for effective, reliable sterilizers that are easy to use. Also, since SFPP technology does not require a vacuum, air filter or daily Bowie-Dick testing, they have a lower cost of ownership.

As the market leader in steam sterilization — with more than 63 percent market share of dental tabletop sterilizers, according to the company — Midmark understands the needs of dental practices when it comes to patients and staff.
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The desire to have an easy-to-handle, esthetic and durable filling material is significant. To meet this demand, COLTENE is featuring its new BRILLIANT EverGlow product, which is now available for sale in the United States.

BRILLIANT EverGlow is a universal submicron hybrid composite distinguished by easy polishability, gloss retention, ideal handling and exceptional blending properties, according to the company.

BRILLIANT EverGlow’s filler technology is engineered to provide an ideal combination of long-lasting esthetics, handling convenience and mechanical strength. Submicron glass fillers support polishability and gloss retention. According to the company, additional pre-polymerized fillers, which have the same composition as the uncured composite, lower volume shrinkage and improve the sculpting properties of the paste.

The company asserts that thanks to its sophisticated filler composition, BRILLIANT EverGlow shows an exceptionally smooth surface and satin shine directly after placing the filling. This simplifies the task of polishing, allowing highly esthetic restorations to be performed in minimal time.

In addition, according to the company, the versatile filling material excels through its pronounced gloss retention. Even after internal testing with 6,000 cycles in a toothbrush simulator, BRILLIANT EverGlow retained its original gloss very well, making this product an excellent choice for anterior and posterior restorations alike.

Esthetic single-shade restorations can be achieved using seven universal shades in COLTENE’s Duo Shade system, each of which covers two classical VITA shades (e.g., A1/B1, A2/B2). Two enamel shades (Trans, BL Trans), and three opaque shades (BLO, A1O, A2O) further enhance design options for more complex custom restorations. With this single-shade application, BRILLIANT EverGlow integrates into existing surroundings, and the need for an additional enamel layer can often be eliminated in many patients, according to the company.

Its smooth consistency and dimensional stability make BRILLIANT EverGlow a state-of-the-art filling material that is easy and convenient to apply in cavities, according to the company. Modelled cusps, ledges and contact points remain intact and do not slump.

All BRILLIANT EverGlow universal, translucent and opaque shades are available in a 3 g syringe or 0.2 g tip refills or kits. A starter kit includes an assortment of four commonly used universal and translucent shades. Visit everglow.coltene.com to request a free sample of BRILLIANT EverGlow.
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Waterlase technology solves problems with simple protocols for perio and implant patients

By Biolase Staff

The current flagship Waterlase system is the iPlus, a laser system that offers dentists the enhanced benefits of completing many common dental procedures with minimally invasive laser energy combined with a fine water spray to gently remove oral hard and soft tissue.

The latest model now incorporates REPAIR Perio and REPAIR Implant, two power laser-based protocols for managing early to moderate periodontitis and peri-implantitis in a general dental setting. Both protocols leverage the gentle removal of diseased tissue and calculus. You can see the protocols in action at the BIOLASE booth, No. 422.

For tooth cutting, the WaterLase iPlus helps to eliminate microfractures associated with the traditional dental drill, as well as thermal damage and cross-contamination risks. Additionally, the laser’s precision allows minimally invasive treatment with less removal of healthy tooth structure and soft tissues.

For soft tissue, the WaterLase iPlus ablates the target tissue layer by layer, which, according to the literature, enables the dental professional to perform oral surgeries with less bleeding, dynamic tissue response and faster healing.

WaterLase iPlus can greatly improve efficiency in a dental practice with a wide range of benefits, including performing many restorative procedures without anesthetic, according to the company. By eliminating the time required for the onset of anesthetic, a dentist and his or her staff can move from patient to patient, staying on time and adding savings to the bottom line. The revenue per chair per day can experience a dramatic increase by using WaterLase iPlus, the company asserts.

Also, a WaterLase practice can generate more income per patient visit, according to the company. Because anesthetic is not required in most cases, the dentist can actually address a greater number of any patient’s clinical needs by working in all four quadrants.

WaterLase iPlus can offer alternative treatment modalities when traditional protocols are not addressing conditions such as deep periodontal pockets, endodontics and more.

Fewer recall appointments mean fewer recall appointments falling through the cracks, resulting in greater efficiency for both practice and patient.

Additionally, because WaterLase iPlus is indicated for both periodontal and endodontic procedures, an enterprising general dentist can keep a greater share of those cases within his or her practice.

