**The body-mouth link:**

Make the connection

Today: Dr. Uche Odiatu helps you ensure you’re performing as far more than a ‘tooth mechanic’ for your patients.

» page 4

**Trends in endodontic cleaning and shaping**

Friday: Dr. Rob Roda’s sessions reveal the latest trends in shaping, cleaning and disinfected root canal space.

» page 2

**Vancouver’s wild side is calling all explorers**

Whether you’re ready to explore a northern rainforest, the deep sea or outer space, Vancouver is ready for you.

» page 18

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**Now on stage:**

**Live dentistry**

Do you take in more by watching than you do by reading and listening? Then you may be attracted to the idea of spending some time at the Live Dentistry Stage, with real-time large-screen video and live narration straight from the dental professional performing the procedure.

**Today’s ‘Live Dentistry’ schedule**

Today at 11:30 a.m., Robert Lowe, DDS, FAGD, FICD, FADI, FACD, FIADFE, presents “Anterior and Posterior Composite” cosponsored by the Canadian Academy for Esthetic Dentistry. Dr. Lowe graduated magna cum laude from Loyola University School of Dentistry in 1982 and was a clinical professor in restorative dentistry until the school’s closure in 1993. Since 2000, he has maintained a private practice internationally and publishes in top dental journals on aesthetic and restorative dentistry.

Today at 2 p.m., Annie Beaulieu, RDH, presents “Whitening Systems” cosponsored by the Canadian Academy for Esthetic Dentistry.

**Friday’s ‘Live Dentistry’ schedule**

The live action continues on Friday, with the on-stage operatory in session at 9:30 a.m. with Ron Zokol, DMD, presenting "Immediate Implant Placement" at 11:30 a.m. tomorrow. There’s opportunity to ask questions after each of the presentations. (Photo/Provided by Pacific Dental Conference)

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**More top speakers; more top exhibitors**

The Pacific Dental Conference, one of the largest such conferences in Canada, is hitting strong numbers for 2012:

- With more than 100 open sessions, hands-on courses and other educational opportunities filling the next several days, there’s opportunity for attendees to earn up to 15 C.E. credits.
- The number of companies in the exhibit hall nudged up to the 300 mark, hitting 299 just prior to opening day.
- The Pacific Dental Conference, one of the largest such conferences in Canada, is hitting strong numbers for 2012:  

Exhibit hall hours are: Thursday, March 8, 8:30 a.m. to 6 p.m. and Friday, March 9, 8:30 a.m. to 5:30 p.m.

PDC mobile app

Scan this QR code to access the app right now or download the app from your app store by searching “PDC 2012.”

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**AD**
New trends in endodontic cleaning and shaping

Rob Roda, DDS: Root canal processes are changing as rapidly as the technology

By Robert Selleck, Managing Editor

If you’re performing endodontics in your practice and would like to enhance your knowledge, technique and delivery of care, a perfect opportunity is available tomorrow with a two-part session on the latest developments in shaping, cleaning and disinfecting the inside of the root canal space, presented by Rob Roda, DDS, MS.

Roda, an endodontist in Phoenix, is back in his Canadian homeland as a returning presenter at the Pacific Dental Conference, sharing insights gleaned from a 30-year career: the last 18 years of which have been focused on endodontics.

“Technical advancements in instrumentation have occurred at a fairly rapid pace in the last several years,” Roda said. “Usually the advancements have been led by the introduction of new instruments with varying and enhanced capabilities. But there’s also been a change in the thought process, and as the research comes in, we’re seeing that there needs to be continued modification of what we’re doing to improve end results.”

For this morning’s session, Roda said he’ll be “describing the nature of the disease process that is being treated and how various factors of that disease process affect the decision-making behind preparing for instrumentation of the root canal space.”

Tomorrow afternoon, Roda covers in detail two of the most recently released endodontic instruments, the WaveOne and the Vortex Blue, both by DENTSPLY Tulsa. The WaveOne is a single-file, engine-driven concept and was released in May 2011. The Vortex Blue, just released earlier this year, is a file fabricated from new proprietary shape-memory alloy.

“The WaveOne file uses a reciprocal motion instead of the rotation used by most engine-driven files today,” Roda said. “This reciprocal motion allows for greater cutting efficiency, canal centering and resistance to separation.”

The Vortex Blue, he said, “radically enhances flexibility to minimize canal transportation while simultaneously achieving an increase in resistance to cyclic fatigue.”

The instruments can be complimentary in their use, but Roda said that practitioners are probably going to be drawn to whichever device is more likely to enhance their existing approach and technique.

“Between these two instrument systems, a wider variety of instrumentation styles and preferences can be accommodated,” Roda said. “That affords the user the ability to manage a wider variety of canal treatment situations.”

Roda said each part of his two-part session can stand on its own. But the concepts covered in the morning will establish a knowledge base that will help attendees implement the new technology covered in the afternoon.