Dental professionals who have successfully integrated WaterLase iPlus into their practice enjoy much more than just enhanced clinical outcomes and greater productivity, Biolase asserts. Independent research shows that WaterLase iPlus owners report a renewed passion for their craft and greater enjoyment in addressing the clinical needs of their patients. By reducing chair time, improving clinical results and enhancing the overall management of patient flow through a practice, WaterLase iPlus can become the cornerstone of the 21st-century dental office.

WaterLase iPlus is indicated for a wide range of soft- and hard-tissue treatments, including comprehensive periodontal procedures (such as deep pocket therapy with new attachment and subgingival calculus removal) and endodontic treatment (such as root canal shaping and cleaning). WaterLase iPlus delivers 10 watts of power and up to 100 pulses per second for fast, efficient cutting with little or no anesthetic required.

An illuminated, compact, contra-angle handpiece allows precise control and movement of the laser tip around the treatment site as well as easy access to all areas of the oral cavity. WaterLase iPlus is operated via an easy-to-use, intuitive graphical touchscreen. There are no settings to program or tip guides to consult. The system also includes a docking station for a 940nm diode laser. A comprehensive selection of tips, accessories and upgrades are available. A full regimen of introductory and advanced training is included with each WaterLase iPlus.

Waterlase technology solves problems with simple protocols for perio and implant patients

Here in New York

For more information or to check out the WaterLase iPlus for yourself, stop by the Biolase booth, No. 422.
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Experience the future of dentistry

By Curaden Staff

Preventive dentistry will be at the core of oral health care in the future. With Prevention One, Swiss-based oral health-care provider Curaden gives dental practices a new business model for additional revenue. It sets new standards in preventive planning and preventive actions, combining therapy with products and services that extend into the patient’s home.

Through Prevention One, preventive dentistry becomes not just an offer by your dental office but a part of your daily routine. Prevention One presents a new way to generate profit by offering new services and giving more members of the dental team the opportunity to generate income.

At the same time, patient loyalty and the relationship with the dental professional is increased in times when patients are shopping for the cheapest price for products and services.

Prevention One is more than a comprehensive program for oral health care. It represents a new business model for the dental practice to activate, reactivate or motivate all existing and future patients.

Prevention One is designed to integrate easily into the practice, as it perfectly interacts with all existing dental and prophylaxis offers of the practice. The business model includes specifically designed treatment programs, a wide variety of oral care products, supporting software solutions, online services, marketing and communication material, and a specifically designed educational program.

This business model is based on five basic pillars.

First, it offers new products that have a major impact on the range of services offered by the dental practice.

Second, it includes an in-depth training program for all participating members of the practice team.

Third, it provides a marketing and communication kit, such as posters, brochures, visuals or a specially designed treatment table for the dental practice.

Fourth, it offers software solutions for monitoring performance and profitability, optimized appointment coordination and patient communication.

Finally, it provides a means of evaluation, monitoring and management of the patient’s oral health using a newly designed scoring tool aimed at developing individual strategies to improve oral health. Clients will not only feel the improvement in their overall health but will actually see it.

Proven expertise and success

Prevention One was developed using the combined experience of Curaden in partnership with experts in business development and oral health prevention.

“Many patients do not know what they should pay attention to and how important oral health is for their overall well-being. They do not know what tools and instruments they should use, what quality they should be looking for and how they should apply them,” explained Clifford zur Nieden, a member of the Curaden board of directors. “We will guide and coach them and provide continuous education and support. The actual training is done by the patient, or now called the client, himself or herself, but he or she receives the proper introduction, guidance, information and motivation to stay on track. That is why we like to call Prevention One a dental fitness program.”

The trainer, or Prevention One (P1) coach, is a dental hygienist or dental assistant in the dental practice. The P1 coach designs a specific training program based on the individual requirements of the patient using a special P1 scoring tool. That forms the basis for an individual oral health strategy and a means of measuring oral health. Based on the P1 score, the coach can develop an individual strategy for each patient to achieve the best possible result.

You only improve what you measure

Theodora Little, a dental hygienist and therapist from London, has introduced the P1 scoring tool to her patients this year. She considers Prevention One the next step to improving her patients’ overall health.

“Prevention One is a modern and very effective approach to prevention,” she said. “It combines tailored individual dental care with oral hygiene appointments and individual coaching using a scoring system.”

The score guides your patient through a multiple-choice questionnaire, beginning with oral hygiene aids and how often they are used. It continues with the frequency of visits to a dentist and/or hygienist. The second part includes a health and lifestyle questionnaire, and the third part includes the oral examination, which quantifies a plaque and bleeding index. At the end of these sections, the patient receives a percentage score. The patient and the coach look at the data together and discuss where and how to improve the individual score.