In addition to covering the disease process and why instrumentation is such a critical part of treatment, Roda also will summarize historical problems with instrumentation and discuss how the problems have been overcome — and how the clinician can use that information to better understand instrumentation and be better prepared to avoid possible complications.
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The body-mouth link: Make the connection for optimal health

Uche Odiatu, DMD: Today’s dental patient is coming into your office expecting far more than a ‘routine’ check-up

By Robert Selleck, Managing Editor

If there’s a journal article, research study or other report linking oral health to some broader aspect of well-being, Uche Odiatu, DDS, doesn’t just know about it — he can quote it and give you a concise, compelling summary of the science behind the findings. And these days that covers a lot of territory: hardening of the arteries, heart disease, diabetes, liver cancer, blood cancer, kidney cancer, pancreatic cancer, Alzheimer’s, preterm babies, poor digestion, poor wound healing, obesity, poor sleep quality and, perhaps most critical of all, inflammation with no anatomical borders — all have scientific evidence connecting them to oral health.

That’s prompted Odiatu to take on a one-man mission to share the most critical aspects of such research with fellow dental professionals. He steps away from his Toronto dental practice and personal fitness ventures often enough to deliver about 30 presentations a year, turning dry, academic analysis into an entertaining, engaging multimedia performance.

“Dentists and hygienists don’t have time to read all the journals and research papers,” Odiatu said, “especially the research that’s coming from outside the dental profession. I’ve seen this dental/whole-health connection even appear in exercise physiology literature.

“It’s challenging enough to keep up with dental-specific sources. My job is to stay up to date in this area. I gather together all of these snippets from across all disciplines — and I focus on the science — the evidence — that demonstrates a causal connection between the mouth and systemic health.”

Pacific Dental Conference attendees get two chances to hear Odiatu’s message today when he presents “The Body Mouth Link: Make the Connection for Optimal Health.”

*see BODY, page 6
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Imaging solutions for professionals.
Some dental professionals must be feeling pressure to be a patient’s physician, psychologist, psychiatrist and nutritionist. Isn’t that just too much to take on?

Dentists are pretty amazing. Same with hygienists and dental assistants. We all have our continuing education conferences and requirements. We all want to keep getting better at what we do. We all want to stay on top of things.

There are always new procedures, new instruments and new techniques to try. And our patients demand us to be on the leading edge of what’s out there in the media. Patients are online Googling “mouth and body health” before their appointments. They’re researching antibiotics and wisdom teeth, and they have access to much of the same information that we do. Patients want to know about the oral systemic link, and we need to be prepared for that.

Is it possible to prompt patients to change behaviour? Shouldn’t a dental professional just offer facts and leave behaviour decisions entirely to the patient?

I think we can rise to the occasion. I think we can be on the cutting edge. Dentists and hygienists are known to be prevention focused. The way you influence behaviour isn’t by being a talking head. Telling isn’t teaching. Dentists and hygienists need to be aware of their expanded ability to change behaviour by being authentic role models — and teachers.

So, “teacher” is yet one more responsibility being added to the dental professional’s list?

The word “doctor” comes from the Latin that means “teach.” It’s true that this is a whole new way to look at our profession. And also, it’s much more rewarding and fulfilling and interesting to look at a patient as a whole person. We also need to be aware that not everybody likes to receive information in the same manner. I help people learn how to recognize learning preferences. Some patients are going to be more visual, others auditory, others kinesthetic and some all three.

Many physicians understand that when a patient leaves the room about 50 percent of the information will be forgotten. Twenty percent of prescriptions don’t get filled. And only 60 percent of patients take medication the way they’re supposed to. I act out how to connect with different learning styles. I share examples showing how fulfilling it is to be a good communicator. It makes you a better care provider. We’re more than just about helping people look good in their wedding pictures or graduation picture.

Is there risk that whole-body-health advocacy can drive patients away?

My patients tell me, “I enjoy the fact that you’re looking out for all of me, not just my mouth.” As I refer more patients to other allied professionals, I’ve seen referrals to my practice increase from medical doctors, personal trainers, massage therapists, chiropractors, nutritionists. There isn’t just a patient-health benefit to be realized. It also raises awareness in the community about the mouth/body connection.

‘We’re more than just about helping people look good in their wedding pictures or graduation picture.’

Toronto dentist Uche Odiatu is a National Strength and Conditioning Association certified personal trainer, a certified nutrition/wellness consultant and a professional member of the America College of Sports Medicine.

‘We’re more than just about helping people look good in their wedding pictures or graduation picture.’
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Dental Savings Club known for great prices, top quality

Dental Savings Club has a wide variety of dental instruments and other products at great savings, thanks to a unique web-based automated ordering system that minimizes expenses and passes savings to customers.

**WOlf handpieces**

Despite the fear it might invoke in patients, the conventional drill remains one of the most important instruments in a dental practice. Although maintaining and repairing these vital instruments can be pricey, such preservation is necessary because of frequent usage and the need for steam autoclaving after each use. Dental Savings Club is already known for great savings on KUT carbide and diamond rotary instruments, Kopy impression material and Hugs and Kisses hygiene instruments and whitening products.

The WOlf handpieces line builds on this reputation for cost efficiency. These lightweight handpieces are available for most systems (Kavo, NSK, W&H, Midwest, Star and 4-hole systems). They are well balanced and include swivel capability (although couplers are not included), push-button chucks, fiber optics with LED beams (for shadow-free visibility) and a triple-port water spray. WOlf handpieces are known for their low maintenance and repair costs. Their power output is at 18 watts, and the handpiece spins at 400,000 rpm. Best of all, you can purchase a new WOlf handpiece for far less than it costs to repair many name-brand handpieces.

**KOPY impression material**

The name says it all: It implies this material will copy your preparations and margins exactly as they are — and it does. This material is manufactured in the United States and sold by a company based in Canada. Various setting times and viscosities are offered in the Kopy line. For example, for a full-arch impression, this vinyl polysiloxane (VPS) material has 4.5-minute setting time (2.5-minute working time) for the monophase (medium body) as well as both the heavy body and light body materials (wash) so it will accommodate any impression technique.

For single crowns there is a similar variety of viscosities, and the setting time is listed as a fast set of just 2.5 minutes. Color differentiation is good, and it pours nicely.

To round out the product line there is a bite registration material that sets in just 50 seconds; and there is an alginate replacement material cleverly named “Algn8” that has a working time of 90 seconds and sets in 2.5 minutes. It is competitively priced for replacing conventional alginate. Alginate substitute advantages include: There is no immediate pour needed; it remains stable for weeks; and it can be poured multiple times (up to five times per the manufacturer). Currently, the product is available in only 50-ml cartridges, but bulk cartridges should be available soon. For those who still use putty, Kopy also has a nice quality putty available in tubes for mixing by hand.

The Dental Savings Club sums up its high-tech, automated business model as: ‘More products. Less money.’

(Source: Dental Savings Club)
No-flow flowables for ‘Beautifil’ restorations

By Howard S. Glazer, DDS, FAGD, FASDA

That’s not a spelling error in the title. I have intentionally spelled it to mimic the name of the non-cusy, non-flowable resin material I will discuss.

Resin dentistry has come a long way since the early days of silicates. Both patients and dental professionals have demanded restorative materials that are functional, durable, versatile and esthetic. Imagine, if you will, a material that is base, liner and restorative all in one tube.

Shofu has developed just such a product: BEAUTIFIL Flow Plus. This new flowable resin is a sculptable, non-flowing resin available in two formulations: F00 and F03. Those designations mean that it flowed zero millimeters when an amount was placed on a pad and held vertically for one minute. Similarly, the F03 flowed only 3 mm during one minute. Both formulations contain the proprietary Giomer chemistry and S-PRG fillers, which release and recharge fluoride like a glass ionomer.

The Giomer chemistry is important. Giomers have an anti-plaque effect by providing a smoother surface when photo-cured. Furthermore, they aid in the reinforcement of tooth structure by forming an acid-resistant layer as well as helping to remineralize dentin. Recently, the ADA published the results of an eighteen year Giomer study, done at the University of Gainesville in Florida, that showed no secondary caries, no restorative failures, no post-op sensitivity and a 95 percent retention of luster on the restoration. BEAUTIFIL Flow Plus stays where it is placed and does not require a more traditional composite resin to be placed on top to complete the restoration as some bulk fills do. It is approved for all cavity preparation classification.

There are nine shades for F00, including an opaque, incisal and bleach white. For F03, there are 12 shades, including a unique A0.5, “milky” and cervical shade. Once photo-cured, the materials are about 95 percent finished and polished, and a very high gloss can be achieved using the One Gloss and Super Snap Singles polishing systems (Shofu).

As you will see in the cases that follow, BEAUTIFIL Flow Plus is a useful product that enables us to emphasize our artistic ability in the art and science of dentistry.

Case I
The patient is a 33-year-old male who has neglected his dental hygiene for several years and has a history of chewing gum and parking it in his cheek when on the telephone or focusing on his work. He now presents with several areas of severe cervical erosion. These areas of erosion were successfully restored using a #35 inverted cone carbide and SmartBur II #4 round (both SS White) and then BeautiBond and BEAUTIFIL Flow Plus F03 A03 opaque shade and then F00 shade A3.

Case II
The patient is a 63-year-old male with a history of sucking on lemons. The upper right cuspid enamel has been eroded, and the patient had mild sensitivity. The canine was restored using a #34 inverted cone bur (SS White), and the restoration was performed with BeautiBond and BEAUTIFIL Flow Plus F00 shade A30 Opaque and A3.

Case III
The patient is a 42-year-old male who fractured the upper right central incisor opening a package. The tooth was restored using a Fissurotomy bur (SS White) to create the enamel bevels and BeautiBond and BEAUTIFIL Flow Plus F00 A2.

Attend today’s session!