At the end of the appointment, the patient receives a general score — the P1 Score — which can then be compared to past and future scores to show overall improvement in a patient’s health.

Little states: “This method motivates my patients to carry out effective oral hygiene at home because they want an improvement in their oral health at our next appointment. Even if a score only shows a small improvement, the patient feels happy and empowered by his or her own efforts.”

The positive information from the P1 score can encourage the patient to progress further and put forth a greater effort in brushing their teeth.

For more information, visit prevention-one.com.

With the Prevention One program, a coach and the patient work together to come up with an individual strategy for hygiene achievements. (Photos/Provided by Curaden)

The Prevention One uses a scoring system to help your patients track progress in their oral health achievements.
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The Futar® brand family of bite-registration materials is being sold to the U.S. market by Kettenbach LP. The products include Futar, Futar Fast, Futar D, Futar D Fast, Futar D Slow and Futar Scan.

Now, with six times the choice, Futar bite-registration materials enable practitioners to choose the appropriate material to fit their particular needs. Whether a practitioner is looking for high final hardness, comfortable working times or a “scannable” material, the Futar line has it all, according to the company.

Futar, the original bite registration from Kettenbach, has been a high-demand product for years. The company describes the materials as being “highly acclaimed” and note that they have earned recognition from several third-party evaluators in the United States as well as globally. The company asserts the brand represents the market’s most popularly used bite registration material.

According to the company, Futar can be conveniently milled and easily cut with a scalpel. Excess material can be broken off, and the correct occlusal position can be checked in the mouth. The upper and lower jaw models can be precisely assigned. The working time is 15 seconds with an intraoral setting time of 45 seconds. And because it sets firm, vertical dimension accuracy is assured, according to the company.

About Kettenbach
Kettenbach, based in Huntington Beach, Calif., is the exclusive U.S. distributor for Kettenbach GmbH & Co. KG (Eschenburg, Germany). Founded by August Kettenbach in 1944, Kettenbach GmbH was created for the development and marketing of medical and dental products. Today, the company is a leading international producer of dental impression materials and is also known in other surgical areas of medicine. The company’s brands include Panasil VPS Impression Material, Identium VXE Impression Material, Futar Bite Material, Silginat Alternative Alginate, Visalys Temp Material, Mucopren Resilient Liner and Visalys Veneers.

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NY DENTAL MEETING 2016
A dental isolation technique that is unlike anything else

By Isolite Systems Staff

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

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

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

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

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

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

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

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

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

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

Visit the Isolite booth, No. 1614, here in New York, or go online to www.isolitesystem.com.
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PATTERSON DENTAL

Benco Dental

CONVERGENTDENTAL
The next generation of cement

By Dr. Joseph Kim

BISCO’s next-generation resin cement combines the benefits of bonding with the simplicity of a traditional cementing protocol. TheraCem is a dual-cured, calcium- and fluoride-releasing, self-adhesive resin cement indicated for luting crowns, bridges, inlays, onlays and all types of posts. Delivering a strong bond to zirconia and most substrates, along with easy cleanup and high radiopacity, TheraCem offers clinicians reliable and durable cementation of indirect restorations.

The self-adhesive feature means no etching and no priming or bonding of prepared dental surfaces. This means greater predictability in preparations with subgingival margins, where etchants or bonding agents may cause bleeding (Fig. 1). With TheraCem, a clean, prepped dentin or enamel surface is all that is needed to achieve excellent bond strengths, with the added benefit of sustained calcium and fluoride release.

TheraCem also forms a strong bond to most substrates, including zirconia restorations, without the need for separate chemical primers (Fig. 2). TheraCem is easy to clean up with hand instruments and floss (Fig. 3). For deeper subgingival margins, TheraCem is kind to the gingiva, although the margins should be thoroughly inspected to ensure complete removal of excess cement (Fig. 4).

Because of innovative chemistry, TheraCem achieves a high degree of chemical conversion, which ensures long-term durability, without the need for refrigeration when it is not being used. For clinicians, this means that peace of mind can be nearby and ready to use in every operatory.

All of these time-saving features translate to decreased chair time and frustration for both clinicians and patients. TheraCem is true simplicity and durability through cutting-edge chemistry.

To learn more about TheraCem, stop by the Bisco booth, No. 1200, or go online to www.bisco.com.
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Revolutionizing local anesthetic delivery: A shot both patients and practitioners can love

By Anutra Staff

“I didn’t even know you gave me a shot,” Barb said as Dr. Kelly picked up his handpiece and went to work immediately.

For decades, the idea of getting a dental injection has terrified patients. Quite frankly, the uncertainty, unpredictability and long onset time of local anesthetic equally terrifies the practitioner.

The Anutra Local Anesthetic Delivery System redefines local anesthetic delivery, according to the company. It enhances patient experience and comfort while transforming a practitioner’s efficiency and profitability as well as the profundity and predictability of local anesthetic.

Buffering is an age-old science that has been used in the medical community for decades. Buffering is simply taking something acidic and mixing it with something more basic to neutralize the acid. So why does this matter in dentistry?

Lidocaine with epinephrine has a low pH, meaning it is extremely acidic. In fact, its pH is close to that of citric acid, which is found in limes and lemons. Could you imagine injecting lemon juice into someone’s mouth? We simply would not do that.

Much of the burning and stinging sensation comes from the fact that local anesthetic is very acidic. The Anutra Local Anesthetic Delivery System makes buffering simple. By loading an Anutra Cassette at the beginning of the week, clinicians can simply buffer anesthetic for every patient by twisting the knob on the Anutra Dispenser.

What adds to the power of buffered anesthetic is a topical effect that is a result of a CO2 microbubble that is formed when local anesthetic is mixed with sodium bicarbonate. Many practitioners report dropping a small amount on the mucosa prior to injecting for a very powerful topical anesthetic.

Not only is patient comfort increased with buffered anesthetic, a practitioner’s efficiency is dramatically optimized. Because buffered anesthetic is raised to physiologic pH, the anesthetic crosses the nerve membrane more readily, meaning a patient can reach pulpal anesthesia in as little as two minutes, even with blocks.

Additionally, anywhere from 4,000 to 6,000 times the active molecules of anesthetic will cross the nerve membrane, making it more profound than normal lidocaine, as well as increasing the predictability that a patient will get numb the first time, even on those hard-to-numb patients.

Not only does the Anutra Local Anesthetic Delivery System provide a simplistic platform for you to buffer in your practice, it also introduces the first-known FDA approved, multi-dose, one-handed aspiration syringe that is fully disposable.

So what does that mean? It means you can hold up to 6 milliliters of anesthetic in one single syringe. No need to reload cartridges — one syringe can hold the equivalent of at least three traditional 1.8 mL dental cartridges.

With a cost point that is affordable, a revolutionary new syringe, a simplistic dosing system and a long shelf life, the Anutra Local Anesthetic is a no-brainer for every dental practice, according to the company.
You know what it takes to make your restoration undetectable.

Introducing Harmonize™—the next generation composite infused with Adaptive Response Technology.

Harmonize™
Nanohybrid Universal Composite
A digital all-in-one solution

By Planmeca Staff

For more than 45 years, Planmeca has been an innovator and leader in delivering dental solutions. A great example of our industry leadership is our Planmeca Romexis® open architecture software. This innovative software networks all of our technology together and combines 2-D and 3-D imaging and the complete CAD/CAM workflow from intraoral scanning to prosthetic designing and milling in one.

Several of the great benefits of Planmeca Romexis open architecture software are that it features a user interface that eases daily workflow of dental professionals and it is compatible with both Apple Mac OS and Microsoft Windows.

One easy-to-use platform is employed for all patient procedures from diagnostic X-rays to restorative CAD/CAM. All information is stored in one centralized database, providing easy IT management. Planmeca Romexis software networks all Planmeca and most open-architecture equipment, thus optimizing workflow and cost efficiency for practices, and clinicians, allowing a greater emphasis on patient care.

Planmeca Romexis software offers additional tools, including a Planmeca Clinic Management module, which provides more extensive connectivity, including remote monitoring and real-time information of Planmeca dental units, X-ray devices and milling units.

This software solution is a Planmeca exclusive. It allows Planmeca digital equipment to be easily connected to a network to generate valuable data and enable the user to utilize new features for greater efficiency.

Another Planmeca Romexis advancement is our Planmeca mRomexis™ mobile viewer application available for Android, iOS and web browsers. This application allows clinicians to quickly and conveniently access their images and patient information on a mobile device anywhere in the office.

Planmeca mRomexis enhances workflow and provides you mobile freedom in the practice, allowing you to consult with specialists, or patients, without being tied to a computer terminal.

The final component in our Planmeca Romexis family is Planmeca Romexis Cloud. This is a secure image transfer service for Planmeca Romexis users and their partners. Planmeca Romexis Cloud enables sharing images and CAD/CAM cases with specialists.