Today from 1:30 to 4 p.m., Dr. Howard Glazer presents “What’s Hot and What’s Not!” (Session costs $250 and is limited to 20 attendees.)

On Friday, Glazer presents “Direct Composites: Simple, Easy and Beautiful” (Session costs $250 and is limited to 20 attendees.)

Also, you can learn more about BEAUTIFIL Flow Plus at the Shofu booth, No. 304, in the exhibit hall. Visit Shofu at www.shofu.com or call (800) 827-4638.

About the author

Howard S. Glazer, DDS, FAGD, FASDA, is a past president of the AGD and former assistant clinical professor in dentistry at the Albert Einstein College of Medicine in Bronx, N.Y. He is the deputy chief forensic dental consultant to the OCME-NYC. Named one of the “Leading Clinicians in Continuing Education” by Dentistry Today, he lectures and publishes internationally on cosmetic dentistry and forensic dentistry.
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Here at the PDC
To learn more about how the Street Smart Investing experts can help you with your financial goals, you can meet with them in the exhibit hall at booth No. 246. Find them online at www.streetsmartinvesting.ca or call (604) 922-3393.
Achieving atraumatic extraction

Careful, considered use of Directa Dental Luxator helps the dentist divide and conquer the forces retaining a tooth

By Dr. Simon Jones

The extraction of a tooth is probably the most traumatic event a patient can experience in the dental office, and if the extraction doesn’t go smoothly, things can become quite stressful for the dentist as well.

When the use of a simple surgical instrument can make the extraction process infinitely easier for both patient and dentist, I find it surprising that not all dentists reach for a Directa Dental Luxator (Fig. 1) as their first instrument of choice.

To understand how best to remove a tooth, it helps to appreciate the structures and forces that are holding the tooth in position. It is only by overcoming these forces that the tooth can be removed.

First, consider the bone structure surrounding the roots. As the bone sits intimately against the root surface, any irregularities, undercuts or curvatures of the root will provide mechanical retention. To overcome this retention, the socket must be dilated until the path of removal of the root is unimpeded by bone.

The second factor resisting the removal of the tooth is the periodontal ligament, composed of collagen fibres. Like millions of little ropes, the cumulative strength of these fibres resists the strongest of biting forces. Imagine how much force would be required to overcome this combined strength in an attempt to simply pull out a tooth.

The third force to overcome is that of atmospheric pressure. Withdrawing a tooth from its socket will create a void or vacuum at the apex of the socket, and until this void is filled with blood or an ingress of air, then atmospheric pressure will effectively push on the tooth to keep it in position. Anyone who can remember back to the Magdeburg Hemisphere experiment in school physics will know that simple atmospheric pressure resisted the force of two teams of horses pulling in opposite directions.

Little wonder then that simply using a combination of forces and brute force can lead to unnecessary loss of alveolar bone, root fracture and a subsequently more stressful experience for both patient and dentist. Dealing with the fracture of a maxillary tuberosity can certainly ruin your day!

The careful and considered use of a Luxator helps the dentist to divide and conquer the forces retaining a tooth, making the extraction process an infinitely more predictable and stress-free process.

The appropriate size of Luxator is chosen to match the diameter of the root, and the angle of the blade is chosen to give the best access.

The tip of the Luxator is gently inserted into the gingival margin, with the blade angled slightly toward the root surface. This ensures that the Luxator enters the periodontal ligament between the crestal bone and the root.

Once in the periodontal ligament, the Luxator is worked down the length of the root with a side-to-side rocking motion and steady axial pressure (Fig. 2). This motion first severs the periodontal fibres, and then as the blade is introduced further, the socket is dilated to allow an easier path of removal. Finally, as the periodontal ligament is severed and the socket dilated, bleeding and air ingress overcome the vacuum that resists tooth removal.

The Luxator should be inserted around as much of the circumference of the root as possible to evenly dilate the socket. Once this has been achieved, the final delivery of the tooth may be performed with forces, although this is often not required with single-rooted teeth.

When using a Luxator, the handle should sit neatly in the palm of your hand, cradled by your fingers and thumb, with the index finger extended toward the tip of the instrument (Fig. 3). This allows for precise control of the tip and prevents the risk of slipping. Excessive force should be avoided; the Luxator is a surgical instrument and should be used as such, not as an elevator.

To complement its range of Luxators, Directa now produces an elevator called the Luxator Forte. Having dilated the socket using a Luxator, if it is felt that greater dilating and elevation forces are required, then the stronger Luxator Forte should be used.

The Luxator Forte is recognizable by its black handle (Fig. 4). This sequence of luxation, followed by elevation, generally means forces are only ever used for the final easy delivery of the tooth. Having used Luxators for more than 20 years, I cannot imagine undertaking the extraction of any tooth without first severing the periodontal fibres with my trusty friend.

It would be the equivalent of struggling to remove my boots without first undoing the laces.