The variety of digital equipment and software available to dentists has increased significantly, and dentists are working to incorporate digital technology into their practices to offer advanced treatment plans and streamline workflow. Planmeca continues to lead the industry with technical and digital innovations.

Digital integration is the future of dentistry, and along with imaging unit advancements, radiation reduction protocol, CAD/CAM and software enhancements, Planmeca can deliver better care through innovation today.

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As a non-profit organization, the Hinman Dental Meeting proceeds are gifted as scholarships to dental, hygiene, assisting and laboratory technician students. Our focus has always been about providing the very best education possible for the entire dental team. Support a meeting that supports the future of our profession and the changing face of dentistry. Join us this March to see for yourself and discover the Hinman experience.

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COLTENE
Clearmet: The ‘clear’ choice for ultra-transparent partial dentures

By Keystone Industries Staff

Keystone Industries, U.S.-based manufacturer of the Itsoclear Clasp and numerous dental laboratory products, has officially launched its clear thermoplastic resin, Clearmet, a clear choice for esthetically pleasing and clear partial dentures, according to the company, is now available through the majority of the dental industry’s top dealers and distributors.

This new resin set to hit dental labs in North America, Latin America and Europe is made of monomer-free material, which has been tested to show no known allergic reactions. Clearmet’s material sets itself apart from the rest of the market by being stain-resistant, odor-free and practically invisible inside of the patient’s mouth, according to the company, and it is easy to be adjusted, refined and repaired.

Dr. Dan Schwartz, who has been using the Clearmet material for a few years while developing the product with Keystone, believes it will take dentistry by storm.

“Clearmet is the next generation to the partial denture,” Schwartz said. “The material is great to work with, and the fit is spot on. When adjustments are necessary, they are simple to do chairside. Patient response has been outstanding.”

Michael Prozzillo, Keystone’s vice president of sales, has worked extensively with Schwartz on getting Clearmet launched and available to wide market.

“It’s truly a product that has been tested through and through that works, works well and makes a difference to end users,” Prozzillo said.

Clearmet is available in two sizes: small and medium. Both the small (1.77 inches, 25.5mm x 45mm) and medium (3.03 inches, 25.5mm x 77mm) come in packages of five tubes, and suggested retail prices are $55.75 and $68.05, respectively.

One of the main goals of Clearmet has not only been to improve smiles but lives as well, according to Keystone. Since its beginning, Clearmet has created beautiful smiles in real cases for patients who were previously too uncomfortable to smile with metal framework.

“I can tell you without any reservations that this material is by far the best, most comfortable, lightest partial denture material I have ever used,” said Dr. Louis Trovato of Hatboro, Pa. “The patient response has been outstanding, and I’m positive I’ll never go back to any other material.”

According to Keystone, not only are doctors thrilled to use Clearmet, but dental labs are, too.

“It’s not only the easiest material I have worked with, but superior results make it by far the best,” said Frank Ricciardi, owner of RDL Dental Lab. “You don’t need any special equipment, and it’s extremely easy to polish. It’s saved my lab a lot of time and stress.”

Keystone’s Clearmet resin is available now through most dental dealers and distributors in North America, Latin America and Europe. To make ordering simple, Clearmet can be purchased through a preferred dental dealer on the Keystone Industries website, www.keystoneind.com.

HARMONIZE

Harmonize™ begins with ART. Adaptive Response Technology, a nanoparticle filler network that helps you achieve lifelike restorations with more ease and simplicity than ever. With better blending capabilities and enhanced structural integrity, the ART of Harmonize provides your restorations with exceptional strength and unmatched esthetics, according to Kerr, the company behind the product.

With the ART filler system, Harmonize diffuses and reflects light in a similar way as human enamel. This leads to an enhanced chameleon effect for better blending and improved esthetics overall. In addition, the particle size and structure is designed to offer superior gloss retention and lasting polishability compared to leading composites, according to the company.

The reinforced nano-scale filler particle network also has improved mechanical properties, and it’s more reactive with resin for efficient polymerization, ensuring your restorations have increased strength and durability. Furthermore, according to the company, the adaptive viscosity of Harmonize delivers easier handling and shaping without stickiness, slumping or pullback. It’s everything you’ve been looking for in a composite restoration.

Achieve lifelike restorations with more ease and simplicity than ever before with Harmonize.

For more information, go to KerrHarmonize.com or stop by the Kerr booth, No. 4216, here at the Greater New York Dental Meeting.
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SWISS PREMIUM ORAL CARE
Curve Dental promises a practice management system that makes information easy to collect, process and manage

By Curve Dental Staff

Curve Dental has added online forms to its practice management software, providing doctors with the ability to create any form that can be accessed by any device with all data written automatically to the patient’s record.

“Our online forms are the easiest way to collect, process and manage patient information,” said Ian Zipursky, president of Curve Dental. “The level of automation we have added will significantly reduce the time a practice spends entering and updating patient information.”

Curve Dental uses drag-and-drop functionality to minimize the time required to create a form. Any information can be gathered by a form, such as an address, medical history or a digital signature.

Patients access the form via e-mail and a secure patient portal. The patient can complete the form using any digital device, such as a smartphone, tablet or computer.

All data captured by a form is automatically written to the patient’s record in Curve Dental. Patients who fail to promptly complete a form can receive e-mail or text.

While most features are available now, others will be available soon. Curve Dental plans to make online forms available to all customers at no charge for a limited time only.

Call (888) 910-4376 for details or stop by the booth, No. 1333.

Here in New York

To learn more about Curve’s practice management software, stop by the booth, No. 1333.
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Visit us at the
Greater New York Dental
▸ Booth #3537

www.kettenbach.us
By Dentatus Staff

In the event patients become edentulous, dentures may offer advantages compared to other alternatives. They are esthetically pleasing, easy to maintain and cost effective; however, these benefits are often hampered by patient discomfort and may lead to difficulty in chewing, pronunciation and freely expressing facial movements such as smiling or laughing.

It has been suggested that eventually nine out of 10 people will complain of difficulties with a mandibular denture. Many over-the-counter products provide a band-aid solution to some of these complications but never get to the core of the problem, while dentists dedicate countless hours to adjustments and managing patient dissatisfaction.

To compensate, denture wearers often change their daily routine and diet in ways that expose them to greater health risks. With a greater focus today on the relationship between dentistry and systemic health, we recognize that edentulism has a direct impact on a patient’s overall health, with problems ranging from psychological to nutritional and even to digestive concerns.

According to Dr. Carl Misch, studies demonstrate that complete tooth loss is associated with illness, citing 28 percent of the edentulous population who take medicine for gastrointestinal disorders.

Clearly this situation often leaves dentists less than excited about proposing dentures as a viable solution. Some dentists may be prolonging tooth extractions, particularly in the mandibular arch, because of poor retention of dentures and continual bone resorption. But there are innovative treatment options that can dramatically improve the patient experience with a lower denture and prevent bone resorption.

Many patients have benefited from newly adapted protocols for securing lower dentures using minimally invasive implant treatment. In particular, the genre of narrow diameter, or mini implants, has made access to treatment more attainable because of the reduced costs, time and complexity in planning. The ADA endorsed this treatment in 2004.

One system in particular has taken measures to develop a protocol that compensates for ridge changes and bone resorption by cushioning the interface between a patient’s denture and his or her ridge while optimizing comfort. With 10 years of long-term clinical and university-based research support, the ATLAS® Denture Comfort™ Implant System is an ideal system to retain lower dentures, according to the company.

With a hermetically retained liner that is easy to maintain, patients express very high satisfaction and describe ease in both insertion and removal of their dentures.

The Tuf-Link® silicone material provides cushioned support and stabilization with gentle, firm retention while distributing the chewing force on the ridge and implants, all without housings, O-rings or adhesives. This overcomes restrictions of parallelism, space, stress and other limiting obstacles of edentulism. Patients no longer suffer with sore spots caused by a hard acrylic denture base rubbing against the gingival tissue.

The ATLAS minimally invasive procedure is usually performed without a surgical flap. Because ATLAS implants are immediately loaded, patients are able to leave with a cushioned, comfortable and stable denture after a one-visit chairside procedure, according to the company.

Editor’s note: References are available upon request.
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Midmark Corporation, Dayton, OH
New intraoral camera sleeves offer custom fit at economical price

By Flow Dental Staff

Flow Dental, exhibiting in booth No. 1110, is showing off new products here at this year’s Greater New York. The Perfect Fit is the first fully adjustable intraoral camera sleeve to hit the market, according to the company. Perfect Fit sleeves enable you to create a custom-fit sleeve for virtually any size camera. It’s fast, easy to use and economically priced, the company asserts.

You can easily adjust horizontal and vertical tension to achieve a custom-like fit — so your sleeve will stay on every time and the area above your lens will always be wrinkle free. Nothing fits your camera like new Perfect Fit from Flow Dental, according to the company.

Flow Dental representatives report the Perfect Fit sleeves are 30 percent less expensive than other custom-fit camera sleeves.