About the author

Dr. Simon Jones is a leading U.K. dentist with a practice in Middlesbrough, in the northeast of England. He qualified in 1985 and has worked mainly in the British National Health Service since then. For the past six years, he has also served as a vocational trainer for the Northern Deanery of Newcastle University Dental School.

Here at the PDC

To learn more about the Directa AB surgical instruments in this article, the Luxator Periotome and its complementary elevator, the Luxator Forte, stop by the Directa AB booth, No. 347. Additional information about Directa products, including the popular FenderMate, FenderFrame, FenderPrep, FenderWedge and more may be found at www.directadalental.com.

Fig. 1: Luxator Periotome.

(PHOTOS/PROVIDED BY DIRECTA AB)

Fig. 2: Luxator severs the periodontal fibres and dilates the socket.

Fig. 3: Correct handling of Luxator Periotome.

Fig. 4: Luxator Periotome vs. Luxator Forte

Fig. 5: An atraumatic extraction is performed.
How to choose a laser

By Scott D. Benjamin, DDS

The promotion, popularity and success of laser treatment outcomes in non-dental health care areas, such as ophthalmology, have made patients more inquisitive about dental laser use. This patient desire facilitates the investigation and use of lasers in all aspects of dentistry by both patients and clinicians alike. The benefit of laser use for soft-tissue treatment and management is that treatments are often less invasive, more precise and very conservative, preserving healthy tissue while treating the diseased site.

When evaluating which laser is best, important considerations include: Who will use it? What procedures will be performed? Why will it be beneficial? Where will it be placed? And how will training be done? This simple, “who, what, why, where, when and how” philosophy, seems elementary; yet it is often overlooked during new technology acquisition. Also worthy of investigating are the science of laser physics, the ergonomics and device portability, the type of training, cost and dependability of the manufacturer.

How the laser interacts with tissue is strictly dependent on laser physics. The science does not change from device to device, but the individual properties do. I am often asked, “When will we have one laser that will do everything?” With the introduction of the portable SIROLaser Advance we are as close as the laws of physics will ever permit for soft-tissue procedures.

This 980 nm class laser’s wavelength takes advantage of soft tissue’s 70 percent water content. Water is highly absorbed by the 980 nm light energy, thus enhancing the laser’s ablating (vaporizing/cutting) efficiency. The water absorption coefficient of the 980 nm wavelength is 10 times greater than the 810 nm wavelength used by most other lasers. Additionally, the 980 nm wavelength interacts with tissue using light energy, as well as thermal conduction. This enables water irrigation to be used to cool surrounding tissues, thus controlling collateral thermal damage. This is not possible with most lasers in the 800–940 nm range because such lasers’ interaction mechanism is strictly thermal conduction, which could be negated by the cooling process.

The SIROLaser Advance’s high, 14-watt peak power, with microsecond pulse feature, enables microscopic tissue to be precisely removed with each pulse and enables thermal recovery (relaxation) between pulses, minimizing collateral tissue damage and postoperative discomfort.

Additionally, the 980 nm wavelength interacts with tissue using light energy, as well as thermal conduction. This enables water irrigation to be used to cool surrounding tissues, thus controlling collateral thermal damage. This is not possible with most lasers in the 800–940 nm range because such lasers’ interaction mechanism is strictly thermal conduction, which could be negated by the cooling process.

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The biggest challenge Instrumentarium Dental faces when encouraging existing clients to upgrade equipment is convincing them to let go of perfectly functioning Instrumentarium systems that may be decades old. The company has clients worldwide using Instrumentarium X-ray systems bought in the early 1970s.

Given that the company developed the technology in Finland in the 1950s and sold its first system in 1961, user loyalty is not so surprising. In fact, it’s on the 50th anniversary of the 1961 introduction of the company’s Orthopantomograph® scanner, that the company has produced its latest advancement in dental panoramic X-ray imaging: the Orthopantomograph OP300.

“It’s 50 years in the making,” said Instrumentarium Territory Manager Richard Kelstein. “And with the quality of these machines, they just last forever. We’re the oldest company doing this in the world, which is a big reason why the knowledge of our sales force is second to none.”

Upgrading is a bit less of a challenge these days for Instrumentarium and its clients because all of its systems are designed for quick, easy expansion from 2-D panoramic digital imaging to include either cephalometric or cone-beam 3-D imaging or a combination of both.

Drawing on the latest in CMOS (complementary metal oxide semiconductor) sensor technology and 14-bit image data, the OP300 produces intensely sharp images and ideal exposure levels. The images provide highly accurate clinical information for treatment planning. The 3-D imaging option enables clinicians to see detailed anatomical structures with three-dimensional reconstructions and cross-sectional views. All of the traditional Instrumentarium features are included: stable, accurate patient positioning; versatile planning and viewing software that is compatible with most other applicable dental-practice software; and a wide range of settings that enable optimized scanning time and dose levels based on the specific patient and procedure.

All Instrumentarium systems are also available in the lower-priced Soredex line.