Flow also is introducing All Bite, a universal bitewing holder for all size sensors. Not only does All Bite flex to hold all sizes but its unique snap-on/snap-off bite block enables you to switch on-the-fly in seconds from a horizontal to a vertical bitewing — at chairside. All Bites are economically priced, too, according to the company.

Finally, Flow also has its new Deluxe Cushies here at in New York. Apply your Deluxe Cushie to the long or short side of your sensor, PSP plate or film to create a soft, cushiony surface that your patients will appreciate. The unique key-way design makes positioning Deluxe Cushie quick and easy, too, according to the company.

Flow Dental President William Winters said: “We understand imaging from a workflow and case-management perspective. Our goal is to enhance yet simplify any aspect of the process that we can, by whatever degree we can. We make products that are easy to use, easy to adapt — and that are a benefit to both the patients and the practitioners.”
65th Anniversary Celebration 1952 - 2017

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The only Pit & Fissure Sealer that can be used wet or dry!

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ESTHETICS: CELEBRATING 65 YEARS CREATING SUCCESS

As industry products and technology advance at a continually fast pace, new procedures and methods are implemented. The focus at TAUB Products in their 65th year, is to keep pace with these advances by offering products that offer the best results possible, through simple and easy integration, no matter how doctors practice dentistry.

From no-prep restorations to full mouth reconstruction, Taub Products continually offers the best results. A good example is Fusion-Zr Resin Cements. These esthetic cements allow dentists to offer their best practices, by featuring ease of use, and fast cleanup. “My patients expect my restorations to pop”, says Ross Nash DDS of the Nash Institute in Charlotte North Carolina. “They can’t just be good, they need to be the best. I get best results when using Fusion Zr Resin Cements.”

Taub also offers Zero-G™ Bio-Implant Cement. According to Ed Matthews Vice President of Sales Taub Products, Zero-G™ is retrievable cement for permanent cementation of implant restorations. It has the highest radiopacity which makes excess cement more visible. It’s handling characteristics allows best clean up.

Liquid Magic™ Resin Barrier Material is used for implant and cosmetic dentistry, to fill abutments easily. Liquid Magic™ is placed into an abutment, and then light cured. Liquid Magic™ can also be used to protect implant screw retained components or anywhere isolation is desired.

Taub launched two major new products in 2016. The first is Ca-Lok™ Flowable Adhesive Calcium Base/Liner. Ca-Lok™ is a light-cured, calcium-filled resin with adhesive to tooth structure, and seamless compatibility to other restorative materials. Ca-Lok™ is radiopaque and releases calcium and fluoride. Ca-Lok™ is used as a protective liner and it’s tooth integrating feature allows Ca-Lok to stay in place. It can be placed under restorative materials and cements, for many types of cavity preparations. With it’s flowable viscosity and unique handling characteristics, Ca-Lok™ achieves precise placement and control.

The remarkable hydrophilic / hydrophobic properties presented during placement and light curing, creates adhesion to tooth structure, which prevents micro leakage, and eliminates sensitivity.

The next innovation introduced by Taub Products in 2016 is Go-Chx Gel syringeable Chlorhexidine. It is a thin, non-alcohol based gel containing 0.8% Chlorhexidine in a water soluble formula. Because of its water solubility, and low viscosity, Chx Gel can be applied to dental restorations outside of the mouth without affecting bond strengths. It can also be used as a cleansing agent. Go-Chx gel, is provided in easy to use syringes with flock tips to precisely deliver the gel to the intended areas.

Please celebrate with us at Booth #2706 for Taub Products 65th anniversary celebration at the 2016 Greater New York Dental Meeting. The celebration will take place on Sunday, November 27th at 4:00 PM following our hosted GNYDM hands-on workshop “Indirect Esthetic Restoration” featuring Dr. Ross Nash DDS. Please find course schedule at www.gnydm.com.
Get an air-free oral cavity with new handpiece

By Medidenta Staff

The Air-Free™ 90S is the newest addition to the Air-Free handpiece series.

The Air-Free 90S is the only 90-degree surgical high-speed on the market, according to Medidenta, the company behind it. It provides a completely air-free oral cavity, making it great for surgical and periodontic procedures, such as flap/ossseous surgery and erupted tooth extractions. These procedures are often used with a 45-degree angulated handpiece; however, this can create an awkward angle for the practitioner to work with.

The 90-degree angle of the Air-Free 90S provides a more comfortable angle and less strain to help clinicians reach the procedure site.

For maximum safety, there are no air vents out of the head of the handpiece. All air is vented through the dedicated pilot holes located on the back-end.

The Air-Free 90S handpiece also delivers 20-plus watts of power for smooth, constant and safe cutting, according to the company.

Here in New York
To take a look at the AirFree 90S and the other handpieces in the Air-Free series, stop by the Medidenta booth, No. 916.

(PHOTOS/Provided by Medidenta)
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Plenty to see in New York City!

By Fred Michmershuizen, today Staff

If you come to the Greater New York Dental Meeting every single year, you might think that you have “been there, done that” when it comes to exploring New York City. Well, think again. Gotham is constantly changing. From the skyline, which seems to get more interesting each week, to the latest Broadway and Off-Broadway shows, there is always something new and exciting to take in.

Whether this is your first time in the Big Apple or your 50th, there are some things you might want to do during your stay.

Rolling Stones interactive experience

In town for a limited time is “Exhibitionism” — an interactive, immersive experience dedicated to the music and legacy of The Rolling Stones. You’ll be able to walk through replicas of the lads’ messy apartment in London from the early 60’s, a backstage area and even a genuine recording studio. There’s a selection of album artwork, plus scale models of the band’s elaborate stage sets from their Steel Wheels, Bridges to Babylon and Voodoo Lounge tours.

One gallery contains Andy Warhol portraits, while another features stage costumes spanning all five decades of the band’s history. There are plenty of video and audio displays and a 3-D movie performance of “Saturation” — an interactive, immersive experience dedicated to The Rolling Stones. (Photos/Fred Michmershuizen, today Staff)

The High Line

The High Line is one of New York City’s most popular attractions. It’s a public park built on a renovated train line, elevated above the streets of the West Side of Manhattan. It first opened in 2009, with a second section added in 2011. The third and final section opened in 2014, and — good news to GNYDM attendees — there is an entry point on West 34th Street, directly across from the south end of the Javits center.

If the weather is nice, you will definitely want to take a stroll. You can walk all the way down Gansevoort Street in the historic Meatpacking District. Along the way, you will see all manner of urban life, including the most modern architecture, interesting people, artwork, gritty buildings that will make you wonder how they are still standing and everything in between.

More information is available at www.thehighline.org.

9/11 Memorial and Museum

Also at the World Trade Center site is the National September 11 Memorial Museum. It documents the events of 9/11, the impact of those events and their continuing significance. Artifacts associated with the terrorist attack are displayed, and stories of loss and recovery are presented.

Nearby is the 9/11 Memorial, consisting of two large pools marking the spots where the twin towers of the World Trade Center stood. The names of every person killed on Feb. 26, 1993, and Sept. 11, 2001, are inscribed in bronze around the twin memorial pools. If you visited the memorial in the past and had to pass through airport style security, take note: The memorial is now open access.

The museum is open daily from 9 a.m. to 8 p.m. (last entry at 6 p.m.), and the memorial is accessible daily from 7:30 a.m. to 9 p.m. To plan a visit and get information on tickets to the museum, visit www.911memorial.org.

Citi Bike

New York now has a bike share program, called Citi Bike. It’s hugely popular with the locals, and it’s also available to visitors. You’ll no doubt see these blue bikes being ridden all over the place, as well as docked at various street corners scattered throughout Manhattan below 60th Street and in parts of Brooklyn.

The system consists of a fleet of sturdy, adjustable bikes that are locked into dedicated docking stations. The bikes can be checked out from and then returned to any station in the system. You get 30 minutes to complete your trip from Point A to Point B.

Don’t be shy. Buy a 24-hour or a seven-day access pass with a credit card at any station. You can get more information at each station’s touchscreen kiosks (there’s one just outside the Javits), along with a map of the service area and surrounding neighborhood, or visit www.citibikenyc.com. There’s also a smartphone app, called BikeShare, updated constantly, which shows the nearest stations to you, along with the number of bikes and slots available.

New Subway stop

For those who like to commute via mass transit, there’s now a Subway station right across the street from the Javits. That means no more waiting forever to get a cab. The station is on 34th Street and 11th Avenue.

You can catch the 7 train, which will whisk you into Midtown in minutes (or all the way into Queens if you’re headed out that way). For more information, including maps and schedules, visit www.mta.info/nyct.
Planmeca Evolution™ Dental Consoles

Planmeca's new line of advanced Evolution consoles including: Planmeca Evolution 12 O’Clock, Planmeca Evolution Central Island Console, and Planmeca Evolution Side Console are “connected,” and part of the digital workflow of a modern dental practice. Planmeca Evolution consoles usher-in digital integration with SMART features like Ethernet and 3.0 USB connections, Planmeca PlanScan™ Digital Scanner integration, CPU storage, LED lighting, and medical grade duplex GFCI outlets.

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