Working with dental professionals, universities and research organizations, Instrumentarium develops, manufactures and markets high-tech systems for dental and maxillofacial imaging. The company provides a full range of imaging solutions for both intraoral and extraoral imaging.

(Source: Instrumentarium)
No waste, needle-free alternative to local injections

HurriPAK periodontal anesthetic starter kit from Beutlich Pharmaceuticals provides fast-acting multiflavour alternative

- HurriPAK™ is an alternative to local anaesthetic injections prior to periodontal scaling and root planning or full-mouth debridement. This needle-free anaesthetic kit may also be applied to the gingival margin to prevent the discomfort some patients experience during prophylaxis.

Whether scaling an entire quadrant or an isolated area, the HurriPAK system enables dispensing of only the amount of liquid needed. Disposable syringes may be filled with up to 3 ml of liquid to use for full-mouth scaling.

Each starter kit contains 1 fl. oz. jar of HurriCaine® Liquid Wild Cherry flavour, 1 fl. oz. jar of HurriCaine Liquid Pina Colada flavour, 12 disposable periodontal syringes, 12 disposable periodontal irrigation tips and two luer-lock dispensing caps.

HurriPAK features

- Fast-acting – anaesthesia within 20 seconds
- Needle-free alternative to local injections
- Inclusion of everything needed; no extra accessories to purchase
- Ability to dispense only the amount of liquid needed, so no product is wasted
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- Angled plastic tips that are gentle on delicate soft tissue
- Additional syringes and tips that are available separately

HurriPAK is available through most dental dealers or by contacting Beutlich Pharmaceuticals directly.

For more information, call Beutlich Pharmaceuticals at (800) 238-8542, visit www.beutlich.com or e-mail beutlich@beutlich.com.

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(Source: Beutlich Pharmaceuticals)
The purpose of obturating a root canal is to fill the space three-dimensionally to eliminate any gateways through which bacteria might enter. Thanks to DiaDent, dentists can now have a bulletproof way to seal root canals to help ensure treatment success. Studies indicate that using the warm compaction technique increases the chance that no voids will be left behind in the obturation process. Working together, the Dia-Pen cordless warm-vertical-compaction device and Dia-Gun cordless backfill system will enable you to obturate with confidence and precision. While countless methods and techniques are available for root canal, perhaps none is as easy and time-saving as DiaDent’s complete obturation system.

Dia-Pen is a cordless warm vertical compaction device. It effectively and tightly compacts and seals all canals including lateral canals. After a canal has been shaped and cleaned, a master cone is selected for a snug fit and tug back. Dia-Pen is then used to soften, spread, cut and compact root canal filling material. Color-coded pen tips are available in five different sizes, including XF, F, FM, M, and ML. Dia-Pen is ergonomic and one of the lightest compaction devices in the market, weighing only 65 grams. Its quick-heating tip reaches highest level of temperature of 220°C within one second to save treatment time. Three temperature settings of low, medium and high give you full control of any procedure.

Here at the PDC
To learn more about the Dia-Pen and Dia-Gun bulletproof method to seal root canals and help ensure treatment success, visit booth, No. 1323, in the exhibit hall. Contact DiaDent at (877) 342-3368 or visit www.diadent.com.
The Canon Rebel T3i is the first Rebel model to include the ability to work with wireless flashes. This feature was previously reserved for higher end, professional cameras and enables the T3i to work with modern wireless macro flashes. Doing away with the flash power pack and cord results in a lighter, more balanced camera. The Rebel T3i is an 18 megapixel digital camera with articulating LCD screen and 1080p HD video mode. PhotoMed offers two wireless flash options for the T3i as well as two traditional macro flashes and four macro lens options. Find all details at www.photomed.net or (800) 998-7765.

The Dia-Dent Dia-Gun cordless obturation system extrudes warm gutta-percha to backfill the yet unfilled portion of the canal. Dia-Gun is then followed. Dia-Gun is a cordless obturation system that extrudes warm gutta-percha to backfill the yet unfilled portion of the canal. Dia-Gun comes with two types of disposable tips (23G or 25G). The tips can be bent to the desired shape and angle using the multipurpose wrench provided. Using the gutta-percha pellet included in the kit, load one into the loading slot, and push it into the heat chamber with the hand plunger. Dia-Gun has three variable temperature settings (160°C, 180°C and 200°C) to enable precise control of obturation flow. Temperature reaches 200°C in just 25 seconds. The ergonomically designed 360-degree swivel tip provides improved access, while the thin tip eases narrow canal filling. Another benefit is a lid for the heat chamber that offers protection from dirt and debris. Dia-Gun is designed to provide reliability and precision while delivering a fast, continuous flow of canal-sealing gutta-percha.

Both Dia-Pen and Dia-Gun are easy to clean and easy to use. Ergonomically designed features reduce hand fatigue while offering excellent tactile feedback. Instructional and introductory videos can be viewed on DiaDent’s website at www.diadent.com. Purchase Dia-Gun and Dia-Pen from your trusted dental dealers such as Henry Schein, Patterson and Bisco Dental. For more product information, you can call (877) 342-3368.

(Source: DiaDent)
Lunch will be available between 11:00 - 12:30 on Thursday and Friday in the three lounge locations of the Exhibit Hall.
Exhibitors at the PTD

**COMPANY** | **BOOTH**
---|---
3M ESPE Dental Products | 443, 445, 447, 542, 544, 546
A’dic, Inc. | 534, 535, 536, 537, 589, 589, 584, 534, 535
ABEL Dent Inc. | 400, 827
AboutFace | 187
Academy of Emergency Training | 147
Acmedent Corporation | 1630
ACTEON North America | 1543, 1545
AI Heaps Associates Inc. | 1518, 1520
Algin Technology | 1237, 1336
Allitas Investment Counsel | 1430
Alstat Dental Laboratories | 792
Alpha Scientific Repair Service Ltd. | 1636
American Eagle Instruments, Inc. | 446
American Express | 143, 242
American Dental Association | 721, 723, 725, 820, 822, 824
American Lung Association’s QuitNow Services | 1729
American Safety and Health Institute | 1282
Ameredent Corporation | 1365
Ameridian Dental | 1434
Ameritech | 1408
Astra Tech | 1311, 1313
Aurum Ceramic Dental Laboratories | 1019, 1021, 1118
Astra Tech | 1016
Numerous companies and organizations are listed, each with a corresponding booth number.
Three cool things to do in Vancouver

1. The Cliffwalk at Capilano Suspension Bridge
The suspension bridge has been a popular destination for Vancouver area residents and visitors for more than 100 years. But the latest attraction just opened this past summer, so you can be among the first to visit. Billed as “not for the faint of heart,” the high, narrow Cliffwalk is a cantilevered, suspended series of walkways jutting out from a granite-faced cliff above the Capilano River. For some stretches of the walkway, there’s nothing but glass between you and the canyon floor straight below.

Along with the Suspension Bridge, Treetops Adventure and other attractions, the park presents a remarkable way to explore a temperate rainforest. Contact at (604) 985-7474.

2. The Vancouver Aquarium
More than 900,000 visitors wander through the Vancouver Aquarium every year, attracted by the more than 70,000 fascinating residents, including jellyfish, octopuses, sea turtles, crocodiles, frogs, dolphins, seals, sea lions, sharks, beluga whales and some of the most exotic and colorful coral you can imagine.

Located in Stanley Park, as a bonus the facility is surrounded by 1,000 acres of woodlands, lakes, gardens, beaches and wildlife, much of it accessible by an 8.8-kilometre stretch of the 22-kilometre seawall walking/cycling trail that runs along the city’s waterfront. Contact at (604) 659-2400.

3. The Gordon MacMillan Southam Observatory
True, the H.R. MacMillan Space Centre next door is the big draw, but on Saturday nights, the observatory opens to the public. It boasts a half-metre f/16 classical Cassegrain reflector telescope on a fork-style equatorial mount, equipped with a 15 cm f/15 refractor guidercope (achromatic lens). The telescope’s drive system is “go-to” (fully computer controlled), based on an Astrometrics Instruments servomotor package. Knowledgeable staff and volunteers guide your exploration and answer your questions. Contact at (604) 738-2855.

### Three Cool Things to Do in Vancouver

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>BOOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ross Chepharma Inc.</td>
<td>1724</td>
</tr>
<tr>
<td>Sable Industries Inc.</td>
<td>1135, 1137</td>
</tr>
<tr>
<td>Safari Dental Inc.</td>
<td>1250</td>
</tr>
<tr>
<td>Sanyo</td>
<td>1546</td>
</tr>
<tr>
<td>Schick Technologies</td>
<td>223</td>
</tr>
<tr>
<td>SciCan Ltd.</td>
<td>829, 831, 833, 835, 928, 930, 932, 934</td>
</tr>
<tr>
<td>Scotiabank</td>
<td>821, 823, 825</td>
</tr>
<tr>
<td>DTI (North America) Inc.</td>
<td>1310, 1312</td>
</tr>
<tr>
<td>Septodont of Canada</td>
<td>1023, 1025</td>
</tr>
<tr>
<td>Sharwan Canada Inc.</td>
<td>1154</td>
</tr>
<tr>
<td>Sheervision Inc.</td>
<td>950</td>
</tr>
<tr>
<td>Photo Dental Corporation</td>
<td>1009</td>
</tr>
<tr>
<td>Sinclair Dental Co. Ltd.</td>
<td>729, 731, 733, 735, 737, 828, 830, 832, 834, 836</td>
</tr>
<tr>
<td>Sintco Dental &amp; Surgical Inc.</td>
<td>1629</td>
</tr>
<tr>
<td>Sirona Dental Systems GmbH</td>
<td>513 (503, 505, 507, 509, 511, 602, 604, 606, 608, 610, 612)</td>
</tr>
<tr>
<td>Sjogren's Society of Canada</td>
<td>1831</td>
</tr>
<tr>
<td>smart web canada</td>
<td>1351</td>
</tr>
<tr>
<td>Smile Reminders</td>
<td>1544</td>
</tr>
<tr>
<td>Smile Restoration Dental Lab</td>
<td>252</td>
</tr>
<tr>
<td>Southern Implants</td>
<td>1634</td>
</tr>
<tr>
<td>SS White</td>
<td>1322</td>
</tr>
<tr>
<td>Strathcona Community Dental Clinic</td>
<td>1822</td>
</tr>
<tr>
<td>Straumann Canada Limited</td>
<td>843, 845, 847, 942, 944, 946</td>
</tr>
<tr>
<td>Street Smart Investing Ltd.</td>
<td>246</td>
</tr>
<tr>
<td>Sukabrush Inc.</td>
<td>1525</td>
</tr>
<tr>
<td>Sultan Chemists Inc.</td>
<td>555, 654</td>
</tr>
<tr>
<td>Sunstar Canada</td>
<td>1109, 1111, 1113, 1208, 1210, 1212</td>
</tr>
<tr>
<td>Supermax Canada</td>
<td>1247</td>
</tr>
<tr>
<td>Sure Dental</td>
<td>1542</td>
</tr>
<tr>
<td>Sybron Dental Specialties</td>
<td>701, 703, 705, 800, 802, 804, 871, 873, 875</td>
</tr>
<tr>
<td>Syna Direct</td>
<td>1229, 1231, 1328, 1330</td>
</tr>
<tr>
<td>TD Canada Trust</td>
<td>1219, 1221</td>
</tr>
</tbody>
</table>

### Company Booth

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>BOOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TeleVox Software, Inc.</td>
<td>1204</td>
</tr>
<tr>
<td>The Bridge Network Inc.</td>
<td>237</td>
</tr>
<tr>
<td>The Canadian Academy of Dental Hygiene</td>
<td>1532</td>
</tr>
<tr>
<td>Thomson Medical Canada Inc.</td>
<td>303</td>
</tr>
<tr>
<td>Tim Steenrath Design</td>
<td>1147</td>
</tr>
<tr>
<td>Tokuyama Dental America Inc.</td>
<td>222</td>
</tr>
<tr>
<td>TFC Financial Group Ltd.</td>
<td>129</td>
</tr>
<tr>
<td>Transcom Group North America</td>
<td>1005</td>
</tr>
<tr>
<td>Treasure Tower World</td>
<td>1350</td>
</tr>
<tr>
<td>Trihawk International</td>
<td>1325, 1428</td>
</tr>
<tr>
<td>Troll Plastics Inc.</td>
<td>1628</td>
</tr>
<tr>
<td>UBC Faculty of Dentistry</td>
<td>1837</td>
</tr>
<tr>
<td>UBC Sauder School of Business Executive Education</td>
<td>1736</td>
</tr>
<tr>
<td>Ultraceuticals, Inc.</td>
<td>1324</td>
</tr>
<tr>
<td>Ultralight Optics</td>
<td>201, 1334</td>
</tr>
<tr>
<td>Unilique Dental Enterprise [BC] Inc.</td>
<td>550</td>
</tr>
<tr>
<td>Unity Dental Lab</td>
<td>131</td>
</tr>
<tr>
<td>University of Alberta</td>
<td>1535</td>
</tr>
<tr>
<td>University of Toronto Faculty of Dentistry</td>
<td>1512</td>
</tr>
<tr>
<td>Upper Island District Dentist</td>
<td>1829</td>
</tr>
<tr>
<td>Vancouver and District Dental Society</td>
<td>1723</td>
</tr>
<tr>
<td>Vancouver Gold Buyer</td>
<td>153</td>
</tr>
<tr>
<td>Vancouver Laser and Skin Care Centre</td>
<td>113</td>
</tr>
<tr>
<td>Vident</td>
<td>205</td>
</tr>
<tr>
<td>Vistcom Paging Systems</td>
<td>300</td>
</tr>
<tr>
<td>VOCCO Canada, Inc.</td>
<td>1335, 1434</td>
</tr>
<tr>
<td>VOICE Communications Ltd.</td>
<td>1409, 1411, 1413</td>
</tr>
<tr>
<td>Westan Dental Products Group</td>
<td>1429</td>
</tr>
<tr>
<td>Westcoast Dental Supplies Inc.</td>
<td>1143, 1242</td>
</tr>
<tr>
<td>Williamette Dental Group</td>
<td>103</td>
</tr>
<tr>
<td>Wilson Radiographic Centre Ltd.</td>
<td>131</td>
</tr>
<tr>
<td>Young Dental</td>
<td>1446</td>
</tr>
<tr>
<td>Zila, a FOLMAR Company</td>
<td>204</td>
</tr>
<tr>
<td>Zimmer Dental</td>
<td>243, 342</td>
</tr>
<tr>
<td>Zoll Dental</td>
<td>1303</td>
</tr>
</tbody>
</table>
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